



Protective Life Insurance Company  
A Stock Company  
www.protective.com

P. O. Box 2606; Birmingham, Alabama 35202  
1-800-866-9933  
State of Domicile - Tennessee

## LIFE INSURANCE POLICY

**INSURED:** TEST TERM

**POLICY NUMBER:** ST10206AL

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

Steve M. Callaway  
Secretary

## TERM LIFE INSURANCE POLICY

**RENEWABLE TERM COVERAGE TO AGE 95**

**POLICY IS CONVERTIBLE**

**NON-PARTICIPATING - DOES NOT PAY DIVIDENDS**

**A DEATH BENEFIT IS PAYABLE IF THE INSURED DIES BEFORE THE POLICY END DATE**

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**POLICY SCHEDULE****POLICY NUMBER:** ST10206AL**INSURED:**  
TEST TERM**AGE:**  
35**GENDER CLASS:**  
MALE**PREMIUM CLASS:**  
STANDARD - NON-TOBACCO**POLICY EFFECTIVE DATE:**  
DECEMBER 1, 2020**POLICY END DATE:**  
DECEMBER 1, 2080**STANDARD LATEST  
CONVERSION DATE:**  
DECEMBER 1, 2028**INITIAL FACE AMOUNT:**  
\$101,315**MINIMUM INITIAL FACE AMOUNT:**  
\$100,000**OWNER:**  
TEST TERM**STATE DEPARTMENT OF INSURANCE:** ALABAMA**PHONE:** (334) 269-3550**SCHEDULE OF BENEFITS AND PREMIUMS ON THE POLICY EFFECTIVE DATE**

<b>BENEFIT</b>	<b>INITIAL BENEFIT AMOUNT</b>	<b>INITIAL ANNUAL PREMIUM</b>	<b>INITIAL PREMIUM PERIOD</b>
LIFE INSURANCE	\$101,315	\$129.77 *	10 YEARS
WAIVER OF PREMIUM		\$12.16	10 YEARS
ACCIDENTAL DEATH BENEFIT RIDER	\$101,315	\$83.08	30 YEARS
CHILDREN'S RIDER	20 UNITS	\$120.00	40 YEARS

**\*INCLUDES POLICY FEE OF \$65.00****TOTAL PREMIUM FOR ALL BENEFITS ON THE POLICY EFFECTIVE DATE**

	<b>ANNUAL</b>	<b>SEMI-ANNUAL</b>	<b>QUARTERLY</b>	<b>MONTHLY PRE-AUTHORIZED CHECK</b>
PER PAYMENT	\$345.01	\$179.41	\$93.15	\$29.33
PER YEAR	\$345.01	\$358.82	\$372.60	\$351.96

THE AMOUNTS SHOWN ABOVE AS "TOTAL PREMIUM FOR ALL BENEFITS ON THE POLICY EFFECTIVE DATE" INCLUDE THE POLICY PREMIUM, POLICY FEE, IF ANY, AND PREMIUM FOR ANY RIDERS ATTACHED TO THE POLICY.

