

POLICY ASSEMBLY PAGE

DCLCI 07/19/23

TU3147794

XRL88 MA

MARY E COMPTON

PRINT ID: LAD390 - 08959-LCM@P83 -07/19/2023-21550376-DCLCI

Partial Print Includes:

Home Office Copy Includes:

Full Policy Print Includes (see reverse):

DSOLBLUE	00000	DCU0VLY1	00001
LBLPT0V	00000	DSOLF LUF	00000
DCU0VLY1	00001	EPD06PL	00000
DCU0VLY1	00001	PL104	00000
DCU0VLY1	00001	U350	00000
DCU0VLY1	00001	A447C2	00000
DCU0VLY1	00001	LTALTR	00000
PLPN21	00000	DSOLSTP2	00000
DCU0VLY1	00001	CBIS	00000
CBIS	00000	CBIS	00000
CBIS	00000	CBIS	00000
CBIS	00000	CBIS	00000
CBIS	00000	CBIS	00000
CBIS	00000	CBIS	00000
CBIS	00000	CBIS	00000
CBIS	00000	CBIS	00000
CBIS	00000	CBIS	00000
CBIS	00000	CBIS	00000
DCU0VLY1	00001	DSOL900S	00000
DCU0VLY1	00001	RTENVPO1	00000
DSOLBNDP	00000	CVRALL	00000
POLOVLY	00001	DCU0VLY1	00001
U22FIC	00000	POLOVLY	00001
DCU0VLY1	00001	LASGIC21	00000
DCU0VLY1	00001	A447C1	00000
DCU0VLY1	00001	CBIS	00000
CBIS	00000	CBIS	00000
CBIS	00000	CBIS	00000
CBIS	00000	CBIS	00000
CBIS	00000	CBIS	00000
CBIS	00000	CBIS	00000
CBIS	00000	CBIS	00000
CBIS	00000	CBIS	00000
CBIS	00000	CBIS	00000
CBIS	00000	CBIS	00000
CBIS	00000	CBIS	00000
POLOVLY	00001	DCU0VLY1	00001
U22IC	00000	DCU0VLY1	00001
IC10PE1	00000	UE50IC	00000
UE49IC	00000	POLOVLY	00001
DCU0VLY1	00001	LASRIC21	00000
POLOVLY	00001	DCU0VLY1	00001
UE49ICS	00000	POLOVLY	00001
DCU0VLY1	00001	U22BIC	00000
DCU0VLY1	00001	G22CD1	00000
DCU0VLY1	00001	G22CD2	00000
G22CD3	00000	DCU0VLY1	00001
BG18	00000		

Protective 
Life Insurance Company

PO BOX 830570
BIRMINGHAM, AL 35283

TU3147794 755

66395

000T05S584
JOHN E PAOLETTI
36 MAYFLOWER DR
ASHEVILLE NC 28804

TU3147794
LabelForm LBLPTOV

Mailmode Mail Center

LAD390 - 08959-LCM@P83 -07/19/2023-21550376-DCLCI

PROTECTIVE LIFE INSURANCE COMPANY

JULY 19, 2023

Re: Policy Number: TU3147794
Policy Effective Date: MAY 24, 2023
Insured: MARY E COMPTON

Thank you for allowing Protective Life Insurance Company the opportunity to service your insurance needs. Please review the enclosed life insurance policy carefully.

The following items are required by Protective Life Insurance Company:

- * Amendment Sign, Date & Return All Pages
- * Delivery Date Expires Delivery Date: 07/10/23-----06/24/23
- * Premium Due \$1,473.60

PLEASE NOTE: Protective Life Insurance Company CANNOT accept cash or cash equivalents (money orders, traveler's check, cashier's check, third party check or agency checks).

All items should be sent to Protective Life Insurance Company in the enclosed envelope before the delivery date expires. Formal coverage will not begin until the above requirements are received.

Any forms that require a witness signature should be witnessed by a disinterested third party.

For assistance, please contact us at 800-366-9378.

Thank you for the opportunity to serve your insurance needs.

New Business Department
Protective Life Insurance Company

**PRE-AUTHORIZED WITHDRAWAL AGREEMENT (PAW) - FOR DRAFTING OF PREMIUM PAYMENTS
 and ELECTRONIC BILLING OPTIONS**

TU3147794 757

(1) AUTO-PAY OPTION

The person paying the premium on the life insurance policy listed below must complete the Auto-Pay section of this agreement. If choosing to allow Protective Life to draft the initial and/or subsequent premiums you:

- authorize Protective Life Insurance Company to draft the account listed below to pay premiums;
- understand that no coverage exists until all outstanding requirements are received by the Home Office.

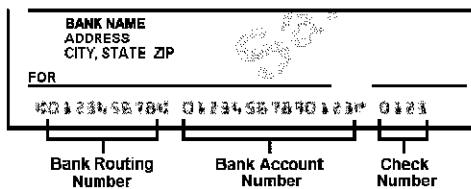
Policy Number	Name of Insured	Name of Policy Owner

Type of Account: Checking Savings

Name of Bank: _____

Routing Number: _____

Account Number: _____



← This sample check illustrates the location of routing and account numbers

Premium Frequency: Monthly (Only available by PAW) Quarterly Semi-Annual Annual

INITIAL PREMIUM

- DRAFT IMMEDIATELY
- PAY BY CHECK

FUTURE PREMIUMS

- DRAFT DATE _____ (Must be 1st - 28th)
- BILL FOR FUTURE PREMIUMS

(2) ELECTRONIC BILLING OPTION (not available on Monthly premiums)

By checking this box, I confirm that I am electing to OPT-in for Electronic billing. I consent to the paperless delivery of my documents. I understand by selecting this option that I will not receive paper copies of my billing statements, unless I make a request for them or withdraw this consent.

 Email Address

 Premium Payor - Depositor (Please Print)

 Date

 Payor Signature

LAD390 - 08959 - LCM@P83 - 07/19/2023 - 21550376 - DCLCI



PROTECTIVE LIFE INSURANCE COMPANY / P. O. BOX 2606 / BIRMINGHAM, ALABAMA 35202

NOTICE OF CHANGE

IN ORDER FOR THIS POLICY TO BE ISSUED CORRECTLY, WE EITHER HAD TO AMEND YOUR POLICY, ADD AN EXCLUSION RIDER OR ASK THE APPLICANT TO COMPLETE A STATEMENT OF HEALTH. IN ORDER TO PLACE YOUR POLICY IN FORCE, WE NEED YOU TO SIGN AND RETURN THE FORM THAT IS ENCLOSED. WE HAVE PROVIDED A RETURN ENVELOPE FOR YOUR CONVENIENCE. A COPY OF THE FORM YOU ARE RETURNING IS IN YOUR POLICY.

TU3147794 758

LAD390 - 08959-LCM@P83 -07/19/2023-21550376-DCLCI

THIS PAGE INTENTIONALLY LEFT BLANK

Protective Life Insurance Company

P. O. Box 2606
Birmingham, AL 35202
Phone: (800) 866-9933
www.myaccount.protective.com

TU3147794 760

JULY 19, 2023

Policy Number: TU3147794
Insured: MARY E COMPTON

Dear MARY E. COMPTON IRREVOCABLE

Thank you for selecting Protective for your new life insurance policy. Enclosed are your policy materials. Our goal is to provide easy access to all your documentation and to answer any questions you might have at this time. With that in mind, please take a minute to review the following information.

Please be sure to review your policy package for complete details. In this package, you will find the following materials:

CONTRACT

- Cover Page
- Policy Schedule - General Information
- Policy Provisions
- Endorsements or Riders included with your Policy
- Policy Schedule - Rates, Charges and Tables
- Application

INFORMATIONAL

- Statement of Policy Cost and Benefit Information
- Buyer's Guide
- Tax Law Disclosure

What should I do with this information?

While you'll have access to much of this information online, we recommend keeping a copy of this packet with your other important financial documents. It may be helpful to you or your family in the future to have all your information in one location.

Manage Your Policy Online

With online access, managing your policy has never been more convenient.

From making a premium payment to changing beneficiaries, you can do it online. And now you can sign up for payment alerts, automatic payments, electronic billing and more. Sign up today at www.myaccount.protective.com.

Again, we'd like to thank you for choosing Protective. If you have any questions about this packet, or if we can be of service in the future please contact us at 1-800-866-9933. We're always happy to help.

WELCOME TO PROTECTIVE LIFE.

LAD390 - 08959-LCM@P83 -07/19/2023-21550376-DCLCI

IMPORTANT PRIVACY CHOICES FOR CONSUMERS

**Protective Life Insurance Company
P.O. Box 2606
Birmingham, Alabama 35202**

TU3147794 761

Protecting the privacy of information about our customers is important. This notice tells you how we treat information about our customers. We treat information about our former customers the same as we treat information about our current customers.

We get most of the information we need from customer applications and other forms. If a customer authorizes it, we may get information from other sources. For example, when a person applies for life insurance we may ask for permission to get information from

- Insurance support organizations and
- Consumer reporting agencies.

We also get information as we process customer transactions.

The information we may have includes

Identifying Information such as

- Name,
- Address,
- Telephone Number,
- Demographic Data;

Financial Information such as

- Credit History,
- Income,
- Assets,
- Other Insurance Products; and

Health Information such as

- Medical history and
- Other factors affecting insurability.

We use the information for business and marketing purposes, such as

- Processing applications, claims, and transactions,
- Servicing your business,
- Offering you additional products and services, and
- Conducting research related to our business.

We share the information with affiliates and others who provide services to help us process or administer our business. For example, we may share information with others who

- Print our customer statements,
- Help us underwrite life insurance applications,
- Help us process claims, and
- Conduct surveys, analyze information, or help us market our own products to you.

Protective Life Insurance Company
West Coast Life Insurance Company
Protective Life and Annuity Insurance Co.
ProEquities, Inc.
First Protective Insurance Group, Inc.
Protective Property & Casualty Insurance Company

Western Diversified Services, Inc.
The Advantage Warranty Corporation
First Protection Corporation
Protective Administrative Services, Inc.
Western General Dealer Services, Inc.
First Protection Corporation of Florida
National Warranty of Florida, Inc.
Western General Warranty Corporation

Western General Warranty, Inc.
Lyndon-DFS Administrative Services Inc.
Acceleration National Service Corporation
Warranty Business Services Corporation
United States Warranty Corporation

RESTRICT INFORMATION SHARING WITH COMPANIES WE OWN OR CONTROL (AFFILIATES) AND RESTRICT INFORMATION SHARING WITH OTHER COMPANIES WE DO BUSINESS WITH TO PROVIDE FINANCIAL PRODUCTS AND SERVICES

Unless you opt out, our affiliates (including the list below) may use the information we share with them to market to you. We may also share information with other companies so that we can jointly market a product or service to you.

You can opt out by calling the toll-free number 1-855-907-6137.

ADDITIONAL INFORMATION

We will not share information with anyone else unless we have your permission, or we are allowed or required by law to disclose it.

We maintain physical, electronic and procedural safeguards to protect it. Access to customer information is limited to people who need access to it in order to do their jobs.

We require that our service providers limit their use of the information we share and keep it confidential.

You should know that your insurance sales agent is independent. The use and security of information an agent gets is his or her responsibility. Please contact your agent if you have questions about his or her privacy policy.

We have the right to change our Privacy Policy. If we make a material change to our Privacy Policy, we will notify you before we put it into effect.

CONTACT INFORMATION

If you have questions about our privacy policy, please call us at 1-855-907-6137 or write to us at

Protective Life Insurance Company
P.O. Box 2606
Birmingham, Alabama 35202

CALIFORNIA RESIDENTS: To learn about our information practices and your rights under the California Consumer Privacy Act ("CCPA"), visit <http://www.protective.com/privacy-policy>

08959-LCM@P83 -07/19/2023-21550376-DCLCI

LAD390

THIS PAGE INTENTIONALLY LEFT BLANK

LAD390 - 08959-LCM@P83 -07/19/2023-2150376-DCLCI

PLEASE COMPLETE DELIVERY REQUIREMENTS AND RETURN IN THIS ENVELOPE.

FOLD ALONG PERFORATED LINE DIRECTLY BELOW THESE INSTRUCTIONS AND REMOVE THIS INSTRUCTION FLAP.

OPEN THE ENVELOPE FROM THE BACK ALONG THE FOLD LINE.

INSERT DELIVERY REQUIREMENTS/FORMS. REMOVE ADHESIVE, FOLD AND SEAL.

ADD POSTAGE AND MAIL

PLACE
STAMP
HERE

PROTECTIVE LIFE INSURANCE COMPANY
UNDERWRITING SERVICES
P O BOX 8306 19
BIRMINGHAM AL 35283-0619

TU3147794 762

PROTECTIVE LIFE INSURANCE COMPANY

A Stock Company; Domiciled in Tennessee
www.protective.com

P. O. Box 2606; Birmingham, Alabama 35202; (800) 866-9933
State Insurance Department - (617) 521-7794

LIFE INSURANCE POLICY

INSURED - MARY E COMPTON

POLICY NUMBER - TU3147794

This is a legal contract (the "Policy") between the Owner (also referred to as "you" or "your") and Protective Life Insurance Company (also referred to as "the Company", "we", "us", or "our"). Please read it carefully.

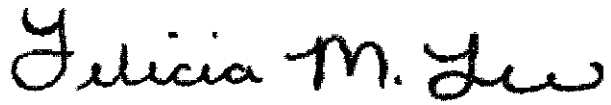
Subject to the terms of this Policy, we will pay the Death Benefit Proceeds to the Beneficiary upon due proof the Insured died while this Policy was in force.

The terms of this Policy are contained on this and the following pages.

YOU HAVE THE RIGHT TO CANCEL THIS INSURANCE POLICY. If you decide not to keep this Policy, return it to us or to the agent who sold it to you within thirty (30) days after it is first delivered to you. We will cancel the Policy and promptly refund any premium paid, so the Policy will be as if it had never been issued.



Richard J. Bielen
President



Felicia M. Lee
Secretary

FLEXIBLE PREMIUM UNIVERSAL LIFE INSURANCE POLICY

NON-PARTICIPATING - DOES NOT PAY DIVIDENDS

Indeterminate benefit, values, premiums and coverage duration

A Death Benefit is Payable to the Beneficiary if the Insured Dies while the Policy is in Force

TABLE OF CONTENTS

POLICY SCHEDULE - GENERAL INFORMATION	G1
TERMS USED IN THIS POLICY	1
GENERAL PROVISIONS	2
PREMIUMS	4
DETERMINING VALUES	5
DEATH BENEFIT	6
ACCESSING POLICY VALUES	7
CHANGING THE POLICY	8
SETTLEMENT OPTIONS	8
POLICY SCHEDULE - RATES, CHARGES, AND TABLES	R1

POLICY SCHEDULE - GENERAL INFORMATION

POLICY NUMBER: TU3147794

LIFE INSURANCE

BASED ON THE PLANNED PREMIUM, THE GUARANTEED RATE OF INTEREST, AND THE GUARANTEED MAXIMUM INSURANCE RATES, COVERAGE MAY EXPIRE PRIOR TO ATTAINED AGE 121.

POLICY INFORMATION ON THE POLICY EFFECTIVE DATE

INSURED: MARY E COMPTON
AGE: 55 **GENDER CLASS:** FEMALE
RATE CLASS: STANDARD NON-TOBACCO

INITIAL FACE AMOUNT: \$100,000
INITIAL PREMIUM: \$1,473.60
POLICY EFFECTIVE DATE: MAY 24, 2023
MONTHLY ANNIVERSARY DAY: 24
MINIMUM FACE AMOUNT: \$50,000
OWNER: MARY E. COMPTON IRREVOCABLE TRUST 2007 10-02-2007

RIDER FORM NUMBER	SCHEDULE OF ADDITIONAL BENEFITS TITLE	*INITIAL MONTHLY CHARGE
	NONE	

* The cost of any additional insurance or benefit will be determined according to the terms of the rider that provides it.

