



**YOUR APPLICATION MAY BE RETURNED!**

You must be licensed and appointed with the company prior to submitting an application. Insurance companies are now ***returning*** applications submitted by brokers who are not ***licensed and appointed*** for the respective company in the state of solicitation.

**\*\* ATTENTION \*\***

**THIS PAPERWORK MUST BE  
RETURNED TO YOUR  
BROKERAGE  
GENERAL AGENCY.**

**Failure to return to your Brokerage General Agency  
will result in a delay of the appointment and possible  
rejection, by the carrier, of any business submitted.**

# Instruction Guide

## For Contracting Or Changing An Existing Contract.

**This instruction guide should be used to contract a new producer or change an existing contract. When submitting a new contract, THE APPLICATION AND THE TRANSMITTAL SHOULD BE COMPLETED IN FULL.**

### Electronic Contracting

Take advantage of U-Appoint - Protective's "state of the art" online contracting and appointment system. It is fast, easy and hassle free.

1. Login to [www.protectiveadvisor.com](http://www.protectiveadvisor.com)
2. Select "Recruiting and Contracting"
3. Click on "U-Appoint"
  - To Contract, select "Independent Agent Contracting"
  - To Appoint, select "Registered Representative Appointment"
4. If you would like to see a demo of the applications, click on the appropriate demo link.  
*(You may start and stop the demo as needed until you are ready to contract on-line.)*

### Paper Contracting

**The following forms MUST BE included in your contracting packet—NOTE: Missing signatures will delay processing**

1. Independent Producer Application (PLC.IDG.BD-103)
2. Independent Agent Transmittal (PLC.IDG.BD-102)
3. W-9 Form (PLC.IDG.BD-105)
4. Proof of E & O coverage (\$1,000,000 per claim or limit of liability)
5. Direct Deposit Form (PLC.IDG.BD-106)
6. Assignment of Commissions (PLC.IDG.BD-107), if applicable
7. Annualization Form (ANN-01/PLC.IDG.BD-108), if applicable

### Additional State Appointments

1. Send e-mail to [producer.services@protective.com](mailto:producer.services@protective.com)
2. Include name, agent number, state and state license number

### Contract Changes

1. Independent Agent Transmittal only.

### Contract Options MASTERseries<sup>SM</sup> and ACCELERATORseries<sup>SM</sup>

#### The MASTERseries<sup>SM</sup>

- Annual Production and Persistency Bonus
- Deferred Compensation
- Three annualization options

#### The ACCELERATORseries<sup>SM</sup>

- Features a higher first year pay out at all hierarchy levels
- Excludes the traditional incentives associated with the MASTERseries<sup>SM</sup>
- One annualization option



PLC.IDG.BD-100

**For further information, contact our Contracting and Licensing area at 800-444-2658, option 1.**

**Upon completion either,**

**① Email package to: [www.producer.services@protective.com](mailto:www.producer.services@protective.com)**

**② Fax package to: 205-268-3169.**

**③ Mail package to: Protective Life Insurance Company**

**Attn: LAD LCC 2-3, PO BOX 2606, Birmingham, AL 35202**

**If e-mail or faxed, do not mail originals.**

# Instructions Guide

## For Independent Agent Transmittal

**When submitting a new contract, changing a contract, or reinstating a contract, the Independent Agent Transmittal (PLC.IDG.BD-102) must be completed.**

**Type of contract:** Please select one type of contract listed on form PLC.IDG.BD-102:  New  Change of Contract  Reinstatement

**Hierarchy:** Please complete this section in its entirety, as it pertains to how each level of the hierarchy will be set up.