**POLICY SCHEDULE (CONTINUED)**

**POLICY NUMBER:** ST10206AL      **INSURED:** TEST TERM

**SCHEDULE OF GUARANTEED ANNUAL PREMIUMS AND FACE AMOUNTS**

<b>POLICY YEAR</b>	<b>AGE</b>	<b>ANNUAL PREMIUM</b>	<b>FACE AMOUNT</b>	<b>POLICY YEAR</b>	<b>AGE</b>	<b>ANNUAL PREMIUM</b>	<b>FACE AMOUNT</b>
1	35	\$345.01	\$101,315	31	65	\$2,594.27	\$101,315
2	36	345.01	101,315	32	66	2,852.62	101,315
3	37	345.01	101,315	33	67	3,129.21	101,315
4	38	345.01	101,315	34	68	3,436.20	101,315
5	39	345.01	101,315	35	69	3,782.70	101,315
6	40	345.01	101,315	36	70	4,189.98	101,315
7	41	345.01	101,315	37	71	4,673.25	101,315
8	42	345.01	101,315	38	72	5,250.75	101,315
9	43	345.01	101,315	39	73	5,922.47	101,315
10	44	345.01	101,315	40	74	6,688.41	101,315
11	45	466.66	101,315	41	75	7,422.50	101,315
12	46	561.90	101,315	42	76	8,358.65	101,315
13	47	656.12	101,315	43	77	9,389.02	101,315
14	48	751.36	101,315	44	78	10,528.81	101,315
15	49	847.60	101,315	45	79	11,829.70	101,315
16	50	946.89	101,315	46	80	13,331.19	101,315
17	51	1,056.31	101,315	47	81	15,087.99	101,315
18	52	1,168.77	101,315	48	82	17,054.51	101,315
19	53	1,273.12	101,315	49	83	19,343.22	101,315
20	54	1,387.61	101,315	50	84	21,996.66	101,315
21	55	1,505.13	101,315	51	85	25,081.70	101,315
22	56	1,622.66	101,315	52	86	28,653.05	101,315
23	57	1,750.32	101,315	53	87	32,762.39	101,315
24	58	1,886.08	101,315	54	88	37,409.71	101,315
25	59	2,049.20	101,315	55	89	42,452.16	101,315
26	60	2,246.76	101,315	56	90	47,839.08	101,315
27	61	2,499.03	101,315	57	91	53,361.76	101,315
28	62	2,807.03	101,315	58	92	58,884.44	101,315
29	63	3,162.65	101,315	59	93	64,346.33	101,315
30	64	3,573.98	101,315	60	94	69,473.88	101,315

THE TOTAL PREMIUM WILL DECREASE BY THE AMOUNT OF THE RIDER PREMIUM IF A BENEFIT TERMINATES BEFORE THE POLICY END DATE.

**BASIS OF RESERVE COMPUTATION:** STATUTORY RESERVES ARE BASED ON MORTALITY RATES FROM THE SEX-DISTINCT (MALE ONLY FOR UNISEX ISSUE), SMOKER OR NONSMOKER 2017 COMMISSIONERS STANDARD ORDINARY (CSO) ULTIMATE, AGE NEAREST BIRTHDAY MORTALITY TABLES AND AT THE CURRENT STATUTORY VALUATION INTEREST RATE.

**POLICY SCHEDULE - continued**

**SCHEDULE OF ADDITIONAL BENEFITS  
PRE-DETERMINED DEATH BENEFIT PAYOUT ENDORSEMENT**

**DEATH BENEFIT PAYMENT SCHEDULE**

THE DEATH BENEFIT PAYMENT SCHEDULE INDICATES HOW DEATH BENEFIT PROCEEDS WILL BE PAID.

<b>INITIAL LUMP SUM BENEFIT:</b>	\$52,500	
<b>ANNUAL BENEFIT INSTALLMENTS:</b>	\$10,000	FOR 5 YEARS
<b>TOTAL BENEFIT PAYMENT INCLUDING INSTALLMENTS:</b>	\$102,500	

**INITIAL FACE AMOUNT\*:** \$101,315

\*THE INITIAL FACE AMOUNT IS THE AMOUNT USED TO DETERMINE THE POLICY DEATH BENEFIT, PREMIUMS, VALUES, CHARGES AND FEES. IT IS DETERMINED SO THAT ON THE POLICY EFFECTIVE DATE, THE INITIAL FACE AMOUNT IS THE INITIAL LUMP SUM BENEFIT PLUS THE PRESENT VALUE OF THE ANNUAL BENEFIT INSTALLMENTS.

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**SUPPLEMENTAL POLICY SCHEDULE**

**POLICY NUMBER:** ST10206AL

**SCHEDULE OF WAIVER OF PREMIUM RIDER ANNUAL PREMIUMS**

<b>POLICY YEAR</b>	<b>AGE</b>	<b>ANNUAL PREMIUM</b>
1	35	\$12.16
2	36	\$12.16
3	37	\$12.16
4	38	\$12.16
5	39	\$12.16
6	40	\$12.16
7	41	\$12.16
8	42	\$12.16
9	43	\$12.16
10	44	\$12.16
11	45	\$50.66
12	46	\$53.70
13	47	\$56.74
14	48	\$59.78
15	49	\$64.84
16	50	\$72.95
17	51	\$90.17
18	52	\$111.45
19	53	\$139.81
20	54	\$175.27
21	55	\$213.77
22	56	\$258.35
23	57	\$316.10
24	58	\$378.92
25	59	\$456.93
26	60	\$548.11
27	61	\$657.53
28	62	\$789.24
29	63	\$947.30
30	64	\$1,136.75

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## TERMS USED IN THIS POLICY

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

**Administrative Office:** The location at which 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 Policy Years since the Policy Effective Date.