TU3147794 765

LAD390 - 08959-LCM@P83 -07/19/2023-21550376-DCLCI

POLICY SCHEDULE - GENERAL INFORMATION

POLICY NUMBER: TU3147794

TABLE OF PLANNED PREMIUMS AND DEATH BENEFITS

Policy Year	Planned Premium	Death Benefit	Policy Year	Planned Premium	Death Benefit
1	\$1,473.60	\$100,000	34	\$1,473.60	\$100,000
2	1,473.60	100,000	35	1,473.60	100,000
3	1,473.60	100,000	36	1,473.60	100,000
4	1,473.60	100,000	37	1,473.60	100,000
5	1,473.60	100,000	38	1,473.60	100,000
6	1,473.60	100,000	39	1,473.60	100,000
7	1,473.60	100,000	40	1,473.60	100,000
8	1,473.60	100,000	41	1,473.60	100,000
9	1,473.60	100,000	42	1,473.60	100,000
10	1,473.60	100,000	43	1,473.60	100,000
11	1,473.60	100,000	44	1,473.60	100,000
12	1,473.60	100,000	45	1,473.60	100,000
13	1,473.60	100,000	46	1,473.60	100,000
14	1,473.60	100,000	47	1,473.60	100,000
15	1,473.60	100,000	48	1,473.60	100,000
16	1,473.60	100,000	49	1,473.60	100,000
17	1,473.60	100,000	50	1,473.60	100,000
18	1,473.60	100,000	51	1,473.60	100,000
19	1,473.60	100,000	52	1,473.60	100,000
20	1,473.60	100,000	53	1,473.60	100,000
21	1,473.60	100,000	54	1,473.60	100,000
22	1,473.60	100,000	55	1,473.60	100,000
23	1,473.60	100,000	56	1,473.60	100,000
24	1,473.60	100,000	57	1,473.60	100,000
25	1,473.60	100,000	58	1,473.60	100,000
26	1,473.60	100,000	59	1,473.60	100,000
27	1,473.60	100,000	60	1,473.60	100,000
28	1,473.60	100,000	61	1,473.60	100,000
29	1,473.60	100,000	62	1,473.60	100,000
30	1,473.60	100,000	63	1,473.60	100,000
31	1,473.60	100,000	64	1,473.60	100,000
32	1,473.60	100,000	65	1,473.60	100,000
33	1,473.60	100,000	66	1,473.60	100,000

PLEASE FIND YOUR POLICY'S RATES, CHARGES, AND TABLES
ON POLICY SCHEDULE PAGE R1

Policy Number: TU3147794

Protective Life Insurance Company
P.O. Box 830619
Birmingham, AL 35283-0619

INDIVIDUAL LIFE INSURANCE APPLICATION (PART I)

1. Proposed Insured

a. Title	
b. First Name	Mary
c. Middle Name	E
d. Last Name	Compton
e. Suffix	
f. Gender	F
g. Birthdate	05/29/1968
h. Birth State	ME
i. Birth Country	United States of America
j. Marital Status	Single
k. Phone 1	
l. Phone 2	
m. Phone 3	(508) 380-5128
n. Best Phone and Time to Call (am/pm)	N/A
o. Driver's License Number and State	553886165 MA
p. Social Security Number / Tax ID Number	006-80-5700
q. Email Address	maryc0529@gmail.com
r. Residential Street Address	388 Wilder Rd
s. Residential City, State, Zip Code	Bolton, MA 01740
t. Length of Time at Residence	5 years

2. Employment Information

a. Employer's Name	LL Bean
b. Street Address	15 Highland Commons W East
c. City, State, Zip Code	Hudson, MA 01749
d. Occupation	Retail Associate
e. Number of Years Employed	Less than 1 year
f. Annual Income	\$80,000
g. Net Worth	N/A

3. Owner (If other than Proposed Insured)

a. Name	
b. Date of Trust	
c. Birthdate	
d. Relationship to Proposed Insured	
e. Social Security Number / Tax ID Number	
f. Email Address	
g. Street Address	
h. City, State, Zip Code	

Policy Number: TU3147794

4. Beneficiary Designations – If multiple beneficiaries are named, shares will be divided equally among the surviving beneficiaries, unless otherwise specified. For additional space, use the Remarks and Explanations Section.

a) Primary Beneficiary(ies): Include

1. Name(s) Address(es) Phone Number(s) Birthdate(s) Social Security Number(s) Relationship(s) to Insured Percentage(s)	Leah M Compton-Horan 388 Wilder Rd Bolton, MA 01740 07-Jun-2007 025-90-3398 Daughter 100.00%
--	---

b) Contingent Beneficiary(ies): Include

1. Name(s) Address(es) Phone Number(s) Birthdate(s) Social Security Number(s) Relationship(s) to Insured Percentage(s)	 %
--	---------------------------

5. Plan of Insurance

a. Name of Product:	Lifetime Assurance UL
b. Face Amount:	\$100,000
c. If Term or Alternative to Term, Indicate Years:	0
d. Underwriting Class Quoted: (Protective will issue the best underwriting class.)	Standard
e. Death Benefit: (Level or Increasing)	A-Level
f. Section 1035: Yes or No	No
g. 1035 Loan Transfer: Yes or No	
h. CVAT: (If not chosen, the Guideline Premium Test will apply, subject to product availability.)	Yes
i. Is Proposed Insured Requesting Additional Benefits, Riders, or Child Coverage? (If Yes, you must complete the Rider Worksheet.)	No
j. Is Proposed Insured Requesting Child Coverage?	No
k. Premium Payment Mode and Amount: (Annual, Quarterly, Semi-Annual, Monthly (pre-authorized withdrawal only) or Cash included with application.)	\$122.80 Monthly

6. What is the purpose of the insurance?

Personal – Family/Estate Protection, Asset Transfer
Business – Key Man, Buy-Sell, etc.)

Personal

7. Regarding the Proposed Insured – use the Remarks and Explanations Section for Yes answers or additional details.

Policy Number: TU3147794

a) Should this application be considered a potential replacement or modification of any existing life insurance or annuity?
(If Yes, complete any State required replacement forms and comparison statements.)

Yes

b) List all life insurance in force on your life.
(Please list insurance policy information, whether owned by you or not.
If None, insert None.)

1.	Company: Policy Number: Replace (Yes or No): Amount: Insurance Type: Issue Date:	BANNER LIFE INSURANCE COMPANY 180415440 Yes \$1,500,000 term 2006
----	---	--

c) Is there any application for any other life insurance on your life now pending or being considered with this or any other company?
If Yes,

No

1. Company Name: 2. Amount of Coverage: 3. Total Amount to be Placed: 4. Purpose of Coverage:	
--	--

Remarks and Explanations to any Yes answers.

Replacing: Yes

Proposed insured is the payor.

Submitted on 03/30/2023

Home Office Endorsements (Home Office Use Only)

DECLARATIONS

I have read or have had read to me the completed Application before signing below. I represent that all statements and answers made in all parts of this application are full, complete and true, to the best of my knowledge and belief and I have not withheld any material information that may influence the assessment or acceptance of this application. I agree to inform Protective Life Insurance Company of any material changes before the insurance goes into effect. It is agreed that:

- All such statements and answers shall be the basis of any insurance issued, and my (our) answers are material to the decision as to whether the risk is accepted by Protective Life.
- No representative or medical examiner can make, alter or discharge any contract, accept risks, or waive Protective

Policy Number: TU3147794

Life's rights or requirements.

3. Acceptance of a policy by the Owner shall constitute ratification of any changes made by the Company. In those states where it is required, changes as to plan, amount, age at issue, classification or benefits will be made only with the Owner's written consent.
4. No insurance shall take effect unless: (1) a policy is delivered to the Owner; (2) the full first premium is paid while the proposed insured(s) is (are) alive; **and** (3) there has been no change in health and insurability from that described in this application. However, if the premium is paid as set forth in the attached Conditional Receipt Agreement and the Conditional Receipt Agreement is delivered to the Owner, the terms of the Conditional Receipt Agreement shall apply. No representative or medical examiner has any authority to waive or to alter these terms and conditions or to bind coverage under any other circumstances.
5. I have reviewed the attached Conditional Receipt Agreement and understand and agree that it provides a **limited** amount of life insurance for a **limited** period of time, and that such coverage is subject to the terms and conditions set forth in the Conditional Receipt Agreement.
6. The representative taking this application has made no statement or representation different from, contrary to or in addition to these Declarations and the terms and conditions of the attached Conditional Receipt Agreement.

IMPORTANT INFORMATION ABOUT IDENTIFICATION VERIFICATION

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information of its customers. We may ask for information or identifying documents that will allow us to verify the identity of our customers.

Any person who knowingly with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties according to state law.

Signed At Boston MA Date 11/10/23
City and State Mo./Day/Yr.

(X) Mary E Compton (X) _____
Proposed Insured (Sign Name in Full) Owner (if other than the Proposed Insured)
Mary E Compton Mary E Compton

(X) _____
Parent/Guardian

AGENT/BROKER:

Will this policy replace or change any existing life insurance policy(ies) or annuity(ies)? Yes No

What is your relationship to the Proposed Insured?

Paoletti, John 000T05S584
Agent/Broker Name Agent/Broker Number

I hereby certify that my electronic approval serves as my signature for legal and regulatory purposes for this application.

Electronic Signature of _____ was obtained _____ (date)

at _____ (time) Agent/Broker Phone Number (310) 309-0997

Policy Number: TU3147794

Broker Dealer or Broker General Agent *(if applicable)*

OAK TREE FINANCIAL

TU3147794 769

LAD390 - 08959-LCM@P83 -07/19/2023-21550376-DCLCI

ICC17-D2C1

Page 5 of 5

02/2017

TU3147794
Mary E Compton



Protective Life Insurance Company
 P.O. Box 830619
 Birmingham, AL 35283-0619

SUPPLEMENT TO LIFE INSURANCE APPLICATION

APPLICATION SUPPLEMENT - PART I

The statements and answers to the questions listed below shall become a part of the attached application; shall be subject to the terms of the attached application; and shall become a part of any policy based on this application.

Print Name of Proposed Insured(s): Mary E Compton

For any policy to be issued as a result of this application:

- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (1) Will anyone other than the Insured, his or her family, or employer/business partner pay any portion of the initial or future premiums or obtain any right, title or interest in this policy?
If Yes, complete the "Statement of Owner Intent" (Application Supplement - Part II) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (2) Will any portion of the initial or future premiums be borrowed, loaned or otherwise financed?
If Yes, complete the "Premium Financing Disclosure" (Disclosure and Acknowledgement) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (3) Will a trust, including family trust, own this policy?
If Yes, complete the "Trust Certification" (Application Supplement - Part III) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (4) Is the Proposed Insured age 65 or older AND total coverage applied for across all Protective companies \$1,000,000 or more?
If Yes, complete the "Statement of Owner Intent" (Application Supplement - Part II) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

SIGNATURES

I (We) have read or have had read to me (us) the completed Supplement before signing below. All statements and answers in the Supplement are correctly recorded and are full, complete and true to the best of my (our) knowledge and belief. I (We) understand that the information being provided in this Supplement is being relied upon in considering the application for life insurance and is subject to the applicable Fraud Statement as provided in the Application for Life Insurance.

Signed in MASS this 6th day of April, 2023
 2. Employment in (State) (Month) (Year)

a. Employer's Name	X	15 North Commons W East
b. Signature(s) of Proposed Insured(s)	X	<i>Mary E Compton</i>
c. City, State, Zip Code	X	Hudson, MA 01749
d. Occupation	X	Retail Associate
e. Signature(s) of Owner(s)/Trustee(s)	X	Less than 1 year
f. (provide officer's title if policy is owned by a corporation)	X	\$80,000
g. Net Worth	X	

Signature of Witness: *Michelle*

PRODUCER CERTIFICATION

a. Name		
b. Relationship to Proposed Insured		
c. Social Security Number / Tax ID Number		
d. Signed at: Mail Address (City and State)		
e. Street Address		
f. City, State, Zip Code		

X Producer Signature *Mary E Compton* Producer Name (Print) Mary E Compton 000T05S584

ICC14-PL701
 ICC17-D2C1

10/2014
 02/2017
 TU3147794
 Mary E Compton
 TU3147794
 Mary E Compton

From: "Connie Schmidt" <connies@absgo.com>
Sent: Mon, 5 Jun 2023 20:00:28 +0000
To: "NBRequirements@Protective.com" <nbrequirements@protective.com>
Subject: *EXTERNAL* Reissue Request : TU3147794
Attachments: M Compton Protective trust owned application 060423r.pdf, M Compton \$100k Prot LAUL \$1473.60 annual 053123.pdf
Importance: High

[Caution] This message appears to come from an external source. Be careful with links and attachments.

Please see attached newly dated application/forms signed by the Trust.
 I've also attached a new illustration showing annual mode.
 Please advise if anything else is needed in order to reissue the policy.

*** Document/Forms must be sent via Fax or PDF. Photos and/or screenshots are not acceptable. And if you are getting electronic signatures, please use DocuSign and include the Certificate ***

Sincerely,
 Connie Schmidt
 Supervisor, New Business Dept

a. American Brokerage Services Inc	Lifetime Assurance UL
b. 803 E Willow Grove Ave	\$100,000
c. If Withdrawal: Yes or No	0
d. Protective will issue the best underwriting class I	Standard
e. Death Benefit: (Level or Increasing)	A-Level
f. Section 1035: Yes or No	No
g. 1035 Loan Transfer: Yes or No	
h. CVAT (If not chosen, the Guideline Premium Test will apply, subject to product availability.)	Yes
i. Is Proposed Insured Requesting Additional Benefits, Riders, or Child Coverage? (If Yes, you must complete the Rider Worksheet.)	No
j. Is Proposed Insured Requesting Child Coverage?	No
k. Premium Payment Mode and Amount: (Annual, Quarterly, Semi-Annual, Monthly (pre-authorized withdrawal only) or Cash included with application.)	\$122.80 Monthly

6. What is the purpose of the insurance?
Personal - Family/Estate Protection, Asset Transfer
Business - Key Man, Buy-Sell, etc.)

Personal

7. Regarding the Proposed Insured - use the Remarks and Explanations Section for Yes answers or additional details.

PROTECTIVE LIFE INSURANCE COMPANY
P.O. BOX 830619 • BIRMINGHAM, ALABAMA 35283-0619

INDIVIDUAL LIFE INSURANCE APPLICATION

SECTION I: INSURED AND OWNER INFORMATION

1. PROPOSED INSURED

Mary E. Compton	508-380-5128
Name (First, Middle, Last)	Home Phone
Female	
Gender	Work Phone
05/29/1968	508-380-5128
Date of Birth	Cell Phone
Maine	388 Wilder Road
Birth State	Address 1 (Street or P.O. Box Number)
Single	Bolton MA 01740
Marital Status	Address 2 (City, State, Zip Code)
S53886165 MA	5 1/2
Driver's License Number and State	Number of Years at Address
006-80-5700	Maryc0529@gmail.com
Social Security Number	Email Address

2. SURVIVORSHIP PRODUCTS ONLY

(Provide Proposed Insured 2 Name and Date of Birth below. An additional application must be completed for the Proposed Insured 2.)