**Independent Marketing Director (IMD)** both the name and agent number are required

**Independent Marketing Representative (IMR)** is optional

**General Agent** name and agent number are required

**Agent or Solicitor** name is required

- If Solicitor, please provide Entity to whom commission will be paid and their Agent Number is required

**Contract Option:**

1. Select either **ACCELERATORseries<sup>SM</sup>** or **MASTERseries<sup>SM</sup>**

2. Select **commission schedule percentage**

3. Indicate if Agent will receive annualization (optional)

If annualization is selected, please include **Annualization form ANN-01/PLC.IDG.BD-108**

4. If Annuity Commission Schedule is desired other than standard, please indicate on the **Agent Transmittal**

5. Signature: **IMD must sign transmittal**



PLC.IDG.BD-101

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# Independent Agent Transmittal

## Life and Annuity Contracts

**Type of Contract:**

- New  
 Contract Change: Old Agent Number \_\_\_\_\_  
 Reinstatement: \_\_\_\_\_

Hierarchy:	Name	Agent Number
Independent Marketing Director (IMD)		
Independent Marketing Representative (IMR)		
General Agent		
Agent Producer		
Soliciting Producer - Commission paid to:		

**Life Commission Schedule Type (Choose either ACCELERATORseries<sup>SM</sup> or MASTERseries<sup>SM</sup>)**

**ACCELERATORseries<sup>SM</sup>\***

**1. General Agent Schedule\*\*:**

- GA-A1 (95%)       GA-A4 (80%)  
 GA-A2 (90%)       GA-A5 (75%)  
 GA-A3 (85%)       GA-A6 (70%)

**2. Agent Schedule\*\*:**

- A-A1 (95%)       A-A6 (70%)  
 A-A2 (90%)       A-A7 (67%)  
 A-A3 (85%)       A-A8 (58%)  
 A-A4 (80%)       A-A9 (49%)  
 A-A5 (75%)

Sample percentages listed represent first year on main UL plans.

50% Annualization:  Yes  No

If you choose Annualization, IMD must fill out form ANN-01/PLC.IDG.BD-108.

**MASTERseries<sup>SM</sup>**

**1. General Agent Schedule\*\*:**

- GA-M1 (90%)       GA-M3 (80%)  
 GA-M2 (85%)       GA-M4 (75%)

**2. Agent Schedule\*\*:**

- A-M1 (90%)       A-M5 (72%)  
 A-M2 (85%)       A-M6 (63%)  
 A-M3 (80%)       A-M7 (54%)  
 A-M4 (75%)

Sample percentages listed represent first year on main UL plans.

Annualization:  Yes  No  
Amount:  50%  75%  100%

If you choose Annualization, IMD must fill out form ANN-01/PLC.IDG.BD-108.

-OR-

\* Does not offer Agent/General Agent Production Bonus or Agent Deferred Compensation

\*\* Sample percentages listed represent first year on main UL plans.

**Annuity Commission Schedule: If different annuity schedule is desired other than standard (A schedule), please indicate below:**

\_\_\_\_\_

\_\_\_\_\_

**Is this agency owned by a bank or credit union or will sales of life or annuity products be transacted in a bank or a credit union?**  Yes  No **If yes, please provide details below.**

Special Instructions or Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ IMD Name \_\_\_\_\_

IMD Signature \_\_\_\_\_

PLEASE PRINT



PLC.IDG.BD-102

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# Independent Producer Application

(Protective Life Insurance Company)