**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, resumes 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 insures.

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

**Monthly Anniversary:** The same day of the month as the Policy Effective Date shown on the Policy Schedule in each subsequent month during which the Policy remains in force.

**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, or subsequent endorsement, 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 Year:** A 12-month period beginning on the Policy Effective Date or any anniversary of the Policy Effective Date.

**Proceeds:** The net amount payable from this Policy as a result of claiming a benefit. Benefit amounts will be adjusted as provided in this Policy prior to the payment of the Proceeds.

**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 by Written Notice 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.

## **GENERAL PROVISIONS**

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**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, 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 terminated 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 Sex:** If statements in an application regarding the Insured's age or sex are not correct, we will adjust the Proceeds to those which the most recent premium paid would have purchased based on the correct age and sex. For purposes of this Policy, any reference to gender also means sex.

**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 Policy being in force, our total liability under the Policy is limited to the Premiums paid from that date to the date of death.

**Termination:** This Policy will terminate, and all the insurance coverage and any other benefit it provides will end, upon the earliest of any of the following:

- a) by Written Notice;
- b) at the end of the Grace Period for any unpaid premiums;
- c) a full conversion of this Policy to another plan of insurance;
- d) the Policy End Date; or
- e) the Insured dies, and we pay all Proceeds legally due under the Policy.

**Minimum Values:** The benefits available under this Policy are at least equal to the minimum required by the National Association of Insurance Commissioners Standard Non-forfeiture Law for Life Insurance, model #808. The method of computing the minimum values has been filed with the Commission.

## PREMIUMS

**Premium Payments:** Premiums are the payments you must make to us to keep this Policy in force. They are shown on the Policy Schedule. The premium may change if a benefit is added, terminated or modified after the Policy Effective Date.

Premium payments are due in advance beginning not later than the Policy Effective Date and continuing through the earlier of the Policy End Date or the Insured's date of death. Premium Payments are payable at our Administrative Office. If you request it in writing, we will send a receipt for your premium payment.

**Premium Payment Modes:** You may select a premium payment mode from those available. The table on the Policy Schedule entitled "Total Premium for All Benefits on the Policy Effective Date" shows the premium required to keep this Policy in force for each of the payment modes available on the Policy Effective Date. Regardless of the payment mode, each premium payment is due on the Monthly Anniversary date.

Generally, you may change the premium payment mode by Written Notice in advance of the premium due date on which you wish to make the change. However, you may not change the payment mode when premiums are being waived on account of any "Waiver of Premium" benefit, or if the requested change would result in a modal payment of less than \$10. The method we use to calculate the premium payable for any mode other than annual is consistent for all Policy Years.

**Grace Period:** A 31-day Grace Period follows each premium due date. Policy benefits continue through the Grace Period. If we have not received the premium payment by the end of the Grace Period following any premium due date, this Policy will terminate as of the date the unpaid premium first became due. You have the entire Grace Period to make the payment. Payments sent by US mail shall be postmarked within the Grace Period.

**Reinstatement:** If the Policy terminates at the end of a Grace Period you may request a reinstatement. Reinstatement must be made prior to the Policy's End Date, during the life of the Insured and within 5 years of the last day of the Grace Period. Further requirements depend on when this Policy is reinstated.

Prompt Reinstatement - This is reinstatement within 31 days after the end of the Grace Period. Evidence of insurability is not required. All overdue premiums must be paid.

Later Reinstatement - This is reinstatement more than 31 days after the end of the Grace Period. Evidence of insurability satisfactory to us is required. All overdue premiums must be paid with interest from their due dates to the date of reinstatement. Interest will be computed at an annual effective rate of 6%.

#### **ELECTED FACE AMOUNT DECREASES**

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While this Policy is in force, you may make a written request to decrease the Face Amount of this Policy.

An Elected Face Amount Decrease will become effective as of the Monthly Anniversary on or following the date we approve the request. No agent or other person has the authority to change this Policy and no change is effective until it is entered into our records.