Proposed Insured 2 Name _____ Proposed Insured 2 Date of Birth _____

3. EMPLOYMENT INFORMATION

L. L. Bean	
Employer's Name	Number of Years with Employer
Highland Commons	80,000
Address 1 (Street or P.O. Box Number)	Annual Income
Hudson, MA 01749	
Proposed Insured 2 (City, State, Zip Code)	Spouse/Domestic Partner Annual Income
Retail Associate	\$1,200,000
Occupation	Net Worth
Submitted on 03/30/2023	

4. OWNER

(If other than Proposed Insured, must complete information below. If Trust, include Name and Date of Trust.)

Mary E. Compton Irrevocable Trust 2007	26-6157882
Owner's Name or Name of Trust	Social Security Number/Taxpayer I.D. Number
05/22/2007	Trustee: Tiffany O'Connell, O'Connell Law LLC
Date of Trust (if applicable)	Address 1 (Street or P.O. Box Number)
	3 Eliot St., Natick, MA 01760

Home Office	Address 2 (City, State, Zip Code)
Irrevocable Life Insurance Trust	tiffany@oconnelllawgroup.com
Relationship to Proposed Insured	Email Address

DECLARATION

I have read or have had read to me the completed Application before signing below. I represent that all statements and answers made in all parts of this application are full, complete and true, to the best of my knowledge and belief and I have not withheld any material information that may influence the assessment or acceptance of this application. I agree to inform Protective Life Insurance Company of any material changes before the insurance goes into effect. It is agreed that:

- All such statements and answers shall be the basis of any insurance issued, and my (our) answers are material to the date of trust (if applicable).
- No representative or medical examiner can make, alter or discharge any contract, accept risks, or waive Protective

ICC17-D	Birthdate	Phone Number	Page 3 of 5	Address 2 (City, State, Zip Code)	02/2017
	Relationship to Proposed Insured			Email Address	TU3147794
					Mary E Compton

ICC21-400R	Page 1 of 5	3/2021
------------	-------------	--------

5. **SEND PREMIUM NOTICES TO**

(If other than Owner.)

Mary Compton
Name
388 Wilder Road, Bolton, MA 01740
Address

Self 05/29/2068
Relationship to Proposed Insured Date of Birth
006-80-5700
Social Security Number/Taxpayer I.D. Number

SECTION II: PLAN OF INSURANCE

- 1. LifeTime Assurance UL
Plan of Insurance/Name of Product
- 2. \$100,000
Face Amount
- 3. If Term or Alternative to Term (Indicate Years):
 10 15 20 25 30 35 40
- 4. Standard NT
Underwriting Class Quoted
(Protective will issue the best underwriting class.)

10. What is the source of Premium Payment?

- Current income or savings
- The Trust listed as the Owner
- A third-party source, such as Premium Financing
- Other: Please explain.

- 5. If Universal Life: Level Face Amount
 Increasing Face Amount

11. Premium Payment:

Annual \$ 1,473.60

Quarterly \$

Semi-Annual \$

Monthly \$
(Pre-Authorized Withdrawal-Only)
Mo./Day/Yr.

Cash with Application \$ 0

6. Death Benefit Compliance Test: CVAT GPT
(Subject to product availability.)

Signed At Bolton MA

Date 1/11/23

7. Section 1035: Yes No

(X) 8. 1035 Loan Transfer: Yes No

(X)

9. If any additional benefits, riders or child coverage are requested, check here: Mary E Compton

Owner (if other than the Proposed Insured)
Mary E Compton

(X) (If checked, please complete the Rider Worksheet. If not checked, no additional benefits or riders are included in the policy.)

SECTION III: BENEFICIARY DESIGNATIONS

AGENT APPROVES
(If multiple beneficiaries are named, shares will be divided equally among the surviving beneficiaries, unless otherwise specified. The total percentage for each class of beneficiary must equal 100%)
Will this policy in force or change any existing life insurance policy(ies) or annuity(ies)? Yes No

What is your relationship to the Proposed Insured?	Primary Beneficiary Name(s)	Address	Telephone	Date of Birth	Social Security No.	Relationship	Percentage
Parent	Mary E. Compton Irrevocable Trust 2007	c/o Tiffany O'Connell O'Connell Law Law LLC		05/22/2023	26-6157882	ILIT	100%
Agent	John	3 Eliot Street Natick, MA 01760	(508)202-1818		000T05S584	Agent/Broker Number	

I hereby certify that my electronic approval serves as my signature for legal and regulatory purposes for this application

Elect. Contingent Beneficiary Name(s) Address Telephone Date of Birth Social Security No. Relationship Percentage (date)

at (time) Agent/Broker Phone Number (310) 309-0997

SECTION VI: PERSONAL HISTORY

(If additional space is needed, use Section VII and follow the directions provided.)

1. Has the Proposed Insured used tobacco or nicotine of any kind over the last 5 years? Yes No

Type Frequency Date Last Used

2. Has the Proposed Insured consulted a physician or had treatment for the use or possession of: (If Yes, complete the appropriate questionnaire for Alcohol and Drug Use.)

A. Alcohol? Yes No

B. Narcotics, stimulants, sedatives, hallucinogenic drugs? Yes No

3. In the past 5 years, has the Proposed Insured been convicted of (I) two or more moving violations, (II) driving under the influence of alcohol or other drugs, or (III) had driver's license suspended or revoked? Yes No

4. Has the Proposed Insured ever been convicted of, or pled guilty or no contest to a felony, or had any such charge pending against them? Yes No

5. Has the Proposed Insured flown as a pilot, student pilot or crew member, or intend to fly as such within the next 2 years? (If Yes, complete the Aviation Questionnaire.) Yes No

6. Has the Proposed Insured been a member of, or entered into a written agreement to become a member of, or received a notice of required service in the armed forces, reserve, or National Guard? (If Yes, provide details below. If on active duty, please complete the Military Questionnaire.) Yes No

7. Has the Proposed Insured engaged in any of the following activities in the past 2 years? Yes No

(We) (I) (Yes, complete the appropriate questionnaire.) Supplement before signing below. All statements and answers in the Supplement are correctly recorded and are full, complete and true to the best of my (our) knowledge and belief. I (We) understand that the information being provided in the Supplement is being relied upon in considering my application for life insurance and is subject to the rules of the Proposed Insured's Application for Life Insurance. Yes No

(If No, provide details below and complete the Foreign National Questionnaire.) Signed in 1975 this 6 day of April 2023

2. Employment Information Country of Citizenship Visa Type Expiration Date Length of U.S. Residency (Year)

a. Has the Proposed Insured traveled or resided outside of the United States in the past 2 years? Yes No

b. (If Yes, provide details below and complete the Foreign Travel and Residence Supplement.) c. Dominican Republic 4/22 Hudson, MA 01749

d. Travel Details Retail Associate

Signature of Proposed Insured Does the Proposed Insured intend to travel or reside outside the United States or Canada within the next 2 months? (If Yes, provide details below and complete the Foreign Travel and Residence Supplement.) Yes No

f. Annual Income \$80,000

g. Net Worth

Signature of Producer Where

PRODUCER CERTIFICATION a. When For How Long

By signing below, I hereby certify that to the best of my knowledge and belief, the information provided herein is complete, accurate, and correct and that the Proposed Insured has not filed for or declared bankruptcy in the past ten (10) years? Yes No

d. Relationship to Proposed Insured

e. Social Security Number / Tax ID Number Type of Bankruptcy (Chapter) Date Filed Date of Discharge or Reorganization Status

g. Street Address (City and State) Date

h. City, State, Zip Code

Producer Signature Producer Name (Print) 000T05S584

ICC1 PL701 10/20 ICC17 J2C1 Page 1 of 5 02 TU31 7794 Mary E Compton TU31 7794 Mary E Compton 3/2021 ICC21-400R Page 4 of 5 ICC20-405R PL-400R 400R Page 2 of 5 proposed insured under age 15 Page 2 of 5 LU5890966 GEORGE M MALLOCH LU5890966 GEORGE M MALLOCH

SECTION VII: SPECIAL REMARKS AND DETAILS

(For each question that requires additional information, provide the section number, question number, date, details or reason. Where applicable, also include any attending physician, hospital, or medical facility name, address, and phone number.)

Section IV #'s 6&7: Trust will own and pay the premiums

DECLARATIONS

I have read or have had read to me the completed application before signing below. I represent that all statements and answers made in all parts of this application are full, complete and true, to the best of my knowledge and belief. It is agreed that:

- All such statements and answers shall be the basis of any insurance issued, and my answers are material to the decision as to whether the risk is accepted by Protective Life.
- No representative or medical examiner can make, alter or discharge any contract, accept risks, or waive Protective Life's rights or requirements.
- Acceptance of a policy by the Owner shall constitute ratification of any changes made by the Company. In those states where it is required, changes as to plan, amount, age at issue, classification or benefits will be made only with the Owner's written consent.
- No insurance shall take effect unless: (I) a policy is delivered to the Owner, (II) the full first premium is paid while the Proposed Insured is alive, and (III) there has been no change in health and insurability from that described in this application. However, if the premium is paid as set forth in the attached Conditional Receipt Agreement or the Temporary Life Insurance Receipt (Collectively known as the "Receipt") and the Receipt is delivered to the Owner, the terms of the Receipt shall apply. No representative or medical examiner has any authority to waive or to alter these terms and conditions or to bind coverage under any other circumstances.
- I have reviewed the attached Receipt and understand and agree that it provides a limited amount of life insurance for a limited period of time, and that such coverage is subject to the terms and conditions set forth in the Receipt.
- The representative taking this application has made no statement or representation different from, contrary to or in addition to these Declarations and the terms and conditions of the attached Receipt.

IMPORTANT INFORMATION ABOUT IDENTIFICATION VERIFICATION

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, obtain, verify, and record information of its customers. We may ask for information or identifying documents that will allow us to verify the identity of our customers.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed at Boston City MASS State 6/2/23 Date

(X) Marye Lind Signature of Proposed Insured (X) _____ Signature of Owner (if other than Proposed Insured)

(X) John S. Pallett Signature of Representative (X) _____ Signature of Joint Owner (if applicable)

PROTECTIVE LIFE INSURANCE COMPANY
P.O. Box 830619
Birmingham, AL 35283-0619

SUPPLEMENT TO LIFE INSURANCE APPLICATION

APPLICATION SUPPLEMENT - PART I

The statements and answers to the questions listed below shall become a part of the attached application; shall be subject to the terms of the attached application; and shall become a part of any policy based on this application.

Print Name of Proposed Insured(s): Mary E. Compton

For any policy to be issued as a result of this application:

- (1) Will anyone other than the Insured, his or her family, or employer/business partner pay any portion of the initial or future premiums or obtain any right, title or interest in this policy?
(2) Will any portion of the initial or future premiums be borrowed, loaned or otherwise financed?
(3) Will a trust, including family trust, own this policy?
(4) Is the Proposed Insured age 65 or older AND total coverage applied for across all Protective companies \$1,000,000 or more?

SIGNATURES

I (We) have read or have had read to me (us) the completed Supplement before signing below. All statements and answers in the Supplement are correctly recorded and are full, complete and true to the best of my (our) knowledge and belief. I (We) understand that the information being provided in this Supplement is being relied upon in considering the application for life insurance and is subject to the applicable Fraud Statement as provided in the Application for Life Insurance.

Signed in Mass. this 2nd day of June 2023
(State) (Month) (Year)

Signature(s) of Proposed Insured(s)

Mary E. Compton

Signature(s) of Owner(s)/Trustee(s)

(provide officer's title if policy is owned by a corporation)

Signature of Witness

PRODUCER CERTIFICATION

By signing below, I hereby certify that to the best of my knowledge and belief, the information provided herein is complete, accurate, and correct and that the life insurance being applied for conforms to the Company's guidelines.

Signed at Bolton, MA (City and State)

Date June 2, 2023

John E. Paoletti

Producer Signature

John E. Paoletti
Producer Name (Print)

ICC14-PL701

10/2014

PROTECTIVE LIFE INSURANCE COMPANY
P.O. Box 830619
Birmingham, AL 35283-0619

BROKER / REPRESENTATIVE REPORT

1. In what language were the questions on the application asked? *Please remember that Protective Life cannot accept or service any application from an applicant who does not speak English or Spanish. <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other* *List Other Language : _____	Yes	No
2. Is the Proposed Insured a relative or does the Proposed Insured have a business relationship with you? If Yes, Details: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. (a) Will this policy replace or change existing policy(ies)? (b) If replacement of existing insurance is involved, have you complied with all relevant state requirements, including any Disclosure and Comparison Statements? If No, Explain: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Answer questions (c) and (d) only if this is a replacement: (c) Did you use any pre-printed company approved sales materials? If Yes, List Name or Form Number: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(d) Did you use any Company approved, electronically generated, individualized sales materials (such as illustrations or concept materials)? (If Yes, you must provide a copy of these materials with the application.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Have you advised the proposed policyowner or do you know of any advice that has been given to the policyowner to transfer ownership of the policy to be issued, or its death benefits, to a life settlement company, investor, offshore trust, investment trust, or entity associated with stranger owned or investment owned life insurance (commonly called SOLI or IOLI) or are you otherwise aware that the policyowner may be contemplating such a transfer? If Yes, please explain in Special Requests/Remarks below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Has a mortality analysis or life expectancy analysis been performed on the Proposed Insured?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Has a medical examination been ordered? If Yes, Name of Examiner: <u>Protective</u> Date of Exam: <u>April 2023</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is Premium Financing involved in this case? (If Yes, please submit a cover letter describing the parameters.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I have verified the identity of the Owner by picture I.D. (Authorized Representative if Business or Trustee if Trust) Identification Type: <u>Driver's License</u> Driver's License Number: <u>S53886165</u> Please include Driver's License Number if Owner is an individual and is other than the Proposed Insured. NOTE: Does not apply to direct marketing situations	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I certify that:
a) both the Proposed Insured(s) and the Owner(s) read, speak and understand either the English or Spanish language; and
b) each has explicitly told me that they understood each question and item contained in this application; and
c) the answers given in this application are complete and true to the best of my knowledge and belief; and
d) I know of nothing affecting the risk which is not set forth in my representative's report or this life insurance application; and
e) I carefully explained each question before recording each answer and before the application was signed.

<u>John E. Paoletti</u> Signature of Broker/Representative	<u>6/2/23</u> Date	<u>000T02U075</u> PLICO Contract Number	<u>100</u> Share %	<u>310-309-0997</u> Business Phone Number
<u>John E. Paoletti</u> Print Name of Above Signature	<u>jpaoletti@lifestarbrokerage.com</u> Email Address	<u>Bolton MA</u> Signed at: (City and State)		
_____ Signature of Additional Broker/Representative	_____ Date	_____ PLICO Contract Number	_____ Share %	_____ Business Phone Number
_____ Print Name of Above Additional Signature	_____ Email Address	_____ Signed at: (City and State)		
_____ BGA/Broker-Dealer Name	_____ PLICO Contract Number			
_____ New Business Key Contact	_____ Email Address	_____ Phone Number		

Broker/Representative Special Requests/Remarks: _____

TU3147794 774

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619
Birmingham, AL 35283-0619

TRUST CERTIFICATION

APPLICATION SUPPLEMENT - PART III

This supplement will be attached to and become part of the application with which it is used.

Protective Life Insurance Company ("the Company") requires that life insurance only be purchased to provide protection to those with an insurable interest in the life of the insured. The Company will not participate in life insurance sales motivated by the possible sale or transfer of policies or their death benefits to investors. Accordingly, we ask the Owner(s)/Trustee(s) and Grantor(s) to complete the following information.

This supplement must be completed and signed whenever a trust is to be an Owner of any policy issued as a result of the life application. Upon the request of the Company or when any portion of the initial or future premiums will be borrowed, loaned or otherwise financed, copies of all trust documents must also be submitted.