Full Name	Preferred Name	Birth Date
Social Security No.	Designations (CLU, ChFC, CFP, etc.)	
Spouse's Name		
Business Name (if Applicable)	Business Type (Incorporated, Partnership, Sole Proprietor)	
Business Mailing Address	Business Street Address (if different)	
Residence Street Address	Residence Phone	
Business Phone	Business Phone 800#	
E-Mail Address	Fax Phone	
Currently appointed with Protective	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previously appointed with Protective	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Currently Licensed in Resident State	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hold a Securities License	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Series _____	Broker Dealer _____
Assign commissions to: Individual _____ Corporation _____ (complete assignment form PLC.IDG.BD-107 <b>By selecting this option the Agent/Producer will receive a 1099.</b> )		
If Soliciting Producer, commissions paid to _____ (Name & Agent Number) for the personal production of life and other insurance business by you on behalf of the Company.		
If application is for a Corporation, list the name and title of any officer or employee who will solicit business on behalf of Protective Life Name _____ Title _____		
Corporate Tax I. D. number (separate W-9 form PLC.IDG.BD-105 required)		
May Protective Life publicize your name and photo in Company publications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
For E&O purposes, are you an employee of an insurance company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Insurance Company Affiliations	From Mo/Yr	To Mo/Yr
Is your agency owned by a bank or credit union or will sales of life or annuity products be transacted in a bank or credit union?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details. _____		
Pending Status Report can be accessed by the agent at any time through Protective's website ( <a href="http://www.protectiveadvisor.com">http://www.protectiveadvisor.com</a> )		
Direct Deposit for Commissions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, complete direct deposit form PLC.IDG.BD-106 and attach.		
<b>Read carefully and answer the following:</b>		
<b>Yes*</b>	<b>No</b>	<b>Question</b>
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any outstanding debit balances with other insurance companies?
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently being investigated or have you ever had any disciplinary action taken against you by another insurance company, a state insurance department, the NASD, SEC or any other regulatory authority, or had an insurance license denied, revoked or suspended?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been terminated by an insurer for any reason other than insufficient production?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of or plead guilty or plead no contest to a felony or misdemeanor other than those involving minor traffic violations?
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently, or in the past 24 months have you been party to a lawsuit, arbitration or other legal or judicial proceeding?
<b>You agree to notify Protective life within 10 days of any changes to the answers to any of the above questions.</b>		
*For any questions answered "Yes", give details. Attach additional sheets if necessary.		



PLC.IDG.BD-103

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# Authorization And Certification Of Statements

I hereby apply to Protective Life Insurance Company ("Protective") to sell life and other insurance products. If this application is accepted, I agree to conduct my solicitation of business for Protective in accordance with the terms of the Independent Producer Agreement or the Independent Soliciting Producer Agreement, the terms of which are incorporated into this application by reference. I agree protective has no obligation to approve this application and release Protective from all liability if it does not contract me. I agree to take all steps reasonably necessary to become and remain knowledgeable about all Protective products that I sell. **I agree not to solicit business for Protective until I am properly licensed and/or appointed, unless allowed by law to do so in my state.**

I hereby certify that the statements contained in this Application are true and complete to the best of my knowledge and belief. I understand that any false statement on the application may be considered as sufficient cause for rejection of this application or for termination if such statement is later discovered to be false.

Protective is committed to providing customer-focused service founded on our three preeminent values of Quality, Serving People, and Growth. The Producer's Manual, in the illustration system, contains guidelines that we expect you to follow in the ethical conduct of business. Protective has also committed itself to uphold the ACLI Market Conduct principles listed below. Your signature below indicates your agreement to read and follow Protective's guidelines and the ACLI Market Conduct Principles. **I further agree to follow the guidelines outlined in the Ethical Market Conduct Guidelines which are included in the complete contract packet.**

1. To conduct business according to high standards of honesty and fairness and to render that service to its customers which, in the same circumstances, it would apply to or demand for itself.
2. To provide competent and customer-focused sales and service.
3. To engage in active and fair competition.
4. To provide advertising and sales materials that are clear as to purpose and honest and fair as to content.
5. To provide for fair and expeditious handling of customer complaints and disputes.
6. To maintain a system of supervision and review that is reasonably designed to achieve compliance with these Principles of Ethical Market Conduct.

**NOTICE:** The Fair Credit Reporting Act requires that we advise you that an inquiry may be made concerning your credit rating, character, general reputation, personal characteristics, and mode of living. This information may be obtained from commercial reporting agencies as well as from companies you represent or have represented. Upon written request, additional information as to the nature and scope of any inquiry will be provided.

