

Protective

Thank you for your interest in Protective Life Insurance Company. In order to expedite the processing of your appointment with this company, please follow the licensing procedures listed below. Should you have questions, please contact the Marketing Office listed below. We look forward to a long, rewarding relationship.

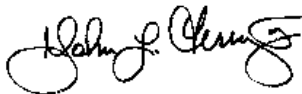
- | <u>Check</u> | <u>Item</u> | <u>Requirement</u> |
|--------------------------|-------------|---|
| <input type="checkbox"/> | [1] | Complete and Sign the Independent Producer Application (One Copy) |
| <input type="checkbox"/> | [2] | Complete and Sign the Authorization and Certification (Signature Required) |
| <input type="checkbox"/> | [3] | Complete and Sign IRS Form W-9 |
| <input type="checkbox"/> | [4] | Copy of your Errors and Omissions Coverage |
| <input type="checkbox"/> | [5] | Include A Copy of Your Current Resident License |
| <input type="checkbox"/> | [6] | If Non-Resident Appointment desired, Include a Copy of Your Non-Resident License and Appropriate Licensing Fee for the State(s) Required. |

OPTIONAL FORMS

- | | | |
|--------------------------|-----|---|
| <input type="checkbox"/> | [7] | Assignment of Commissions (Complete Only if Requesting Commissions to be Paid to a Corporation. Please Include a Copy of your Corporate License for the Appropriate State(s)) |
| <input type="checkbox"/> | [8] | Commission Direct Deposit Authorization Form |

Once you have completed these items, please return them to the Marketing Office listed below for processing. An executed copy of your contract will be returned for your files.

Respectfully submitted,



Insurance Marketing Group of America, Inc.
Protective Life - RSD

TOLL-FREE FAX BACK CONTRACTING TO 888-820-8033

Questions? Contact our Marketing Office at 800-951-1708



Insurance Marketing Group of America, Inc.
PO Box 640 Russellville AR 72811
P 800-951-1708 F 479-967-9898 E imga@imga.com
www.imga.com

INDEPENDENT PRODUCER APPLICATION for Protective Life Insurance Company

Full Name	Preferred Name	Birth Date	BirthPlace
Social Security No.	Designations (CLU, ChFC, CFP, etc.)		
Spouse's Name	Spouse Birth Date		
Business Name (if applicable)	Business Type (Incorporated, Partnership, Sole Proprietor)		
Business Mailing Address	Business Street Address (if different)		
Residence Street Address	Resident Phone		
Business Phone	Business 800# Phone		
Internet E-Mail Address	Fax Phone		
Currently licensed with Protective	Yes ___ No ___		
Previously licensed with Protective	Yes ___ No ___		
Currently licensed in resident state	Yes ___ No ___		
Hold a securities license	Yes ___ No ___ Series ___ Broker/Dealer _____		
Specify all states in which you would like a non-resident license with Protective. Attach appropriate forms and a check for the total license fee(s).			
Assign commissions to: Individual _____ Corporation _____ (complete assignment form)			
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 required): _____			
May Protective Life publicize your name and photo in Company publications? Yes ___ No ___			
For E&O purposes, are you an employee of an insurance agency? ___ If yes, name: _____			
Name of Insurance Company Affiliations		From Mo/Yr	To Mo/Yr
Option One (PREFERRED METHOD): Pending Status Report is accessed by the agent at any time through Protective's website.			
Option Two, only if needed: E-mail ___ Fax ___ Circle 1-5 days of the week to receive: M T W TH F			
Direct Deposit for Commissions Yes ___ No ___ If yes, complete direct deposit form and attach.			

Read carefully and please answer the following:

Yes*	No	
		Do you have any outstanding debit balances with other insurance companies?
		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?
		Have you ever been terminated by an insurer for other than insufficient production?
		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?
		Are you currently, or in the past 24 months have you been a party to a lawsuit, arbitration or other legal or judicial proceeding?

You agree to notify Protective Life within 10 days of any changes to the answers to any of the above questions.

***For any question answered "Yes", give details. Attach additional sheets if necessary.**

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 _____
IMGA- John Terry _____
Regional Sales Manager (Signature)

____ Mutual Marketing Group _____
Print RSM Name and Agent Number

Attach copy of resident license and E&O coverage (must have minimum of \$500,000 coverage)

Form W-9**Taxpayer Identification Number Request**

To: _____ Account 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 it to us in the enclosed envelope.

Part 1 Tax Status: (complete one row of boxes)

Individuals:

Individual Name:	Individual Social Security Number: - - - - -
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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:
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A corporation may use an abbreviated name or its initials, but its legal name is the name on the articles of incorporation. Corporation, exempt charity, or other entity:

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

PROTECTIVE LIFE'S
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 Code: _____

Account Number (Checking account only): _____

A void check with an account name matching the name shown above 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: _____

Please return form to:

**IMGA - John Terry
216 North El Paso, Suite B
Russellville, AR 72811**

Fax: 479-967-9898

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 Producer Services (1-800-444-2658) of all bank account changes. Changes will take place on the second commission cycle after notification has been received.

ASSIGNMENT OF COMMISSIONS

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: _____

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.

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.