PROPOSED INSURED(S), OWNER(S), TRUSTEE(S), GRANTOR(S), BENEFICIARY(IES)

<i>Proposed Insured 1 - First, Middle, Last Name</i> Mary E. Compton	
<i>Proposed Insured 2 - First, Middle, Last Name</i>	
<i>Name(s) of Owner(s)/Trustee(s)</i> Tiffany O'Connell	
<i>Name(s) of Grantor(s)</i> Mary E. Compton	
<i>Name of the Trust and Tax ID Number</i> Mary E. Compton Irrevocable Trust 2007 - 26-6157882 (the Trust)	
<i>Current Beneficiary(ies) of the Trust</i> Leah Marie Compton-Horan	
<i>Name, Address and Telephone Number of the person who drafted the Trust Instrument</i> Carolyn Ryan, Comins & Newbury, 9 Damonmill Square, Suite 4D, Concord, MA 01742, (978)341-0222	
<i>Date of the Trust (mm/dd/yyyy)</i> 10/02/2007	<i>Date the Trust was Signed (mm/dd/yyyy)</i> 10/02/2007
<i>Address of the Trust</i> 3 Elliot St, Natick MA 01760	
<i>Situs of the Trust (the Trust is subject to the laws of the State of)</i> Massachusetts	
<i>Describe the relationship between the Grantor(s) and the Trustee(s)</i> Trustee is the grantor's attorney	
<i>Describe the relationship between the Grantor(s) and the Trust Beneficiary(ies)</i> Beneficiary is the grantor's daughter	

LAD390 - 08959 - LCM@P83 - 07/19/2023 - 21550376 - DCLCI

ICC13-LAD410

Page 1 of 2

10/2013

ICC20-405R
PLUGGR400R

Page 1 of 5
Page 1 of 5

3/23/2020
3020
5890966
GEORGE M. MAIL, COH

CERTIFICATION

I (We) have read or have had read to me (us) the completed Supplement before signing below. All statements and answers in this Supplement are correctly recorded and are full, complete and true. I(We) understand that the information being provided in this Supplement is being relied upon in considering the application for life insurance.

I (We) certify that:

- a) The Trustee(s) is (are) allowed by the terms of the Trust to purchase life insurance and securities.
- b) The Trust permits the Trustee(s) to exercise all ownership rights provided by the policy that is issued by the Company to the Trust, including but not limited to the right to surrender, pledge or encumber the policy or make withdrawals.
- c) The Trustee(s) is (are) permitted to distribute the policy to any beneficiary of the Trust or to sell and transfer ownership of the policy pursuant to the sale.
- d) Beneficial interest under the Trust can and will only be established for person(s) who: (i) are related to the Proposed Insured(s) by blood or by law; (ii) have a substantial interest in the life of the Proposed Insured(s) engendered by love and affection; or (iii) have a lawful and substantial economic interest in the continued life of the Proposed Insured(s).
- e) Neither the Company nor anyone acting as its agent is responsible to determine the authority of the Trustee(s) or the validity of the trust or to inquire into or review the provisions of the Trust.
- f) Neither the Company nor anyone acting as its agent shall be charged with knowledge of the terms of the Trust, and;
- g) The Company may rely on the evidence submitted for any change of the Trustee(s) and/or the appointment of any successor Trustee(s) and is not responsible to determine that the change or the appointment of any additional or successor Trustee(s) conforms to the provisions of the Trust.

SIGNATURES

Any person who knowingly with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which may subject such person to criminal and civil penalties according to state law.

Signed in Greenfield MA this 27th day of June 2023
(City and State) (Month) (Year)

Signature(s) of Owner(s)/Trustee(s) [Signature] Trustee

Signature(s) of Grantor(s) [Signature]

Signature of Witness [Signature]

PRODUCER CERTIFICATION

By signing below, I hereby certify that to the best of my knowledge and belief, the information provided is complete, accurate and correct and that the life insurance being applied for conforms to the Company's guidelines.

Signed at (City and State) Greenfield MA Date 6-27-23

Signature of Producer [Signature] John E. Pacleri
Producer Name (PRINT)

PROTECTIVE LIFE INSURANCE COMPANY
P.O. Box 830619
Birmingham, AL 35283-0619

SUPPLEMENTAL APPLICATION (PART II)

Proposed Insured Name: Mary E Compton

Policy Number: TU3147794

1. Are you a U.S. citizen? Yes No
2. Do you plan to reside outside the U.S. or Canada for a total of 6 or more months within the next 12 months? Yes No
3. Do you plan to travel outside the U.S. or Canada in the next 12 months? Yes No
4. Have you filed for or declared bankruptcy in the past ten (10) years? Yes No
5. Have you ever had a request for life or health insurance declined, postponed, or offered other than as applied for? Yes No

6. Have you used tobacco or nicotine products of any kind over the last 5 years? Yes No
7. Have you used cannabis (marijuana) products of any kind over the last 5 years? Yes No
8. Do you have a primary medical provider? Yes No
9. What was the reason for your last visit or consultation with your primary medical provider?

Sinus Infection:

Is this condition resolved or improving with no further testing or follow-up planned? Yes

When was this visit? 2023-01-01

Within the past 10 years, have you consulted a physician for your Sinus Infection? Yes

Dr. Amy S. Churchill, MD 321 Main St Acton, Massachusetts 01720, United States of America Phone: 978-635-8700 Last Visit: 1/2023

Did any other physician treat you for your Sinus Infection? No

10. Other than your primary medical provider, what was the reason for your last visit or consultation with any medical provider?

Osteoarthritis:

Is this condition resolved or improving with no further testing or follow-up planned? Yes

When was this visit? 2022-12-01

Within the past 10 years, have you consulted a physician for your Osteoarthritis? Yes

Dr. Wallace A. Howard III, DC 185 Clinton Rd Sterling, Massachusetts 01564, United States of America Phone: 978-422-2992 Last Visit: 12/2022

Did any other physician treat you for your Osteoarthritis? No

11. What is your current height and weight?

Height: 5'04"

Weight: 165

12. Has your weight changed by more than 10 pounds in the past year?

Yes No

13. Are you pregnant?

Yes No

14. Have you ever been diagnosed, treated, tested positive for, or advised by a medical provider for:

- a. Any disorder or disease of the brain, spinal cord or nervous system such as chronic headaches, seizures, epilepsy, tremors, fainting, sleep disorder, paralysis, transient ischemic attack (TIA), stroke, multiple sclerosis (MS), Parkinson's disease, motor neuron disease, amyotrophic lateral sclerosis (ALS), muscular dystrophy, dementia, or Alzheimer's disease? Yes No

Stroke:

When was this condition diagnosed? 2015-08

How many episodes did you have? One

How old were you when this episode occurred? 47

Within the past 10 years, have you consulted a physician for your Stroke? Yes

Pen Bay Medical Center 6 Glen Cove Dr Rockport, Maine 04856, United States of America Phone: 207-301-8000 Last Visit: 8/2015

Did any other physician treat you for your Stroke? Yes

Dr. David E Thaler, MD 260 Tremont St Boston, Massachusetts 02116, United States of America Phone: 617-636-4948 Last Visit: 2/2017

- b. Any disorder or disease of the heart, blood vessels, or circulatory system such as high blood pressure, high cholesterol, chest pain, heart murmur, irregular heartbeat, enlarged heart, coronary artery disease, heart attack, or heart failure? Yes No

PFO (Patent Foramen Ovale):

What was the diagnosis? PFO (Patent Foramen Ovale)

When was this condition diagnosed? 2015-08

What treatments or medications were prescribed? Surgery

What type(s) of surgery was performed, if any? Catheter

Within the past 10 years, have you consulted a physician for your PFO (Patent Foramen Ovale)? Yes

Dr. Carey D. Kimmelstiel, MD 750 Washington St Boston, Massachusetts 02111, United States of America Phone: 617-636-5000 Last Visit: 12/2015

Did any other physician treat you for your PFO (Patent Foramen Ovale)? Yes

Dr. David E Thaler, MD 260 Tremont St Boston, Massachusetts 02116, United States of America Phone: 617-636-4948 Last Visit: 2/2017

- c. Any disorder or disease of the respiratory system such as asthma, chronic cough or hoarseness, bronchitis, pneumonia, shortness of breath, sleep apnea, emphysema, chronic obstructive pulmonary disease (COPD), sarcoidosis, or tuberculosis (TB)? Yes No
- d. Any disorder or disease of the stomach, liver, gall bladder, pancreas, abdominal organs or rectum such as chronic abdominal pain, ulcer, polyp, Barrett's esophagus, diverticulitis, Crohn's disease, colitis, intestinal bleeding, or hepatitis? Yes No
- e. Any disorder or disease of the urinary organs including kidneys, bladder, or urinary tract such as blood, protein, or sugar in the urine, difficult or painful urination, or chronic inflammation? Yes No
- f. Any disorder or disease of the skeletal system, joints, bones, spine, or muscles such as arthritis, rheumatoid arthritis, osteoporosis, chronic pain, fibromyalgia, gout, or amputation? Yes No

Bunionectomy:

Within the past 10 years, have you consulted a physician for your Bunionectomy? Yes

Dr. Sandra Weakland, DPM 54 Baker Avenue Extension Suite 301 Concord, Maine 01742, United States of America Phone:978-369-5282 Last Visit: 11/2021

Did any other physician treat you for your Bunionectomy? No

- g. Any disorder or disease of the eyes, ears, nose or throat? Yes No

- h. Any disorder or disease of the endocrine system, thyroid, lymph, or other glands such as thyroid nodules, overactive thyroid, Addison's disease, Cushing syndrome, or diabetes? Yes No

- i. Any disorder or disease of the skin such as cyst, lump, other growth, or psoriasis? Yes No

- j. Any psychiatric, nervous, emotional, or mental disorder or disease such as anxiety, depression, bipolar, obsessive-compulsive, ADD/ADHD, PTSD, eating disorder, personality disorder, psychosis, or suicidal thoughts or attempted suicide? Yes No

Depression:

When was this condition diagnosed? 1995-06

Are you currently under treatment or taking medication for this condition? No

Have you ever been treated or taken medication for this condition? Yes

When did you last undergo treatment or take medication? 2006-06

Has this condition resolved completely with no ongoing symptoms? Yes

When were your last symptoms? 2006-06

Within the past 10 years, have you consulted a physician for your Depression? No

- k. Any diseases of the reproductive system, uterus, cervix, ovaries, or breasts such as irregular pap smear, abnormal mammogram, fibroids, ovarian cyst, polycystic ovary syndrome (PCOS), abnormal menstrual bleeding, or sexually transmitted infection or disease? Yes No

l. Any disease of the reproductive system or prostate or sexually transmitted infection or disease? Yes No

Question not required by company.

m. Any cancer, tumor, nodule, melanoma, skin cancer, or any other malignant disorder? Yes No

n. Any disorders or diseases of the blood or immune system (excluding those related to the Human Immunodeficiency Virus) such as anemia, bleeding, blood clots, immune deficiency, leukemia, or lymphoma, or had a transfusion or been refused as a donor? Yes No

15. Have you been diagnosed or treated by a medical provider within the past 10 years for:

a. Immune deficiency, recurrent fever or fever of unknown origin, severe night sweats, fatigue, loss of appetite, diarrhea, or any unexplained conditions, infections, weight loss, skin lesions, or pain? Yes No

b. Human Immunodeficiency Virus (HIV), AIDS-Related Complex (ARC), or Acquired Immune Deficiency Syndrome (AIDS)? Yes No

16. Do you drink alcohol? Yes No

Alcohol Use

How many standard drinks do you have per week? A standard drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of liquor. 2

What is the maximum number of drinks you consume in a single day? 2

17. Have you ever received medical treatment or counseling for, or been advised by a medical provider to discontinue or reduce your consumption of alcohol? Yes No

18. Have you ever used narcotics, barbiturates, amphetamines, hallucinogens, heroin, cocaine, or other habit-forming drugs, except as prescribed by a medical provider? Yes No

19. Have you ever received medical treatment or counseling for, or been advised by a medical provider to discontinue or reduce your consumption of habit-forming drugs? Yes No

20. Excluding HIV, minor injuries, minor virus or common colds, within the past five (5) years, have you:

a. Been treated, examined or advised by a medical provider for any condition other than as previously stated? Yes No

b. Been advised by a medical provider to undergo specified medical care, hospitalization, surgery, or diagnostic test, except those tests related to the AIDS virus, which has not been completed? Yes No

c. Been an inpatient in a hospital, clinic, medical facility, rehabilitation center, or any similar entity? Yes No

d. Had any surgery, biopsy, diagnostic test (except those related to the AIDS virus), electrocardiogram (EKG), MRI, CT scan, or x-ray, other than as previously stated? Yes No

Surgery:

What was the condition that led to surgery? Breast reduction

When was this condition diagnosed? 2022-04

What was the date of surgery? 2022-04

Has your physician released you from further care? Yes

Have you had any other surgeries? No

Within the past 10 years, have you consulted a physician for your Surgery? Yes

Dr. Amy Colwell, MD 55 Fruit St Boston, Massachusetts 02114, United States of America Phone:617-643-5963 Last Visit: 5/2022

Did any other physician treat you for your Surgery? No

e. Other than previously stated, been on or advised by a medical provider to be on any over-the-counter or prescription medication? Yes No

Medication:

Please list all medications and prescribed diets used, along with the reason(s), if not already disclosed. Ambien for sleep aid

Within the past 10 years, have you consulted a physician for your Medication? Yes

Dr. Amy S. Churchill, MD 321 Main St Acton, Massachusetts 01720, United States of America Phone:978-635-8700 Last Visit: 1/2023

Did any other physician treat you for your Medication? No

f. Been unable to work, attend school, perform normal activities, or been confined at home? Yes No

g. Made a claim for or received benefits, compensation or pension for any injury, illness, disability or impaired condition? Yes No

21. Have any of your natural parents or siblings ever been diagnosed or treated by a medical provider for heart disease or cancer? Yes No

22. Have you ever been convicted or are you awaiting trial for a felony, misdemeanor or infraction other than a traffic violation? Yes No

23. Have you plead guilty to or been convicted of any traffic violations in the past 5 years such as speeding, failure to yield, reckless driving, or driving under the influence of alcohol or drugs? Yes No

Violations, Suspensions, Revocations:

What is the current status of your license? Valid

Have you been arrested or convicted for reckless driving or driving under the influence of alcohol or drugs within the past 5 years? No

How many moving violations have you had in the last 3 years? 1

24. Do you participate in any of the following sports or activities: aviation or aerial activities, hang gliding, parachuting, sky diving, scuba diving, racing, rock climbing, or mountain climbing? Yes No
25. What is your occupation?
Retail
26. What is the purpose of the insurance?
Personal Coverage
27. Is there any application for any other life insurance on your life now pending or being considered with this or any other company? Yes No

I declare that the answers I have given are true and complete to the best of my knowledge and belief and that I have not withheld any material information that may influence the assessment or acceptance of this application. I agree to inform Protective Life Insurance Company of any material changes before the insurance is in effect.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

6. Signed at: Boston MA Have you used tobacco products of any kind over the last 5 years? 4/6/23 Yes No
City and State Mo./Day/Yr.