**I UNDERSTAND THAT THE INDEPENDENT PRODUCER AGREEMENT CONTAINS A BINDING ARBITRATION PROVISION THAT MAY BE ENFORCED BY THE PARTIES, AND THAT BY SIGNING BELOW I AM GIVING UP ANY RIGHTS I MIGHT POSSESS TO HAVE ANY DISPUTE UNDER THIS APPLICATION AND INDEPENDENT PRODUCER SOLICITING AGREEMENT LITIGATED IN A COURT OR JURY TRIAL.**

Date \_\_\_\_\_

\_\_\_\_\_  
Applicant (Signature)

Date \_\_\_\_\_

\_\_\_\_\_  
Independent Marketing Director (Signature)

\_\_\_\_\_  
Print IMD Name and Agent Number

**Attach copy of resident license and E&O coverage (must have minimum of \$1,000,000 coverage)**



PLC.IDG.BD-104

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# Form W-9 Taxpayer Identification Number Request

Name: \_\_\_\_\_ Agent Number: \_\_\_\_\_

Please complete the following information. We are required by law to obtain this information from you when making a reportable payment to you. If you do not provide us with this information, your payments may be subject to 30.5% federal income tax backup withholding. Also, if you do not provide us with this information, you may be subject to a \$50 penalty imposed by the Internal Revenue Service under section 6723.

Federal law on backup withholding preempts any state or local law remedies, such as any right to a mechanic's lien. If you do not furnish a valid TIN, or if you are subject to backup withholding, the payor is required to withhold 30.5% of its payment to you. Backup withholding is not a failure to pay you. It is an advance tax payment. You should report all backup withholding as a credit for taxes paid on your federal income tax return.

**INSTRUCTIONS: Complete Part 1 by completing the row of boxes that corresponds to your tax status. Complete Part 2 if you are exempt from Form 1099 reporting. Complete Part 3 to sign and date the form, and return.**

**PART 1 TAX STATUS: (complete one row of boxes)**

**Individuals:**

Individual Name: _____	Individual Social Security Number: _____
------------------------	--

**Sole Proprietor:** A sole proprietorship may have a doing business as trade name, but the legal name is the name of the business owner.

Business Owner's Name: _____	Business or Trade Number: _____	Business or Trade Name: _____
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**Partnership:** A partnership may have a doing business as trade name and/or a name based on the names of the partners.

Name of Partnership: _____	Partnership Employer Identification No. _____	Partnership's Name on IRS records: _____
----------------------------	---	--

**Corporation, exempt charity, or other entity:** A corporation may use an abbreviated name or its initials, but its legal name is the name on the articles of incorporation.

Name of Corporation or Entity: _____	Employer Identification Number: _____
--------------------------------------	---------------------------------------

**PART 2 EXEMPTION: if exempt from form 1099 reporting, check here:**  **and circle your qualifying exemption reason below**

1. Corporation
2. Tax Exempt Charity under 501(a), or IRA [501C3]
3. The United States or any of its agencies or instrumentalities
4. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions
5. A foreign government or any of its political subdivisions

**PART 3 CERTIFICATION: I am a U.S. person (including a U.S. resident alien).**

Person completing this form: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_



PLC.IDG.BD-105

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# Commission Direct Deposit Authorization Form

Name: \_\_\_\_\_

Agent Number: \_\_\_\_\_

I hereby authorize Protective Life Insurance Company to initiate credit entries and to initiate, if necessary, debit entries as adjustments for any credit entries made in error to my account indicated below and the financial institution named below to credit or debit the same to such account.

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number : \_\_\_\_\_

***If using a Checking Account:***

**A void check with an account name matching the name shown above must accompany this form.**

***If using a Savings Account:***

**A copy of account deposit slip must accompany this form.**

This authority is to remain in full force until Protective has either received written notification from me on its termination in such time and in such manner as to afford Protective a reasonable opportunity to act on it. This authorization may, at the discretion of Protective, survive the termination of my Independent Producer Agreement.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Due to the bank notification process required to initiate your Automatic Deposit, your authorization will become effective in approximately three weeks. You will be notified when your Automatic Deposit becomes effective. To ensure proper and efficient deposits of commissions, please notify Licensing and Contracting (800-444-2658, option 1) of all bank account changes. Changes will take place on the second commission cycle after notification has been received.