You may not elect to decrease the Face Amount if:

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

## CONVERSION

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On or before the Standard Latest Conversion Date shown on the Policy Schedule, you may by Written Notice convert this Policy (the "Original Policy") or convert a portion of this Policy's Face Amount (a "Partial Conversion") without evidence of insurability to a new policy (the "Conversion Policy"). You may not convert this Policy if any portion of the Death Benefit has been accelerated under any rider or endorsement attached to this Policy. The conversion is subject to the following terms:

- a) The Conversion Policy must be a plan of permanent insurance, such as, a flexible premium adjustable life insurance, whole life insurance or other similar plan of life insurance available for conversion at the time of your Written Notice. We will always have at least one such policy available. We are not required to have more than one Conversion Policy available.
- b) The Face Amount of the Conversion Policy may not be greater than the face amount of the Original Policy at the time of the conversion and may not be less than the minimum amount available for the new plan of insurance. You cannot request a Partial Conversion that would result in a Face Amount for the Original Policy that is less than the Minimum Initial Face Amount, shown on the Policy Schedule.
- c) The Conversion Policy will not be placed in force until we receive the first premium for that policy. Premiums for the Original Policy must be paid to the effective date of the Conversion Policy. The Original Policy will terminate upon the effective date of the Conversion Policy. If the Conversion Policy is a result of a Partial Conversion, both policies will be in effect and the combined face amount may not be greater than the face amount of the Original Policy at the time of the conversion.
- d) The Conversion Policy will be issued at the Age of the Insured. The Conversion Policy will be issued with a risk classification that, in our judgment, most closely corresponds to the risk classification of the Original Policy. Premiums for the Conversion Policy will be based on the Age and risk classification of the Insured and may differ from the Original Policy at the time of the conversion.
- e) The Contestability and Suicide Exclusion periods of the Conversion Policy will be measured from the Effective Date of the Original Policy or, if applicable, the Effective Date of the latest reinstatement.
- f) The issuance of any available rider attached to the Conversion Policy may be subject to underwriting. Any evidence of insurability required by us will be obtained at the Owner's expense.

## DEATH BENEFIT

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**Death Benefit:** When we receive a claim that includes a properly completed claim form and due proof the Insured died while this Policy was in force, we will pay the Death Benefit to the Beneficiary. We pay the Death Benefit Proceeds in a lump sum as soon as administratively possible after we receive a valid claim in good order, unless instructed otherwise in writing.

**Calculating the Death Benefit:** The Death Benefit is equal to the Face Amount of this Policy, shown on the Policy Schedule, plus any benefits due under an optional rider that was in force when the Insured died.

**Adjustments to the Death Benefit Proceeds:** If we have accepted premium that paid for insurance coverage beyond the month in which the Insured died, we will add the amount of the excess premium to the Death Benefit Proceeds. If the Insured died after the Policy entered the Grace Period but while insurance coverage is still in force, we will deduct the amount of the unpaid premium from the Death Benefit Proceeds.

**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. We will include interest as specified by applicable law.

**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 dependent on parties other than the Company have been resolved.

**Settlement Options:** Depending on the needs of the Beneficiary, a selection of settlement options may be available. Settlement Options are used to distribute Policy Proceeds over a period of time rather than paying them in a lump sum. Proceeds from the Death Benefit may be applied to a settlement option. You may select or change a settlement option from those available while this Policy is in force and prior to the death of the Insured. If you do not select a settlement option, 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.



Protective Life Insurance Company  
A Stock Company

P. O. Box 2606; Birmingham, Alabama 35202  
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## PRE-DETERMINED DEATH BENEFIT PAYOUT ENDORSEMENT

We are amending the Policy to which this endorsement is attached to fix the terms of payment for the Policy's Death Benefit to conform to the instructions you provided us when you purchased the Policy. There is no charge for this endorsement. The Policy is revised as described in this endorsement. Policy provisions not expressly modified by this endorsement remain in full force and effect.

The provisions that follow are added to the Policy as a new Section titled "Pre-Determined Death Benefit Payout".