7. Have you used cannabis (marijuana) products of any kind over the last 5 years? Yes No
Mary E Compton X

8. Signature of Proposed Insured: Mary E Compton Parent Signature if Proposed Insured is under age 15: Yes No
Do you have a primary medical provider? Mary E Compton

9. What was the reason for your last visit or consultation with your primary medical provider?
Sinus Infection:
Is this condition resolved or improving with no further testing or follow-up planned? Yes
When was this visit? 2023-01-01
Within the past 10 years, have you consulted a physician for your Sinus Infection? Yes
Dr. Amy S. Churchill, MD 321 Main St Acton, Massachusetts 01720, United States of America Phone: 978-635-8700 Last Visit: 1/2023
Did any other physician treat you for your Sinus Infection? No

10. Other than your primary medical provider, what was the reason for your last visit or consultation with any medical provider?
Osteoarthritis:
Is this condition resolved or improving with no further testing or follow-up planned? Yes
When was this visit? 2022-12-01
Within the past 10 years, have you consulted a physician for your Osteoarthritis? Yes
Dr. Wallace A. Howard III, DC 185 Clinton Rd Sterling, Massachusetts 01564, United States of America Phone: 978-422-2992 Last Visit: 12/2022

TU3147794 778

PROTECTIVE LIFE INSURANCE COMPANY

P.O. Box 830619
Birmingham, AL 35283-0619

SUPPLEMENT TO LIFE INSURANCE APPLICATION

APPLICATION SUPPLEMENT - PART I

The statements and answers to the questions listed below shall become a part of the attached application; shall be subject to the terms of the attached application; and shall become a part of any policy based on this application.

Print Name of Proposed Insured(s): Mary E. Compton

For any policy to be issued as a result of this application:

- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (1) Will anyone other than the Insured, his or her family, or employer/business partner pay any portion of the initial or future premiums or obtain any right, title or interest in this policy?
If Yes, complete the "Statement of Owner Intent" (Application Supplement - Part II) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (2) Will any portion of the initial or future premiums be borrowed, loaned or otherwise financed?
If Yes, complete the "Premium Financing Disclosure" (Disclosure and Acknowledgement) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (3) Will a trust, including family trust, own this policy?
If Yes, complete the "Trust Certification" (Application Supplement - Part III) | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Is the Proposed Insured age 65 or older AND total coverage applied for across all Protective companies \$1,000,000 or more?
If Yes, complete the "Statement of Owner Intent" (Application Supplement - Part II) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

SIGNATURES

I (We) have read or have had read to me (us) the completed Supplement before signing below. All statements and answers in the Supplement are correctly recorded and are full, complete and true to the best of my (our) knowledge and belief. I (We) understand that the information being provided in this Supplement is being relied upon in considering the application for life insurance and is subject to the applicable Fraud Statement as provided in the Application for Life Insurance.

Signed in: Massachusetts treat you for your PFO? Yes March 2023
this 29 day of March 2023
Dr. David L. Thaler, MD 260 Tremont St Boston, Massachusetts 02111 United States of America
Phone: 617-636-4948 Last Visit: 2/2017

Signature(s) of Proposed Insured(s): Mary E. Compton
b. Any disorder or disease of the heart, blood vessels, or circulatory system such as high blood pressure, high cholesterol, chest pain, heart murmur, irregular heartbeat, enlarged heart, coronary artery disease, heart attack, or heart failure? Yes No

Signature(s) of Owner(s) (Trustee(s)) (provide officer's title if policy is owned by a corporation): Mary E. Compton

Signature of Witness: John E. Paolletti was this condition diagnosed? 2015

What treatments or medications were prescribed? Surgery

PRODUCER CERTIFICATION
By signing below, I hereby certify that to the best of my knowledge and belief, the information provided herein is complete, accurate, and correct and that the life insurance being applied for conforms to the Company's guidelines.
What type(s) of surgery was performed, if any? Patent Foramen Ovale
Ovale)? Yes

Signed at: Bolton, MA Kimmelstiel, MD 750 Washington St Boston, MA 02111, United States of America
Phone: 617-636-5000 Last Visit: 12/2015

Did any other physician treat you for your PFO (Patent Foramen Ovale)? Yes X
John E. Paolletti
Dr. David E. Thaler, MD 260 Tremont St Boston, Massachusetts 02111 United States of America
Phone: 617-636-4948 Last Visit: 2/2017 Producer Name (Print): John E. Paolletti

08959-1CM@P83 -07/19/2023-21550376-DCLCI

LAD390

032823 11:03:17

TERMS USED IN THIS POLICY

The terms below have the specific meaning associated with them each time they are used in this Policy. Other terms may be described elsewhere in this Policy and will have that meaning when used.

Administrative Office: The location where administrative services for this Policy are performed.

Age: The age of the Insured on the Policy Effective Date, as of the nearest birthday, plus the number of complete Years since the Policy Effective Date.

Anniversary: The same month and day as an Effective Date in each subsequent Year this Policy remains in force.

Beneficiary: The primary Beneficiary(ies) is the person(s) or class of persons designated to receive the proceeds of this Policy upon the death of the Insured. You may designate a contingent Beneficiary(ies) to receive the proceeds if there is no primary Beneficiary(ies) living at the time of the Insured's death.

There may be one or more than one Beneficiary in a class. If one or more persons in the class die before the Insured, the living members of the class will share the Policy's Death Benefit Proceeds equally unless you instruct us otherwise. By Written Notice, you may change a Beneficiary and may designate an Irrevocable Beneficiary. If you designate an Irrevocable Beneficiary it may limit your ability to change that designation in the future or to make other Policy changes.

Code: The Internal Revenue Code of 1986, as amended, or its successor.

Effective Date: Any Monthly Anniversary on which insurance coverage or other benefit provided by this Policy begins, reinstates, or changes. The "Policy Effective Date" is the Policy's initial Effective Date. Confirmation of an Effective Date will be sent to you in writing.

Insured: The person shown on the Policy Schedule upon whose life this Policy is issued.

Irrevocable Beneficiary: A Beneficiary whose rights in this Policy are irrevocable unless the irrevocably designated Beneficiary agrees to such change in writing.

Lapse: The termination of this Policy without value at the end of the grace period, while the Insured is living. A Lapse ends all insurance coverage and any other benefit provided by this Policy.

Minimum Death Benefit Factor: The Minimum Death Benefit Factor is a percentage applied to the Policy Value, determined so that this Policy will meet the requirements for life insurance, as prescribed in Section 7702 of the Code. The percentage is shown in the Minimum Death Benefit Factor table on the Policy Schedule.

Month: The period of time that elapses between any two Monthly Anniversaries.

Monthly Anniversary: The same day as the Monthly Anniversary Day shown on the Policy Schedule in each subsequent Month this Policy remains in force.

Net Premium: The amount after deduction of the Premium Expense Charge, shown on the Policy Schedule, from each Premium payment.

Owner: The person, persons or entity entitled to all rights in this Policy while the Insured is living. These rights are subject to any assignment and to the rights of any Irrevocable Beneficiary. You may name a contingent Owner who will own this Policy if you die while this Policy is in force. If you die before the Insured, any contingent Owner named in the application will become the new Owner. If no contingent Owner is named, your estate becomes the new Owner. You may change the Owner (including a contingent Owner) by Written Notice.

Policy Debt: The sum of all outstanding loans made against this Policy's Policy Value, plus all accrued interest, less loan repayments made.

Premium: Premiums are payments you make that are not designated for the repayment of Policy Debt. The initial Premium is shown on the Policy Schedule and is due on the Policy Effective Date.

Surrender: You can request the full Surrender Value while an Insured is alive. The Policy will terminate upon a Full Surrender. After the first Anniversary while the Insured is living, you may request a Partial Surrender.

Surrender Value: Policy Value minus Policy Debt, if any.

Written Notice: Any information we receive at our Administrative Office which is written, signed and dated by you and is acceptable to us. No change in this Policy is valid unless it is approved by one of our officers and, unless otherwise specified, will be effective as of the date it is signed. No agent or other person has the authority to change this Policy. Instructions, requests and assignments are subject to any payment we made and any action we took prior to receiving the Written Notice.

Year: A 12-Month period beginning on the Effective Date or an Anniversary.

GENERAL PROVISIONS

Entire Contract: This Policy is a legal contract between you and us. We entered into this contract in consideration of a complete application and the payment of Premiums. The Policy, including its applications, both initial and supplemental, all endorsements, amendments, riders and Policy Schedules, both initial and supplemental, are consolidated, attached and constitute the entire agreement between you and us.

Commission Standards: This Policy is approved and issued under the authority and standards of the Interstate Insurance Product Regulation Commission ("the Commission"). Any provision of this Policy, as of the Effective Date, that is in conflict with the Commission's standards for this product type is hereby amended to conform to the Commission's standard as of the Effective Date.

Representations and Contestability: We relied on the statements in the application made by and for the Insured in determining whether to issue this Policy. These statements are representations, not warranties, but we have the right to contest the validity of this Policy or resist any claim based on a material misrepresentation in any application we accept and make part of this Policy. However, we cannot contest the validity of this Policy or resist any claim after the Policy has been in force for two years during the life of the Insured, except for the non-payment of Premium.

If an application to change this Policy requiring evidence of insurability is accepted, a benefit is added or changed, or the Policy is reinstated after it has Lapsed and the application is made part of the Policy, we cannot bring any legal action to contest the change, addition, or reinstatement after it has been in force for two years during the life of the Insured, except for the non-payment of Premium. The contestability period for a reinstated Policy is based only on statements made in the reinstatement application, unless the original contestability period has not yet expired.

Error In Age or Gender: If statements in an application regarding the Insured's age or gender are not correct, we will adjust the Death Benefit of this Policy to that which would have been provided at the correct age or gender using the ratio of the Cost of Insurance charges from the most recent Monthly Deduction to the Cost of Insurance charges that would have been deducted for this plan of insurance at the correct age and gender.

Tax Considerations: On the Policy Effective Date, this Policy qualified as life insurance under the applicable sections of the Code. We reserve the right to modify this Policy to assure it continues to qualify as life insurance. In order to prevent this failure, we may decline: Premium Payments, requests to change the Death Benefit option, requests for Partial Surrenders, requests to reduce the face amount or requests to add, modify or terminate any rider or benefit, or refund any Premium we previously accepted including any earnings associated with the returned Premium.

Assignments: You may assign some or all of your rights in this Policy (as they exist at the time of the assignment) either irrevocably or for a limited period of time. However, this Policy may not be assigned where prohibited by law or regulation in the state in which it is delivered. We must receive a signed copy of the assignment along with the Written Notice and the consent of any Irrevocable Beneficiary, if the assignment is to be binding on us. We are not responsible for the validity of the assignment.

Suicide Exclusions: If, while sane or insane, the Insured commits suicide within two years of the Effective Date, our total liability under the Policy is limited to the Premiums paid from that date to the date of death, less Policy Debt and Partial Surrenders including applicable fees, if any.

Annual Report: At least annually, unless the Policy is in a grace period, you will receive a written report for the reporting period that shows the Policy Value, contributions to and deductions from the Policy Value, any Policy Debt, the Policy's Surrender Value, the Death Benefit and any other values we are required to provide by law.

Projections of Policy Benefits and Values: Once each Year at no cost, you may request by Written Notice a projection of the Death Benefit and certain other values. Each subsequent projection request that Year may be subject to a fee, shown on the Policy Schedule.

Minimum Values: The values generated under this Policy, including Surrender Values at least equal the minimum required by the National Association of Insurance Commissioners Universal Life Insurance Regulation model #585. The method of computing minimum required values has been filed with the Commission.

Termination: All insurance and other benefits provided by this Policy terminate at the earliest of any of the following events:

- a) you send a written request to terminate it and Surrender the Policy;
- b) the Insured dies and we settle claims for the Death Benefit Proceeds;
- c) the Policy Lapses at the end of a grace period;
- d) Policy Debt exceeds the Policy Value and no loan repayments are received before the end of the loan grace period, except as described in the "Continuation of Insurance" provision.

Any remaining Policy Value will be net of the current Cost of Insurance. This is not a reinstatement of the Policy nor does it constitute a waiver or rescission of the termination by us.

PREMIUMS

Premium Payments: The initial Premium Payment is the amount paid on or before delivery of this Policy. There is no insurance coverage under this Policy until the initial Premium is paid. The planned Premium is our understanding of your intentions regarding Premium Payments at any particular time. The planned Premium and frequency of Premium Payments are reflected on the Policy Schedule. Even if you pay Premium Payments, your Policy could Lapse if the Surrender Value is not enough to pay the Monthly Deductions. Premium Payments are payable at our Administrative Office unless you are notified otherwise in writing by us. Upon request, we will provide periodic reminders for the planned Premium on a monthly, quarterly, semi-annual or annual basis and/or provide a receipt for any Premium Payment made. Our acceptance of your planned Premium does not in any way guarantee or imply insurance coverage.

If planned Premium Payments are discontinued, we will continue taking the Monthly Deductions from the Policy Value and coverage will continue subject to the Grace Period and Termination provisions.

Premium Limitation: We have the right to refuse or refund any Premium which during any Policy Year:

- a) increases the difference between the Death Benefit and the Policy Value; or,
- b) would result in the Policy failing to qualify as life insurance under the Code.

Grace Period: If on any Monthly Anniversary the Surrender Value is insufficient to pay the Monthly Deduction for the upcoming Month and any applicable Lapse Protection provisions are not in effect, the Policy will begin a 61 day grace period. The insurance provided by this Policy remains in effect during the grace period. Written notification will be provided at least 30 days prior to the end of the grace period that a grace period has begun. If payment is not received that is sufficient to keep this Policy in force by the end of the grace period, the Policy will terminate without value as of that date. If the Insured dies during a grace period, the Death Benefit will be reduced by the amount of the unpaid Monthly Deductions, plus interest, plus Policy Debt. You have the entire grace period to make the payment. Payment sent by U. S. Mail shall be postmarked within the grace period.

Reinstatement: If the Policy terminates at the end of a grace period, you may request reinstatement. The Policy will be reinstated during the life of the Insured if:

- a) we receive a reinstatement application in good order within five years of the end of the grace period;
- b) you provide current evidence of insurability, subject to underwriting; and,
- c) you pay the total amount due under the Policy during the grace period, including interest, if any, plus an amount at least equal to the Monthly Deduction for the upcoming Month.

The Effective Date of the reinstated Policy will be the Monthly Anniversary following the date we approve your reinstatement application and requirements a) - c), above, are satisfied. The beginning Policy Value and Policy Debt, if any, of the reinstated Policy will be determined based on the Policy Value and Policy Debt, if any, as of the date the Policy entered the most recent grace period. Interest accruals on the Policy Value and Policy Debt, if any, will resume on the reinstatement date.

DETERMINING VALUES

Policy Value: The Policy Value on the Policy Effective Date is equal to the first Net Premium minus the Monthly Deduction for the first Month.

On each subsequent Monthly Anniversary, the Policy Value is equal to:

- a) the Policy Value as of the prior Monthly Anniversary; plus,
- b) Net Premium received since the prior Monthly Anniversary, if any; plus,
- c) interest accrued since the prior Monthly Anniversary, if any; minus
- d) Partial Surrenders and fees since the prior Monthly Anniversary, if any; minus,
- e) the Monthly Deduction for the upcoming Month.

Interest: The interest rate will not be lower than the guaranteed interest rate reflected on the Policy Schedule. For the purpose of determining Policy Value, interest accumulates on Net Premium as of the date it is applied to the Policy.

Monthly Deduction: The Monthly Deduction is composed of the following costs and charges, each of which is described on the Policy Schedule:

- a) the Cost of Insurance for the upcoming Month; plus,
- b) the cost of any additional insurance coverage or benefit provided by a rider for the upcoming Month, if any; plus,
- c) the administrative charge; plus,
- d) the monthly expense charge applicable to the initial face amount, if any.

Cost of Insurance: The cost of insurance is equal to the Insured's Cost of Insurance rate for the upcoming Month multiplied by the Policy's Net Amount at Risk, all divided by 1,000.

Monthly Cost of Insurance rates are based on the Insured's age, gender, rate class, and the number of Years since the Policy Effective Date. Any change in the monthly Cost of Insurance rates will be based on our expected future experience of mortality, persistency, expenses, including taxes and will be consistent for all Insureds in the same rating class. Maximum monthly Cost of Insurance rates are shown on the Policy Schedule. We may charge up to but not more than the maximum.