PLC.IDG.BD-106

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# Assignment Of Commissions

**NOTE: Earnings on commissions will be reported to the IRS for the party (Assignor) who signed the contract on which commissions are being paid. A notation will be made on the 1099 form indicating that the commissions were assigned.**

For good and valuable consideration, the undersigned \_\_\_\_\_ (Assignor) hereby sells, assigns, transfers, sets over and delivers to \_\_\_\_\_ (Assignee), whose address is \_\_\_\_\_ all his right, title and interest in and to all commission payments of any kind now due or to become due him under the terms dated \_\_\_\_\_, 20\_\_\_\_\_, under Agent Code Number, \_\_\_\_\_ entered into by and between himself and PROTECTIVE LIFE INSURANCE COMPANY, Birmingham, Alabama, and all supplements, amendments and additions thereto.

Assignor hereby expressly authorizes and instructs PROTECTIVE LIFE INSURANCE COMPANY to pay to the Assignee said commissions monthly as they accrue. Payment of said commissions to the Assignee shall discharge PROTECTIVE LIFE INSURANCE COMPANY from all liability to the Assignor for the payment of such commissions to the same extent as if payment thereof had been made directly to the Assignor.

It is expressly understood and agreed that this assignment is subject to the rights of PROTECTIVE LIFE INSURANCE COMPANY, whether under the terms of the above indicated agreement or otherwise, to deduct from said commissions due the Assignor any and all indebtedness now due or which may become due PROTECTIVE LIFE INSURANCE COMPANY from the Assignor, and is also subject to any prior assignment of interest in the commissions herein assigned.

IN WITNESS WHEREOF, the Assignor has hereunder set his hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Assignor

\_\_\_\_\_  
Corporate Assignor

By: \_\_\_\_\_

Title: \_\_\_\_\_

Filed in the Home Office of PROTECTIVE LIFE INSURANCE COMPANY, Birmingham, Alabama, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

PROTECTIVE LIFE INSURANCE COMPANY assumes no responsibility for the validity or legality of the foregoing assignment.  
PROTECTIVE LIFE INSURANCE COMPANY

By: \_\_\_\_\_

Title: \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING FORMS ASSIGNMENT OF COMMISSIONS

1. The contract which is to be assigned should be noted in the space provided. Separate forms must be completed for each contract and Agent Code Number to be assigned.
2. The forms must be signed by the party who holds the contract for which commissions are to be assigned. *(If the Contract is in the name of a corporation or partnership, the signature of an Officer or Partner is required.)*
3. No Assignment shall become effective until recorded by the Home Office.



PLC.IDG.BD-107

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# Life Commission Annualization/ Chargeback Addendums

This Addendum is hereby made a part of the Independent Marketing Director agreement and you and Protective Life Insurance Company (*Company*), and is subject to all terms and conditions of the Agreement.

## 1. Annualization

The Company agrees to annualize first-year commissions that would otherwise be payable to your agents subject to the following provisions:

1. Annualized commission shall only be paid on policies actually issued by the Company on which the first premium is paid.
2. Commissions shall be annualized only on premium payment modes approved by the Company. Commissions on modes not approved for annualization shall be paid to your agent as premiums are received by the Company. Commissions shall not be annualized on direct pay modes or on post-dated checks.
3. The maximum annualized commissions payable under this Addendum shall be subject to any per policy, monthly, or other maximums, restrictions or guidelines established by the Company.
4. The Company reserves the right to change, alter or modify its policies and procedures regarding the annualization of commissions at any time.

## 2. Indebtedness

If a policy on which annualized commissions have been paid lapses, is not taken, is cancelled, is otherwise terminated, does not become effective for any reason, or is changed to a non-annualized mode of premium payment within the first policy year, all unearned commissions shall be charged back to your agent and shall be considered to be an indebtedness owed to the Company. If after 60 days, a debit balance has not been cleared from other commission payments or paid back by your agent, we will deduct that amount from your commission payments per your Independent Marketing Director Agreement.

In the event a fixed life insurance policy shall terminate within six months from issue, the full compensation paid thereon shall be charged back. In the event a termination takes place after the sixth month and before the thirteenth month after the date of issue, fifty percent of the compensation will be charged back.

Agent Name: *(Please Print)* \_\_\_\_\_

IMD Name: *(Please Print)* \_\_\_\_\_

IMD Signature: \_\_\_\_\_

Date: \_\_\_\_\_

ANN-01



PLC.IDG.BD-108

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