**Payment of the Pre-Determined Death Benefit Proceeds:** The amount, frequency and duration for payment of the Death Benefit Proceeds are described in the Death Benefit Payment Schedule shown in the Supplemental Policy Schedule. We will make the initial payment as soon as administratively possible after we receive a claim that includes a properly completed claim form and due proof the Insured died while this Policy was in force. A Beneficiary may apply Death Benefit Proceeds, which are payable as either an initial or single lump sum, to a settlement option.

If the Death Benefit is adjusted according to the Policy provisions prior to paying the Proceeds to the Beneficiary, the amounts shown in the Death Benefit Payment Schedule will be adjusted pro-rata. Death Benefits payable from any rider attached to this policy will be added to the initial payment of Proceeds.

**Death of the Beneficiary:** If a Beneficiary dies before their share of the Death Benefit Proceeds are paid in full, we will continue the Installment Payments to their successor Beneficiary, as contained in our records. A successor Beneficiary is the person designated by the Beneficiary to receive the remaining death benefit proceeds, if any, upon the Beneficiary's death. If no successor Beneficiary is named, or if no successor Beneficiary is living at the time of that Beneficiary's death, we will pay the entire commuted value to the estate of the deceased Beneficiary.

**Changing the Death Benefit Payment Schedule:** While this Policy is in force during the life of the Insured, you may change the Death Benefit Payment Schedule or elect payment of the death benefit in a single lump sum with no installment payments. You may not make a change to the Death Benefit Payment Schedule that lengthens the overall duration of payments. A Beneficiary cannot change the Death Benefit Payment Schedule or elect a single lump sum after the death of the Insured. We must receive written consent from any irrevocable beneficiary or assignee of record.

Signed for the Company as of the Effective Date.

**PROTECTIVE LIFE INSURANCE COMPANY**

Steve M. Callaway  
Secretary

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## ACCIDENTAL DEATH BENEFIT RIDER

This rider is issued as a part of the policy to which it is attached in return for the application and the payment of premium shown on the Policy Schedule. This rider does not have any cash values or loan values. All Policy provisions not expressly modified by this rider remain in full force and effect.

### DEFINITIONS

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

**Act of War:** Means any act specific to military, naval or air operations in time of war.

**Home Area:** Means the 50 states of the United States and its territories, the District of Columbia and Canada.

**War:** Includes but is not limited to, declared war, and armed aggression by one or more countries resisted on orders of any other country, combination of countries or international organization.

### BENEFIT

**Rider Benefit:** This rider provides an additional death benefit if the death of the Insured results from an accident. We will pay this death benefit if all of the conditions of this rider are met and none of the exclusions listed below apply. Any amount due under this rider will be added to the death benefit provided by the policy and will be paid to the Beneficiary.

**Benefit Amount:** The benefit amount for this rider is the Benefit Amount shown on the Policy Schedule.

**Proof of Accidental Death:** To pay any benefit under this rider, we require that due proof of the accidental death be given to us at our Home Office. This proof must show that the Insured's death occurred:

- a) As a direct result of accidental bodily injury independently of all other causes; and
- b) Within 180 days after the injury was received; and
- c) While the policy and this rider were in force.

Unless prohibited by law, we have the right to examine the body and have an autopsy done at our expense at any time.

## GENERAL PROVISIONS

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**Effective Date of Coverage:** If this rider is attached when the Policy is issued, the effective date of coverage under this rider is the Policy Effective Date. If this rider is issued after the Policy was issued or any increase in coverage occurred, the effective date will be the date we approve the supplemental application. For any insurance that has been reinstated, the effective date will be the date we approved the reinstatement.

**Exclusions:** We will not pay an accidental death benefit if the Insured's death results directly or indirectly from any of these exclusions:

- a) Any attempt at suicide or intentionally self-inflicted injury, while sane or insane.
- b) War or any Act of War while the Insured is serving in the military forces or within six (6) months after the termination of service in such forces, whichever is earlier. This exclusion does not apply if in the application the Insured represents that he/she is a member of the military, military reserves or the National Guard, whether active or inactive.
- c) War or any Act of War while the Insured is serving in any civilian non-combat unit serving with such forces or within six months after termination of service with such unit, whichever is earlier.
- d) Active participation in a riot, insurrection or terrorist activity.
- e) Committing or attempting to commit a felony.
- f) The voluntary intake or use by any means of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions. Any contribution to the Accidental Death under this exclusion must be material to the Accidental Death.
- g) The voluntary intake or use by any means of a poison, gas or fumes, unless a direct result of an occupational accident. Any contribution to the Accidental Death under this exclusion must be material to the Accidental Death.
- h) Intoxication as defined by the jurisdiction where the Accidental Death occurred.
- i) Participation in an illegal occupation or activity. Any contribution to the Accidental Death under this exclusion must be material to the Accidental Death.