Net Amount at Risk: The Net Amount at Risk is determined by subtracting a) from the greater of b) and c) where:

- a) is the Policy Value (prior to taking the Monthly Deduction for the upcoming month);
- b) is the face amount divided by One plus the Monthly Guaranteed Interest Rate;
- c) is the Policy Value (prior to taking the Monthly Deduction for the upcoming month) multiplied by One plus the applicable Minimum Death Benefit Factor.

On the Policy Effective Date, the Net Amount at Risk is determined as if the Policy Effective Date is a Monthly Anniversary.

Continuation of Insurance: If this Policy is in force on the date the Insured attains the Age 121, the Monthly Deduction will cease, and no additional Premium payments will be accepted except those that will keep this Policy out of a grace period. The Policy will remain in force. Interest will continue to accrue on the Policy Value and on Policy Debt, if any.

If the Policy remains in force after the date that the Insured attains the Age 121, this Policy may not qualify as life insurance under the Code. If you choose to continue the policy under this provision, you should consult your personal tax advisor as there may be adverse tax consequences.

DEATH BENEFIT

Death Benefit: A Death Benefit is payable upon our receipt of due proof that the Insured died while this Policy was in force, and the rights of the claimant to the proceeds. The Death Benefit is determined by the Death Benefit option in effect as of the Insured's date of death and will comply with the applicable sections of the Code, as amended.

Death Benefit Option: The Death Benefit option available on the Policy Effective Date is the Level Death Benefit.

The Death Benefit is the greater of a) and b) where:

- a) is the face amount as of the Insured's date of death; and,
- b) is the Policy Value as of the Insured's date of death multiplied by One plus the applicable Minimum Death Benefit Factor shown on the Policy Schedule.

Settlement of the Death Benefit Proceeds: Settlement resulting from the death of the Insured terminates all insurance and other benefits provided by this Policy. For the purposes of this provision, a refund of Premiums under the Suicide Exclusion is the settlement resulting from the death of the Insured.

Interest on Death Benefit Proceeds: Interest on Death Benefit Proceeds is payable from the date of death at the rate applicable to proceeds of life insurance left on deposit with the Company. Additional interest at an annual rate of 10% will be paid beginning on the 31st calendar day from the latest of the following, to the date the proceeds are paid:

- a) The date we receive due proof of death;
- b) The date we receive sufficient information to determine our liability, the extent of that liability, if any, and to identify the payee legally entitled to the proceeds; or,
- c) The date we are provided with sufficient evidence that all legal impediments to the payment of proceeds dependant on parties other than the company have been resolved.

ACCESSING POLICY VALUES

Loans, Partial Surrenders and Full Surrenders may result in a tax liability. You should consult with your tax advisor regarding any loans or Surrenders from this Policy.

Loans: You may take a loan from the Policy Value of this Policy. You must assign this Policy to us but no other collateral is needed. The portion of the Policy Value equal to the Policy Debt will earn interest at the guaranteed interest rate shown on the Policy Schedule. The maximum loan which can be taken is the amount that, when added to any existing Policy Debt, does not exceed the Policy Debt Limit shown on the Policy Schedule. A loan may be repaid at any time this Policy is in force. Any payment not designated for the repayment of Policy Debt will be treated as a Premium payment. Policy Debt will be deducted from the Death Benefit or Policy Value prior to making any payment.

Loan Interest: Accrues daily and is payable annually in arrears on each Policy Anniversary. If loan interest is not paid when due, it is added to the loan principal and will bear interest at the applicable annual effective rate until paid.

Excess Policy Debt: This Policy can terminate if the Policy Debt exceeds the Policy Value. You, and any assignee of record, will be notified, in writing, that a 31 day grace period has begun and we will tell you the amount required to maintain the Policy. Failure to pay the required amount will result in the Policy terminating without value as of that date except as described in the "Continuation of Insurance Provision". This 31 day period does not preempt the 61 day period provided by the "Grace Period" provision.

Partial Surrenders: You may take a Partial Surrender from this Policy after the first Policy Anniversary by submitting a written request. A Partial Surrender fee will be deducted. The Policy Value will be reduced by the amount of the Surrender, including fees. The face amount will be decreased by this same amount. Requests for a Partial Surrender will not be processed if, after the Partial Surrender, the face amount would be less than the minimum initial face amount shown on the Policy Schedule.

Full Surrenders: You may take a Full Surrender of this Policy after the first Policy Anniversary by written request to us. All insurance and other benefits will terminate as of the next Monthly Anniversary. If a Full Surrender is requested within 30 days after a Policy Anniversary, the Surrender Value will not be less than the Surrender Value as of the most recent prior Policy Anniversary minus additional Policy Debt and Partial Surrenders since that Policy Anniversary.

Payment of Proceeds: Proceeds represent the net amount payable from this Policy as a result of claiming a benefit or requesting a loan or Full or Partial Surrender. Unless we are instructed otherwise, payment of proceeds is paid in a lump sum. We may delay payment of Surrender or loan proceeds for up to six months where permitted or required. However, we will not do so when the Surrender or loan proceeds will be used to pay Premium to us.

CHANGING THE POLICY

Policy Changes: While this Policy is in force and after the first Policy Anniversary, you may make a written request to change this Policy. Any change must be approved by us and is limited to the specifications of this section or as described elsewhere in this Policy.

Policy Changes become effective as of the Monthly Anniversary on or following the date we approve the request. A supplemental Policy Schedule or other acknowledgment that documents the Policy change will be provided. No agent or other person has the authority to change this Policy and no change is effective until it is entered into our records.

Face Amount Increase: You may request an increase in the face amount. The minimum face amount increase we will consider is \$25,000. You must submit a completed application and proof of insurability. The Effective Date of the face amount increase is subject to deduction of the first month's charges and Cost of Insurance related to the increase from the existing Policy Value.

Face Amount Decrease: You may make a written request to decrease the face amount.

An elected face amount decrease will not be approved if:

- a) it results in a face amount lower than the minimum initial face amount allowed for this Policy as shown on the Policy Schedule;
- b) it results in the Policy failing to qualify as life insurance under the applicable definition of the Code;
- c) the request is made prior to the third Policy Anniversary; or
- d) the request is made within one year of any earlier face amount decrease.

Any face amount decrease we approve will be first applied to the most recent face amount increase, then to older face amount increases in reverse order and finally any initial face amount in excess of the minimum allowed for this plan of insurance.

Face Amount Decreases become effective as of the Monthly Anniversary on or following the date we approve the request. A supplemental Policy Schedule or other acknowledgment that documents the face amount change will be provided.

SETTLEMENT OPTIONS

Settlement Options: Settlement options are used to distribute Policy Proceeds over a period of time rather than paying them in a lump sum. Generally, Proceeds from the Death Benefit and surrenders may be applied to a settlement option. Proceeds from a loan or those payable pursuant to the suicide exclusion may not be applied to a settlement option and must be taken in lump sum.

If this Policy is subject to an assignment when the Proceeds from a Death Benefit or surrender are payable, the portion of the Proceeds subject to the assignment will be paid to the assignee immediately in a lump sum and the remaining Proceeds, if any, may be applied to a settlement option subject to the limitations in the "Minimum Amounts" provision of this section.

Selecting a Settlement Option: The Owner may select or change a settlement option while this Policy is in force during the life of the Insured. If the Owner selects a settlement option, then settlement Proceeds may not be taken or assigned in advance of their payment dates without the Owner's prior written notice.

If the Owner does not select a settlement option, or if we are unable to distribute any portion of the Proceeds according to the settlement option selected, the Beneficiary may select a settlement option from among those available at that time, or may take the amount due immediately in a lump sum.

All instructions to select or change a settlement option must be by written notice.

Option 1 – Payments for a Fixed Period: We will make equal monthly payments on the same day of each month for up to 30 years. The amount of each payment depends upon the amount applied to the settlement option, the period selected, and the interest rate in effect at the time the payments are determined. Minimum monthly rates per \$1,000 applied under settlement option 1 are shown in the Option 1 Table at the end of this section, which is based on an annual effective interest rate of 1.50%.

Option 2 – Payments for Life with a Guaranteed Fixed Period: We will make equal monthly payments on the same day of each month for the life of a designated person with payments guaranteed for either 10 or 20 years. Payments stop at the end of the guaranteed period or when the designated person dies, whichever is later. Minimum monthly rates per \$1,000 applied under settlement option 2 are shown in the Option 2 Table at the end of this section.

The table is derived from mortality assumptions based on the Annuity 2000 Mortality Table projected 6 years using the annual projection factors associated with the 1983 Individual Annuitant Mortality Table and an annual effective interest rate of 1.50%. One year will be deducted from the attained age of the designated person for every 3 completed years beyond the year 2006.

Option 3 – Interest Income: We make payments according to written instructions we receive and credit interest on the unpaid balance. We, in our sole discretion, establish the current interest rate on settlement option 3 from time to time, but will not declare an annual effective interest rate less than 1.50%.

Option 4 – Payments of a Fixed Amount: We will make fixed payments on the same day of each month in the amount agreed upon between you and us. The amount of each payment may not be less than \$10 for each \$1,000 applied to the settlement option. Interest will be credited to the unpaid balance at a rate set by us (from time to time), but we will not declare an annual effective interest rate less than 1.50%. The fixed payments will continue until the amount we hold runs out. The last payment will be for the unpaid balance only.

Death of the Payee: If a payee under a settlement option dies before the entire amount has been paid, we will pay the commuted value to the estate of the deceased payee in a lump sum unless directed otherwise by written notice.

Minimum Amounts: Benefits provided by the Settlement Options will not be less than would be provided if the proceeds were used to purchase a single premium immediate annuity contract that:

- a) Is offered by us at the time of settlement to the same class of annuitants; and
- b) Provides benefits of the same structure as the elected Settlement Option.

If the portion of the Death Benefit or surrender Proceeds owed to any one person is less than \$5,000, we may pay that amount immediately in a lump sum. If, at any time, payments under a settlement option are less than \$50, we have the right to change the frequency of the payments to an interval that results in a payment at least equal to that amount.

OPTION 1 TABLE

Minimum Monthly Payment Rates for Each \$1,000 Applied

Fixed (in years)	Monthly Payment	Fixed (in years)	Monthly Payment	Fixed (in years)	Monthly Payment
1	83.90	11	8.21	21	4.62
2	42.26	12	7.58	22	4.44
3	28.39	13	7.05	23	4.28
4	21.45	14	6.59	24	4.13
5	17.28	15	6.20	25	3.99
6	14.51	16	5.85	26	3.86
7	12.53	17	5.55	27	3.75
8	11.04	18	5.27	28	3.64
9	9.89	19	5.03	29	3.54
10	8.96	20	4.81	30	3.44

OPTION 2 TABLE

Minimum Monthly Payment Rates for Each \$1,000 Applied

Life with 10 Years		Life with 20 Years		Life with 10 Years		Life with 20 Years			
Age	Male	Female	Male	Female	Age	Male	Female	Male	Female
0-30	\$1.68	\$1.68	\$1.68	\$1.63	56	\$3.37	\$3.08	\$3.25	\$3.02
31	2.17	2.06	2.16	2.05	57	3.45	3.15	3.32	3.08
32	2.20	2.08	2.19	2.08	58	3.54	3.22	3.39	3.15
33	2.22	2.10	2.22	2.10	59	3.63	3.30	3.46	3.22
34	2.25	2.13	2.25	2.13	60	3.73	3.39	3.53	3.29
35	2.28	2.16	2.28	2.15	61	3.84	3.48	3.60	3.36
36	2.32	2.18	2.31	2.18	62	3.94	3.57	3.68	3.43
37	2.35	2.21	2.34	2.21	63	4.06	3.67	3.75	3.51
38	2.38	2.24	2.37	2.24	64	4.18	3.78	3.83	3.59
39	2.42	2.27	2.41	2.27	65	4.31	3.89	3.90	3.67
40	2.46	2.30	2.44	2.30	66	4.44	4.01	3.98	3.75
41	2.50	2.34	2.48	2.33	67	4.58	4.13	4.05	3.83
42	2.54	2.37	2.52	2.36	68	4.73	4.27	4.12	3.91
43	2.59	2.41	2.56	2.40	69	4.88	4.41	4.19	4.00
44	2.63	2.45	2.60	2.44	70	5.04	4.55	4.26	4.08
45	2.68	2.49	2.65	2.47	71	5.20	4.71	4.32	4.16
46	2.73	2.53	2.69	2.51	72	5.37	4.88	4.39	4.23
47	2.78	2.57	2.74	2.56	73	5.54	5.05	4.44	4.30
48	2.83	2.62	2.79	2.60	74	5.72	5.23	4.49	4.37
49	2.89	2.67	2.84	2.64	75	5.90	5.42	4.54	4.43
50	2.95	2.72	2.89	2.69	76	6.09	5.62	4.58	4.49
51	3.01	2.77	2.95	2.74	77	6.28	5.82	4.62	4.54
52	3.08	2.83	3.01	2.79	78	6.47	6.03	4.66	4.59
53	3.14	2.88	3.07	2.85	79	6.66	6.25	4.69	4.63
54	3.21	2.94	3.13	2.90	80	6.85	6.46	4.71	4.66
55	3.29	3.01	3.19	2.96	& over				

PROTECTIVE LIFE INSURANCE COMPANY

A Stock Company; Domiciled in Tennessee
www.protective.com

P. O. Box 2606; Birmingham, Alabama 35202; (800) 866-9933

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT ENDORSEMENT

Effective Date: MAY 24, 2023

Policy Number: TU3147794

We have issued this endorsement as part of the policy to which it is attached ("the Policy"). Where the terms of this endorsement and those of the Policy conflict, the terms of this endorsement will apply.

NOTICE: This endorsement is intended to provide an accelerated death benefit which will qualify for favorable tax treatment under Section 101(g)(1)(A) of the Code, except as provided in Section 101(g)(5) of the Code. As with all tax matters, you should consult a personal tax advisor to assess the impact of any benefit received under this endorsement.

Any benefit received under this endorsement may impact the recipient's eligibility for Medicaid or other government benefits.

Any benefit paid under this endorsement will impact the Policy. The impact on the Policy is discussed in the Impact on the Policy section of this endorsement.

This endorsement provides for a single accelerated death benefit payment to the Owner or the Owner's Estate, during the life of the Insured and while this endorsement is in force. The Insured must be diagnosed as being a Terminally Ill Individual by a Physician. All of the terms and conditions of this endorsement must be met.

DEFINITIONS

The following terms have the specific meanings associated with them each time they are used in this endorsement. Other terms may be defined elsewhere in this endorsement and they will have that meaning when used.

Claims Office: The location at which the claim services for the policy to which this endorsement is attached are performed.

Code: The Internal Revenue Code of 1986 as amended, or its successor.

Company: Protective Life Insurance Company. Also may be referred to as "we", "us", or "our".

Family Member: Means the Insured's or Owner's spouse and anyone who is related to the Insured, Owner, Insured's spouse, or Owner's spouse by the following degree of blood, marriage, adoption or operation of law: parents, grandparents, brothers, sisters, children, grandchildren, aunts, uncles, nephews, and nieces.

Insured: The person whose life the Policy insures. If Joint Insureds are the persons whose lives the Policy insures, Insured means the last surviving Insured.

Physician: Any physician as defined in Section 1861(r)(1) of the Social Security Act, as amended, or its successor, who is a duly licensed physician practicing within the scope of his or her license. It does not include the Insured, the Owner, a Family Member, or a person who lives with the Insured, Owner, or Family Member.

Policy Debt: Is the sum of all outstanding policy loans plus accrued policy loan interest.