**Reinstatement:** If the policy to which this rider is attached terminates due to non-payment of premium, this rider may be reinstated in accordance with the Reinstatement provision of the Policy.

**Termination:** This rider will terminate:

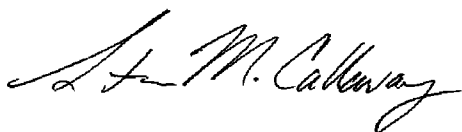
- a) At Age 65;
- b) At the end of the Grace Period for any unpaid premiums;
- c) By written notice; or
- d) Upon termination of the Policy to which this rider is attached.

The premium paid for the policy after the rider terminates will be reduced by the rider's premium. If we are paid and accept a premium for the rider after it terminates, we will refund the rider premium but will have no other liability.

Termination of this rider does not prevent payment of any Rider Benefit if the Accidental Death occurred prior to termination.

Signed for the Company as of the Effective Date of Coverage.

**PROTECTIVE LIFE INSURANCE COMPANY**



Steve M. Callaway  
Secretary

Policy **ST10206AL**



Protective Life Insurance Company  
A Stock Company

P. O. Box 2606; Birmingham, Alabama 35202  
1-800-866-9933  
State of Domicile - Tennessee

## WAIVER OF PREMIUM RIDER

This rider is issued as a part of the Policy to which it is attached in return for the application and the payment of premium shown in the Policy Schedule. This rider does not have any cash values or loan values. All Policy provisions not expressly modified by this rider remain in full force and effect.

### DEFINITIONS

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

**Act of War:** Means any act specific to military, naval or air operations in time of war.

**Home Area:** Means the 50 states of the United States and its territories, the District of Columbia and Canada.

**Occupation:** Means any work, employment, business or profession which the Insured is or becomes reasonably qualified to perform based on education, training or experience.

**Regular Occupation:** Means the Insured's usual work, employment, business or profession at the time Total Disability begins. If the Total Disability begins while the Insured is retired or unemployed, Regular Occupation means the last usual work, employment, business or profession at which the Insured was continuously engaged before the Total Disability started. If the Insured's Regular Occupation is attending school, the disability will be considered to be total when the Insured is unable to attend regularly scheduled classes.

**Total Disability (Totally Disabled):** Total Disability is the incapacity of the Insured caused by sickness or injury and begins while this rider is in force. The Total Disability must be certified by a physician. During the first 24 months of Total Disability, the incapacity prevents the Insured from continuously engaging in their Regular Occupation. After the first 24 months of Total Disability, the incapacity prevents the Insured from continuously engaging in any Occupation.

**War:** Includes but is not limited to, declared war, and armed aggression by one or more countries resisted on orders of any other country, combination of countries or international organization.

### BENEFIT

**Waiver Benefit:** During the life of the Insured and while this rider is in force, we will provide a waiver of premium for Total Disability. If the Insured has been Totally Disabled for 6 consecutive months, and all conditions of this rider are met, we will waive premiums for the Policy. These premiums are:

- (1) Any premium which becomes due after the Insured has been Totally Disabled for 6 consecutive months; and
- (2) Any premium which was due during the first 6 consecutive months of Total Disability. You must pay the premiums due during the first 6 consecutive months, which will be refunded when the waiver benefit begins.

Policy **ST10206AL**

If the period of Total Disability begins during the Grace Period, the overdue premium must be paid, as per Policy provisions, before we approve the claim for the Waiver Benefit. Any premium waived will not reduce the Policy proceeds.

**Presumption of Total Disability:** Provided the condition did not exist on the Effective Date of Coverage, we will consider the Insured to be Totally Disabled, even if the Insured is able to perform their Regular Occupation or other Occupation, if one of the following permanent conditions apply:

- (1) The total loss of the sight of both eyes;
- (2) The total loss of use of both hands;
- (3) The total loss of use of both feet; or
- (4) The total loss of use of one hand and one foot.

**Recurrent Disability:** A period of Total Disability due to the same or related cause as the prior period of Total Disability may be a continuation of the prior period. We will consider the Total Disability to be a continuation of the prior period if the prior period extended for at least six (6) months and the second period of Total Disability begins less than 30 days of recovery.

**End of Waiver Benefit:** The waiver benefit will end when any of the following occurs:

- (1) The Insured is no longer Totally Disabled; or
- (2) Proof of continued Total Disability is not given to us as required; or
- (3) The Insured refuses or fails to have an examination we ask for; or
- (4) The date on which the Insured attains Age 65.

## CLAIMS

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**Notice of Claim:** Notice of claim must be made to us by written notice that the Insured is Totally Disabled and that a claim may be made under this rider. Notice may be given by or for the Owner and must identify the Insured. No benefit will be allowed unless the notice is given to us while the Insured is alive and during the continuance of Total Disability. No premium will be waived if its due date was more than one year before we were given the notice. However, if it was not reasonably possible to give us notice during this time frame, the delay will not reduce the benefit if notice is given as soon as reasonably possible.

**Proof of Claim:** Proof of Claim must be given to us prior to the waiver benefit being allowed. Proof may be given by or for the owner. Proof of Claim means written proof in good order that:

- (1) The Insured is Totally Disabled;
- (2) Total Disability began while this rider was in force;
- (3) Total Disability began before Age 65; and
- (4) Total Disability has continued for 6 consecutive months.

We will provide the form used for the Proof of Claim within 15 days of the receipt of the notice of claim. We have the right to require that the Insured be examined by a physician of our choice, and at our expense, as a part of the Proof of Claim.

We must receive Proof of Claim while the Insured is alive and during the continuance of Total Disability. It must be received within one year after the termination of this rider. If it was not reasonably possible to provide the Proof of Claim within this time, the delay will not reduce the benefit if proof is given as soon as it is reasonably possible.

**Proof of Continued Disability:** During the first two years after Proof of Claim is received, we may require proof of continued Total Disability in good order not more frequently than once every 30 days. After two years, we may require proof of continued Total Disability no more than once per year. As part of this proof, we have the right to ask for an examination of the Insured by a physician of our choice and at our expense. If you do not tell us in writing that the Total Disability ended, you will owe us any premium we waived after the end of the disability with interest at 6% per year.

Policy **ST10206AL**

**GENERAL PROVISIONS**

**Effective Date of Coverage:** If this rider is attached when the Policy is issued, the effective date of coverage under this rider is the Policy Effective Date. If this rider is issued after the Policy was issued or any increase in coverage occurred, the effective date will be the date we approve the supplemental application. For any insurance that has been reinstated, the effective date will be the date we approved the reinstatement.

**Exclusions:** This rider does not cover Total Disability of the Insured caused or contributed to by:

- (1) Any attempt at suicide or intentionally self inflicted injury, while sane or insane.
- (2) War or any Act of War while the Insured is serving in the military forces or within six (6) months after the termination of service in such forces, whichever is earlier. This exclusion does not apply if in the application the Insured represents that he/she is a member of the military, military reserves or the National Guard, whether active or inactive.
- (3) War or any Act of War while the Insured is serving in any civilian non-combat unit serving with such forces or within six months after termination of service with such unit, whichever is earlier.
- (4) Active participation in a riot, insurrection or terrorist activity.
- (5) Committing or attempting to commit a felony.
- (6) The voluntary intake or use by any means of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions. Any contribution to the Total Disability under this exclusion must be material to the Total Disability.
- (7) The voluntary intake or use by any means of a poison, gas or fumes, unless a direct result of an occupational accident. Any contribution to the Total Disability under this exclusion must be material to the Total Disability.
- (8) Intoxication as defined by the jurisdiction where the Total Disability occurred.
- (9) Participation in an illegal occupation or activity. Any contribution to the Total Disability under this exclusion must be material to the Total Disability.

**Termination:** This rider will terminate:

- (1) At Age 65;
- (2) At the end of the Grace Period for any unpaid premiums;
- (3) By written notice; or
- (4) Upon termination of the Policy to which this rider is attached.

The premium for the Policy after the rider terminates will be reduced by this rider's premium. If we are paid and accept a premium for this rider after it terminates, we will owe you all such amounts and interest at 6% but will have no other liability.