Terminally III Individual: Means an individual who has been certified by a Physician as having a non-correctable illness or physical condition which can reasonably be expected to result in death in six (6) months or less after the date of certification.

BENEFIT

Accelerated Death Benefit: The Accelerated Death Benefit is the portion of the face amount of the Policy requested by the Owner for acceleration. The amount requested may not exceed the Maximum Accelerated Death benefit calculated as of the Accelerated Death Benefit payment date. It is paid in a single, lump sum dollar amount equal to:

- (a) The amount requested by the Owner for acceleration; minus
- (b) The administrative charge of not more than \$300; minus
- (c) The Policy Debt, if any.

The amount deducted from the Accelerated Death Benefit under (c) above, if any, will be used to repay any Policy Debt on the Accelerated Death Benefit payment date.

Maximum Accelerated Death Benefit: The Maximum Accelerated Death Benefit is equal to:

- (a) The lesser of 60% of the current face amount of the Policy or \$1,000,000; minus
- (b) Any outstanding lien amount against the Policy resulting from any other accelerated death benefit rider or endorsement attached to the Policy.

Eligibility for Benefits: The Accelerated Death Benefit becomes payable, during the life of the Insured, when each of the following conditions have been met:

- (a) The Insured is first diagnosed as being a Terminally III Individual by a Physician;
- (b) We receive written consent from any irrevocable beneficiary or assignee of record named in our records for the policy;
- (c) The Policy is not in force under the Grace Period, non-forfeiture option or paid-up endowment option;
- (d) An Accelerated Death Benefit payment has not been made under this endorsement;
- (e) We receive Notice of Claim; and
- (f) We receive Proof of Claim.

In determining eligibility under (a) and (f) above, we reserve the right to independently assess the Insured's Terminal Illness. As part of this assessment, we have the right to require that the Insured be examined by a Physician of our choice. We will pay for this examination. In the event of conflicting opinions, the status of the Insured as a Terminally III Individual shall be determined by a third medical opinion provided by a Physician who is acceptable to both the Insured and the Company.

IMPACT ON THE POLICY

Lien: A lien will be established against the Policy in the amount of the Accelerated Death Benefit. Interest will be charged on the lien beginning on the Accelerated Death Benefit payment date. Interest on the lien will be compounded annually and will accrue daily at a rate computed as of the Accelerated Death Benefit payment date. The lien interest rate will not be greater than the greater of (1) the current yield on a 90-day Treasury Bill or (2) the policy loan interest rate stated in the Policy or 8% if a policy loan interest rate is not stated in the Policy. Interest accruing on the portion of the lien which is equal in amount to the Policy Value of the Policy, if applicable, on the Accelerated Death Benefit payment date shall be no more than the policy loan interest rate stated in the Policy.

Interest on the lien will be due on each Policy anniversary date. Interest as it accrues is considered part of the lien. Once the lien is established it will continue against the policy until the earlier of the Policy termination date or the date the lien is repaid. The effect of a lien will be as follows:

- (a) The lien amount will be subtracted from the death benefit or death benefit proceeds, as applicable, of the Policy.
- (b) If applicable under the Policy, access to the cash value for full surrender, partial surrender, withdrawal, partial withdrawal, automatic premium loan or non-forfeiture option will be limited to the cash value of the Policy minus any Policy Debt and minus the lien. The lien will be repaid, if the Policy is continued in force as paid-up life insurance under a non-forfeiture option.
- (c) Access to the cash value for policy loan or policy loan interest will be limited to the cash value of the Policy minus any Policy Debt and minus the lien. If this limit is negative, the Policy may terminate in accordance with the terms of the Policy.

Non-forfeiture Option: While a lien exists, extended term insurance, if applicable under the Policy, is not available as a non-forfeiture option.

Continuing Premium Requirement: Any premium payments due under the Policy will need to be paid by the Owner in accordance with the terms and conditions of the Policy.

Accidental Death Benefit: Any Accidental Death Benefit Rider attached to the Policy will be unaffected by the payment of an Accelerated Death Benefit, provided the Accidental Death Benefit Rider remains in force.

Waiver of Premium or Disability Benefit: If the Insured is a Terminally Ill Individual, the Owner will not qualify automatically for a waiver of premium or disability benefit provided by any Waiver of Premium or Disability Benefit Rider attached to the Policy. Qualification will be based on the terms of the Rider.

Acceleration Statement: Prior to or at the election to accelerate the death benefit, we will provide the Owner and any irrevocable beneficiary a statement demonstrating the effect of the Accelerated Death Benefit on the Policy's death benefit, cash value, if any, Policy Debt and the premiums / cost of insurance as applicable.

TU3147794 785

LAD390 - 08959-LCM@P83 -07/19/2023-21550376-DCLCI

CLAIMS

Notice of the Claim: We must receive written notice of claim at our Claims Office. Notice of claim means notice that the Insured is a Terminally Ill Individual and that a claim may be made under this endorsement. The notice should include at least the Insured's name, the Policy number shown on the endorsement, and the address to which claim forms should be sent. Notice given by or for the Owner shall be notice of claim.

Proof of Claim: Proof of claim means written proof satisfactory to us supported by clinical, radiological or laboratory evidence that the Insured is a Terminally Ill Individual. Proof of claim must be given by or for the Owner and it must be received at our Claims Office. We have forms to be used in making a claim. These forms will be sent to the Owner or the Owner's legal representative within 15 days of the date we receive notice of a claim.

Payment of Claim: After all of the terms and conditions of this endorsement are met, the Accelerated Death Benefit will be paid, during the lifetime of the Insured and while this endorsement is in force, as follows:

- (a) If the Owner is the Insured, we will pay the benefit to the Owner; or
- (b) If the Owner is not the Insured, we will pay the benefit to the Owner, if living, otherwise to the Owner's estate.

The Owner may request in writing for the benefit to be paid other than as described in (a) or (b) above no later than the time the Owner files the Proof of Claim. To make a change, we must receive a written request satisfactory to us at our Claims Office. Any change is effective on the date the request was received at our Claims Office. We will not be liable for any payment we have made before such request has been received and acknowledged at our Claims Office. The election of the Accelerated Death Benefit will be cancelled and the death benefits paid as per the Policy provisions if we receive due proof of death of the Insured after the election has been made and prior to the payment of the Accelerated Death Benefit.

GENERAL PROVISIONS

Termination: If the death benefit proceeds of the Policy minus the lien against the Policy is equal to or less than zero, the Policy will terminate. This endorsement will terminate upon termination of the Policy to which it is attached. Termination will not prejudice the payment of an Accelerated Death Benefit that became payable while the endorsement was in force.

Contestability: This endorsement is contestable on the same conditions as the Policy to which it is attached.

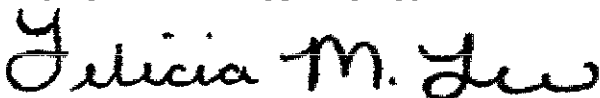
Suicide: The suicide exclusion provision of the Policy applies to this endorsement.

Reinstatement: If the Policy terminates at the end of the grace period of the Policy, reinstatement of the policy shall be subject to:

- (a) The requirement that we receive payment of or reinstatement of a lien which existed at the end of the grace period of the Policy; and
- (b) The reinstatement requirements of the Policy.

Signed for the Company as of the Effective Date of this endorsement.

PROTECTIVE LIFE INSURANCE COMPANY



Felicia M. Lee
Secretary

PROTECTIVE LIFE INSURANCE COMPANY

A Stock Company; Domiciled in Tennessee
www.protective.com

P. O. Box 2606; Birmingham, Alabama 35202; (800) 866-9933

RETURN OF PREMIUM ENDORSEMENT

We have issued this Endorsement as a part of the Policy to which it is attached to add a Return of Premium provision to the Policy. All Policy provisions not expressly modified by this Endorsement remain in full force and effect. If all benefit requirements are met, you may exercise this Endorsement and receive the Endorsement Benefit amount as determined below.

DEFINITIONS

Accumulated Premium: The sum of all Premiums paid, less any refunded Premiums.

Adjusted Face Amount: The lowest face amount since the Policy Effective Date, plus any Partial Surrenders taken and fees assessed.

Death Benefit Percentage: This is the percentage applied to the Adjusted Face Amount when determining the Endorsement Benefit amount. The Death Benefit Percentage applied during the Return of Premium Period is 50%.

Gross Partial Surrender: The sum of any Partial Surrenders taken, plus any Partial Surrender fees and applicable Surrender Charges.

Return of Premium Period: This Endorsement can be exercised any time after the 10th Policy Anniversary.

Return of Premium Percentage: The percentage applied to Accumulated Premium for the purposes of calculating the Endorsement Benefit amount. The Return of Premium Percentage is 25%.

ENDORSEMENT BENEFIT

During the Return of Premium Period, if you take a Full Surrender of this Policy during the life of the Insured, while the Endorsement is in force, then the Payment of Proceeds will be the greater of a) or b), where:

- a) Is the Surrender Value; and
- b) Is the lesser of i. or ii., where:
 - i. Is the Accumulated Premium multiplied by the Return of Premium Percentage, less Policy Debt and Gross Partial Surrender; and
 - ii. Is the Adjusted Face Amount multiplied by the Death Benefit Percentage, less Policy Debt and Gross Partial Surrender.

The Endorsement Benefit is not available when requesting a Loan, Partial Surrender, or during the Grace Period. The Endorsement Benefit can only be requested at Full Surrender of the Policy. Surrender Charges, if applicable, will be applied to the Surrender Value when the Endorsement Benefit is requested.

GENERAL PROVISIONS

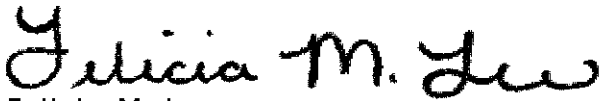
Reinstatement: If the Policy terminates and is later reinstated, then this Endorsement will not be reinstated.

Termination: This Endorsement will terminate at the earlier date of:

- a) Upon the payment of any accelerated death benefits for any Riders or Endorsements attached to the Policy;
- b) When this Endorsement Benefit has been exercised;
- c) Upon termination of the Policy to which this Endorsement is attached.

Signed for the Company as of the Policy Effective Date.

PROTECTIVE LIFE INSURANCE COMPANY



Felicia M. Lee
Secretary

PROTECTIVE LIFE INSURANCE COMPANY

A Stock Company; Domiciled in Tennessee
www.protective.com

P. O. Box 2606; Birmingham, Alabama 35202; (800) 866-9933

LAPSE PROTECTION ENDORSEMENT

We have issued this Endorsement as a part of the Policy to which it is attached to add Lapse Protection provisions to the Policy. All Policy provisions not expressly modified by this Endorsement remain in full force and effect.

DEFINITIONS

Accumulated Premiums Received ("APR"): The APR is calculated on each Monthly Anniversary and is equal to:

1. The APR for the prior month (\$0 for the first Month of the first Year); plus
2. The Premiums received since the beginning of the current Month, less
3. The reduction in Policy Value for any Partial Surrenders taken since the beginning of the current Month.

Planned Accumulated Minimum Monthly Premiums ("PAMMP"): The PAMMP is calculated on each Monthly Anniversary and is equal to:

1. The PAMMP as of the prior Month (\$0 for the first Month of the first Year); plus
2. The Planned Minimum Monthly Premiums ("PMMP"), shown on the Policy Schedule, for the current Month.

Secondary Accumulated Minimum Monthly Premiums ("SAMMP"): The SAMMP is calculated on each Monthly Anniversary and is equal to:

1. The SAMMP as of the prior Month (\$0 for the first Month of the first Year); plus
2. The Secondary Minimum Monthly Premiums ("SMMP"), shown on the Policy Schedule, for the current Month.

LAPSE PROTECTION BENEFIT

While this Endorsement is in force, the Lapse Protection Benefit ("Benefit") will be active and the Policy will not lapse as of the next Monthly Anniversary if:

1. The APR, less any Policy Debt, is greater than or equal to the PAMMP ("Test 1"); or
2. The APR, less any Policy Debt, is greater than or equal to the SAMMP ("Test 2"); and
3. The Policy Debt does not exceed the Surrender Value.

On any Monthly Anniversary, either Test 1 or Test 2 will be used to determine if the Benefit is active; however, only Test 2 will be used when:

1. The APR, less any Policy Debt, is not greater than or equal to the PAMMP for 60 consecutive Monthly Anniversaries; or
2. The APR, less any Policy Debt, is not greater than or equal to the PAMMP for 120 total Monthly Anniversaries; or
3. The Policy Lapses and is subsequently reinstated.

On each Monthly Anniversary and while this Benefit is active, we will continue to deduct the Monthly Deductions from the Policy's Surrender Value; however, the Surrender Value will never be less than zero. Any Monthly Deductions not covered by the Surrender Value will be waived.

If you fail both Test 1 and Test 2, then the Benefit becomes inactive. Furthermore, if the Benefit is inactive and the Surrender Value is insufficient to cover Monthly Deductions, the

Policy will begin a 61 day Grace Period. To reactivate the Benefit, you will need to satisfy the requirements as outlined in the "Grace Period" provision of this Endorsement.

Similarly, if the Policy lapses and is subsequently reinstated, you will need to satisfy the requirements as outlined in the "Reinstatement" provision of this Endorsement to reactivate the Benefit.

GENERAL PROVISIONS

No Accessible Values: The Lapse Protection provisions of this Endorsement do not represent accessible Policy Values to you, or the beneficiary, for any purpose whatsoever.

Policy Changes: Any Policy Change including, but not limited to, Face Amount Increase, Face Amount Decrease, addition or deletion of a rider, or Partial Surrender may cause a change to the PMMP or SMMP. If a change does occur, a supplemental Policy Schedule with the revised PMMP and SMMP will be provided to you.

Grace Period: The Policy will begin a 61 day Grace Period, if on any Monthly Anniversary:

1. You fail both Test 1 and Test 2; and
2. The Policy's Surrender Value is insufficient to cover the Monthly Deduction due at that time.

Both the Policy and this Endorsement will stay in force if we receive the lesser of:

1. The PMMP due during the Grace Period, if you are still eligible for Test 1; or
2. The SMMP due during the Grace Period; or
3. The amount due as required under the "Grace Period" provision of the Policy.

Written notification will be provided at least 30 days prior to the end of the Grace Period that a Grace Period has begun. If payment is not received that is sufficient to keep this Policy in force by the end of the Grace Period, the Policy will terminate without value as of that date.

Reinstatement: If the Policy to which this Endorsement is attached is reinstated according to the applicable Policy provisions, then this Endorsement will also be reinstated, provided that you pay the lesser of:

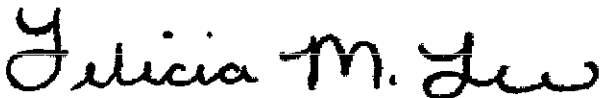
1. The SMMP that was due during the Grace Period, plus the SMMP for the current month as of the Effective Date of Reinstatement; or
2. The amount due as required under the "Reinstatement" provision of the Policy.

Termination: This endorsement terminates when the Policy to which it is attached terminates.

If the Benefit is not active, then the Surrender Value may be insufficient to keep the Policy in force, unless additional Premium Payments are made.

Signed for the Company as of the Policy Effective Date.

PROTECTIVE LIFE INSURANCE COMPANY



Felicia M. Lee
Secretary

POLICY SCHEDULE - RATES, CHARGES, AND TABLES

POLICY NUMBER: TU3147794

TU3147794 788

Guaranteed Interest Rate: 2.00%, annually
Premium Expense Charge: 25.00% of each premium payment
Monthly Expense Charge: \$21.47 per \$1,000 of initial face amount
Administrative Charge: \$5.50 per month
Partial Surrender Fee: \$25.00
Projection Request Fee: \$50.00
Policy Debt Limit: 100% of Policy Value

MAXIMUM MONTHLY COST OF INSURANCE RATES
(per \$1,000 of Net Amount at Risk)

AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
18		39		60	\$.296	81	\$2.980	102	\$31.882
19		40		61	.322	82	3.373	103	33.919
20		41		62	.353	83	3.803	104	35.864
21		42		63	.388	84	4.318	105	37.683
22		43		64	.427	85	5.109	106	39.342
23		44		65	.469	86	5.811	107	41.509
24		45		66	.514	87	6.597	108	43.795
25		46		67	.563	88	7.518	109	46.207
26		47		68	.617	89	8.543	110	48.752
27		48		69	.678	90	9.667	111	51.437
28		49		70	.748	91	10.864	112	54.269
29		50		71	.831	92	12.165	113	57.258
30		51		72	.930	93	13.569	114	60.412
31		52		73	1.045	94	14.984	115	63.739
32		53		74	1.178	95	16.508	116	67.249
33		54		75	1.333	96	18.390	117	70.953
34		55	\$.197	76	1.509	97	20.459	118	74.861
35		56	.216	77	1.714	98	22.716	119	78.983
36		57	.234	78	1.953	99	25.129	120	83.333
37		58	.253	79	2.237	100	27.666	121 +	00.000
38		59	.273	80	2.582	101	29.785		

LAD390 - 08959-LCM@P83 -07/19/2023-21550376-DCLCI

Mortality Basis: 2017 Commissioner's Standard Ordinary (CSO) rates male or female (male only for unisex issue), age nearest birthday, smoker or non-smoker, as applicable.

POLICY SCHEDULE – RATES, CHARGES, AND TABLES (continued)

POLICY NUMBER: TU3147794

Loan Interest Rates: The annual effective loan interest rates applicable on the Policy Effective Date are:

	Policy Years 1-10	Policy Years 11+
Standard Loan	5.00%	5.00%

MINIMUM DEATH BENEFIT FACTOR ("MDBF")

THE PERCENTAGE VARIES ACCORDING TO THE ATTAINED AGE AS SHOWN IN THE TABLE BELOW:

Age	MDBF	Age	MDBF	Age	MDBF	Age	MDBF
55	84.734%	66	52.625%	77	28.349%	89	11.486%
56	81.467%	67	50.106%	78	26.541%	90	10.525%
57	78.277%	68	47.648%	79	24.805%	91	9.615%
58	75.157%	69	45.250%	80	23.144%	92	8.741%
59	72.106%	70	42.912%	81	21.564%	93	7.890%
60	69.122%	71	40.634%	82	20.065%	94	7.047%
61	66.204%	72	38.420%	83	18.630%	95	6.179%
62	63.352%	73	36.270%	84	17.253%	96	5.259%
63	60.569%	74	34.188%	85	15.940%	97	4.259%
64	57.854%	75	32.173%	86	14.731%	98	3.119%
65	55.207%	76	30.227%	87	13.587%	99	1.748%
				88	12.505%	100+	0.000%

POLICY SCHEDULE - RATES, CHARGES, AND TABLES (continued)

POLICY NUMBER: TU3147794

LAPSE PROTECTION

**Table of Planned Minimum Monthly Premiums ("PMMP") and
Secondary Minimum Monthly Premiums ("SMMP")**

(The amounts shown below are the Minimum Monthly Premiums
for each Month of the Policy Year)

POLICY YEAR	PMMP	SMMP	POLICY YEAR	PMMP	SMMP
1	\$122.80	\$122.80	34	\$122.80	\$122.80
2	122.80	122.80	35	122.80	122.80
3	122.80	122.80	36	122.80	122.80
4	122.80	122.80	37	122.80	122.80
5	122.80	122.80	38	122.80	122.80
6	122.80	.00	39	122.80	3,188.70
7	122.80	122.80	40	122.80	3,446.30
8	122.80	122.80	41	122.80	3,714.30
9	122.80	122.80	42	122.80	4,045.80
10	122.80	122.80	43	122.80	4,398.70
11	122.80	122.80	44	122.80	4,770.40
12	122.80	122.80	45	122.80	5,151.40
13	122.80	122.80	46	122.80	5,533.20
14	122.80	122.80	47	122.80	5,808.10
15	122.80	122.80	48	122.80	6,057.60
16	122.80	.00	49	122.80	6,275.00
17	122.80	122.80	50	122.80	6,455.50
18	122.80	122.80	51	122.80	6,594.50
19	122.80	122.80	52	122.80	6,688.10
20	122.80	122.80	53	122.80	6,849.00
21	122.80	122.80	54	122.80	7,007.20
22	122.80	122.80	55	122.80	7,162.10
23	122.80	122.80	56	122.80	7,312.80
24	122.80	122.80	57	122.80	7,458.40
25	122.80	122.80	58	122.80	7,597.70
26	122.80	122.80	59	122.80	7,729.80
27	122.80	122.80	60	122.80	7,853.60
28	122.80	122.80	61	122.80	7,967.40
29	122.80	122.80	62	122.80	8,069.90
30	122.80	122.80	63	122.80	8,159.60
31	122.80	122.80	64	122.80	8,234.70
32	122.80	122.80	65	122.80	8,293.20
33	122.80	122.80	66	122.80	8,333.30
			67+	0.00	0.00

TU3147794 789

LAD390 - 08959-LCM@P83 -07/19/2023-21550376-DCLCI

THIS PAGE INTENTIONALLY LEFT BLANK

THIS PAGE INTENTIONALLY LEFT BLANK

FLEXIBLE PREMIUM UNIVERSAL LIFE INSURANCE POLICY

NON-PARTICIPATING - DOES NOT PAY DIVIDENDS

Indeterminate benefit, values, premiums and coverage duration

A Death Benefit is Payable to the Beneficiary if the Insured Dies while the
Policy is in Force

STATEMENT OF POLICY COST AND BENEFIT INFORMATION - PAGE 2

THE GUARANTEED CREDITED INTEREST RATE IS APPLIED TO THE PORTION OF THE POLICY VALUE THAT EQUALS ANY POLICY DEBT.

THE VALUES SHOWN ASSUME PREMIUMS ARE PAID ANNUALLY.

IF PAYMENT OF YOUR PLANNED PREMIUM IS INSUFFICIENT TO CONTINUE INSURANCE COVERAGE, YOUR POLICY, INCLUDING ANY RIDERS, WILL LAPSE AT THAT TIME UNLESS YOU INCREASE YOUR PREMIUM.

BASED ON THE PLANNED PREMIUM, THE GUARANTEED RATE OF INTEREST, AND THE GUARANTEED MAXIMUM INSURANCE RATES, COVERAGE MAY EXPIRE PRIOR TO ATTAINED AGE 121.

THE POLICY LOAN INTEREST RATE IS 5.00% PER YEAR, PAID IN ARREARS.

THE TAX STATUS OF THIS CONTRACT AS IT APPLIES TO THE HOLDER OF THIS POLICY OR CONTRACT SHOULD BE REVIEWED EACH YEAR.

INSURED: MARY E COMPTON

POLICY NUMBER: TU3147794 **ISSUE AGE:** 55

DESCRIPTION OF BASIC POLICY: FLEXIBLE PREMIUM ADJUSTABLE LIFE POLICY

DATE POLICY SUMMARY PREPARED: JULY 19, 2023

LIFE INSURANCE COST INFORMATION	YEAR 10 GUARANTEED	YEAR 20 GUARANTEED
SURRENDER COST INDEX	14.736	14.736
NET PAYMENT COST INDEX	14.736	14.736

THE INDICES ABOVE ARE BASED ON GUARANTEED RATES OF INTEREST AND MORTALITY AND ARE USEFUL TO COMPARE COSTS. A LOW INDEX NUMBER GENERALLY REPRESENTS A LOWER COST THAN A HIGHER ONE. THE SURRENDER COST INDEX ASSUMES YOU SURRENDER THE POLICY AT THE END OF THE PERIOD SHOWN AND IS USEFUL WHERE CASH VALUE IS OF IMPORTANCE. THE NET PAYMENT COST INDEX ASSUMES PAYMENT OF PREMIUMS WITHOUT TAKING CASH VALUE AND IS USEFUL WHERE THE AMOUNT OF DEATH BENEFIT IS OF IMPORTANCE. THE ACTUAL COST MAY INCREASE OR DECREASE DEPENDING UPON FUTURE MORTALITY CHARGES AND THE TIME WHEN SURRENDER OCCURS, BUT IT WILL NEVER EXCEED THOSE COSTS SHOWN AS GUARANTEED FOR THE YEAR INDICATED.

NOTES:

- (1) BEFORE INSURED'S ATTAINED AGE 121, THERE IS A 25.00% EXPENSE CHARGE DEDUCTED FROM ALL PREMIUMS PAID.
- (2) BEFORE INSURED'S ATTAINED AGE 121, AN EXPENSE CHARGE OF \$21.47 IS APPLICABLE PER MONTH PER \$1,000 OF INITIAL FACE AMOUNT.
- (3) BEFORE INSURED'S ATTAINED AGE 121, A MONTHLY ADMINISTRATIVE CHARGE OF \$5.50 IS APPLICABLE FOR ALL YEARS.
- (4) A CHARGE OF \$25.00 IS DEDUCTED FROM EACH PARTIAL SURRENDER.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION - PAGE 3

SUPPLEMENTAL BENEFITS PROVIDED BY RIDER AS OF THE DATE OF ISSUE
(SEE EACH RIDER FOR THE SPECIFIC TERMS OF THE BENEFIT)
THE FOLLOWING RIDERS AND BENEFITS WILL TERMINATE IN ACCORDANCE
WITH THE TERMS AND CONDITIONS OF THE RIDERS AND BENEFITS.
PLEASE SEE THE RIDER AND BENEFIT FORMS FOR DETAILS.
NONE

TU3147794 792

LAD390 - 08959-LCM@P83 -07/19/2023-21550376-DCLCI

THIS PAGE INTENTIONALLY LEFT BLANK

LIFE INSURANCE BUYER'S GUIDE

Prepared by the National Association of Insurance Commissioners

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of consumers.

This guide does not endorse any company or policy

Reprinted by

PROTECTIVE LIFE INSURANCE COMPANY
Birmingham, AL 35202

Before You Buy Life Insurance

Understand What Life Insurance Is

Life insurance pays a death benefit if you die while the policy is in effect, in exchange for premiums you pay before your death. You can use the death benefit to protect against financial hardships such as loss of your income, funeral expenses, medical or nursing care expenses, debt repayments, and child care costs after your death. You can get information from the NAIC InsureU Life Insurance website - www.insureuonline.org/insureu__type__life.htm

If You Need Life Insurance, Decide How Much Coverage to Buy

How much life insurance to buy depends on the financial needs that will continue after your death. Examples include supporting your family, paying for child(ren)'s education, and paying off a mortgage. Some questions you may want to ask about your own needs include:

- Does anyone depend on me financially?
- How much of the family income do I provide?
- How will my family pay my final expenses and repay debts after my death?
- Do I want to leave money to charity or family?
- If I have life insurance through my employer, is it enough to meet my financial obligations?

The answers to these questions can help you decide how much coverage you need. An insurance agent, financial advisor, or insurance company representative can help you evaluate your insurance needs and give you information about available policies.

If You Already Have Life Insurance, Assess Your Current Life Insurance Policy

It's important to compare your current policy with any new policy you might buy. Keep in mind that you may be able to change your current policy to get benefits you want. Also, know that any changes in your health may impact your ability to get a new policy or the premium you'll pay. Don't cancel your current policy until you get the new one.

Also, while you may have free or low-cost life insurance through your employer, the death benefit usually is less than you need. And if you leave the employer, you may not be able to take this coverage with you.

Compare the Different Types of Insurance Policies

There are many types of life insurance policies. You should choose a policy with features that fit your individual needs. Some things to consider are:

- **Term Insurance vs. Cash Value Insurance.** Term insurance is intended to provide lower-cost coverage for a specific period of time ("a term"). If you want coverage for a longer period of time, such as for your lifetime, cash value insurance may be more cost effective. Most term policies don't build up cash values that you can use in the future.
- **Renewable Term vs. Non-renewable Term.** Most term life insurance coverage can be continued ("renewed") at the end of the term, even if your health has changed. If you renew a term policy, the new premiums are higher. Ask what the premiums will be before you renew the policy. Also ask if you'll lose the right to renew the policy at a certain age. A Non-renewable term policy can't be continued. You'll have to apply for a new policy if you still want coverage.

- **Whole Life vs. Universal Life.** Whole life and universal life insurance are two types of cash value insurance. A key difference between the two is how you pay for the coverage. You typically pay premiums for whole life insurance according to a set schedule. In a universal life policy, you can choose a flexible premium payment pattern as long as you pay enough to keep your policy in force.
- **Variable Life vs. Non-variable Life.** The investments you will choose (such as stock and bond funds) in a variable life policy directly impact your cash value. These policies have the greatest potential to build cash value but also the greatest risk of losing cash value. Non-variable life policies often have guaranteed minimums for some features (interest or cash value, for example) but not all. Non-variable life policies also have less potential to build cash value than variable policies.

Be Sure You Can Afford the Premium

Before you buy a life insurance policy, be sure you can pay the premiums. Can you afford the initial premium? If the premium increases later, will you still be able to afford it? The premiums for many life insurance policies are sensitive to changes in the company's investment earnings, claims costs, and other expenses. If those are worse than expected, you may have to pay a much higher premium. Ask what might be the highest premium you'd have to pay to keep your coverage.

Understand the Application Process

You can apply for life insurance through life insurance agents, the mail, and online. In addition to basic information, such as your name, address, employer, job title, and date of birth, you'll be asked for more personal information. Depending on the type of policy, the insurer may require you to see a doctor, answer health-related questions, or have a medical professional come to your home or office to assess your health. Usually a policy that doesn't require detailed health information will cost more and provide less coverage than one that does.

It's important to tell the truth on the application. The insurance company will check your answers so review the application before you sign. If the insurance company discovers false statements on your application after it issues your policy, it could reduce or cancel your coverage.

Choose a Beneficiary

A beneficiary is the person(s) or organization(s) you name to receive your life insurance policy's death benefit. You'll need to know the Social Security or tax identification number for all beneficiaries. Experts advise you not to name a minor child as a beneficiary. Insurance companies won't pay a minor. Instead, consider leaving the money to your estate or trust.

Evaluate the Future of Your Policy

Does your policy have a cash value? In some cash value policies, the values are low in the early years but build later on. In other policies the values build up gradually over the years. Most term policies have no cash value. Ask your insurance agent, financial advisor, or an insurance company representative for an illustration showing future values and benefits.

After You Buy Life Insurance

Read Your Policy Carefully

After you carefully read your policy, you should be able to answer the following important questions:

- Is your personal information correct?
- Do premiums or policy values vary from year to year?
- What part of the premium or policy value isn't guaranteed?
- How will the timing of money paid and received affect any interest the policy might earn?

Your insurance agent, financial advisor, or an insurance company representative can help you understand anything that isn't clear.

If you're not satisfied with your new policy, you can return it for a full refund within a certain period, usually 10 days after you receive it. The review period usually is stated on the first page of the policy.

Review Your Life Insurance Program Every Few Years

Review your policy with your insurance agent, financial advisor, or an insurance company representative every few years to keep up with changes in your policy and your needs.

- Have the premiums or benefits changed since your policy was issued?
- Do the death benefits still meet your needs?
- Do you need more or less coverage after life events, such as birth, adoption, marriage, job change, death, or divorce?

The insurance company can provide policy statements and illustrations to help with this review. As the policy owner, you can change beneficiaries at no cost. Be sure to review your beneficiaries every few years, especially after major life events that affect your life insurance needs.