Signed for the Company as of the Effective Date of Coverage.

**PROTECTIVE LIFE INSURANCE COMPANY**



Steve M. Callaway  
Secretary

Policy **ST10206AL**

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P. O. Box 2606; Birmingham, Alabama 35202  
1-800-866-9933  
State of Domicile - Tennessee

## CHILDREN'S TERM LIFE INSURANCE RIDER

This rider is issued as a part of the policy to which it is attached in return for the application and the payment of premium shown on the Policy Schedule. This rider does not have any cash values or loan values. All Policy provisions not expressly modified by this rider remain in full force and effect.

### DEFINITIONS

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

**Insured:** The person whose life is covered under the Policy to which this rider is attached.

**Insured Child:** An Insured Child under this rider is any living child, stepchild, or legally adopted child of the Insured. Any Insured Child must be at least 15 days old but no older than 18 years old at the date of application for this rider. After the initial Effective Date of Coverage, any child who is born to, or legally adopted by, the Insured will become an Insured Child when they reach 15 days old or on the date of adoption. The date of adoption must occur prior to the child's 18th birthday. Coverage for an Insured Child ceases under this rider on the Insured Child Expiry Date.

**Effective Date of Coverage:** If this rider is attached when the Policy is issued, the effective date of coverage under this rider is the Policy Effective Date. If this rider is issued after the Policy was issued, the effective date will be the date we approve the supplemental application. For any reinstated insurance or if any increase in coverage occurs, the effective date will be the date of approval.

**Rider Expiry Date:** The Rider Expiry Date of this rider is the day before the Insured's 75th birthday.

**Insured Child Expiry Date:** The Insured Child Expiry Date is the earlier of the Rider Expiry Date or the Policy Anniversary following an Insured Child's 25th birthday.

### BENEFIT

**Rider Benefit:** We will pay the Benefit Amount to the Beneficiary of this rider when we receive due proof of an Insured Child's death at our Home Office.

**Benefit Amount:** Each unit of insurance provides a death benefit of \$1,000. The number of units of insurance is shown on the Policy Schedule. The Benefit Amount applies to each Insured Child.

## GENERAL PROVISIONS

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**Owner:** The Owner of the Policy is the Owner of this rider.

**Beneficiary:** The Owner of the Policy is the beneficiary of this rider unless otherwise specified by Written Notice.

**Contestability:** Unless fraud is involved, we cannot bring any legal action to contest the validity of this rider or to resist a claim after the rider has been in force for two years during the life of an Insured Child, except for non-payment of premium.

Unless fraud is involved, we cannot bring any legal action to contest any change to or reinstatement of this rider after it has been in force for two years during the life of an Insured Child, except for 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.

**Suicide of Insured:** If, while sane or insane, the Insured commits suicide within two years of the Effective Date of Coverage of this rider, coverage under this rider will continue during a 31 day period after the date of suicide and the rider will terminate. Our liability under this rider will be limited to the return of any premiums paid for this rider. During the 31 day period after the date of suicide, an Insured Child is eligible for Conversion as described in this rider, but not for Paid-Up Term Insurance.

**Suicide of Insured Child:** If, while sane or insane, an Insured Child commits suicide within two years of the Effective Date of Coverage for the Insured Child, our liability is equal to the premiums paid for this rider if there is only one Insured Child. If there are any additional Insured Children, we have no liability under this rider.

**Reinstatement:** If the policy to which this rider is attached terminates due to non-payment of premium, this rider may be reinstated in accordance with the Reinstatement provision of the Policy. You must provide evidence of insurability for each Insured Child who will be insured under the reinstated rider. No benefit will be paid if an Insured Child dies during the lapse in coverage.

**Paid-Up Term Insurance:** If the Insured dies while this rider is in full force the Benefit may be continued under a Paid-Up Term Insurance Policy. Each Insured Child will be issued a Paid-Up Term Insurance Policy with a face amount equaling the Benefit Amount of this rider. The expiry date of any Paid-Up Term Insurance Policy issued will be on the policy anniversary following the Insured Child's 25th birthday.

If the Insured Child has not reached the age of majority, the owner of the Paid-Up Term Insurance Policy will be the legal guardian. If the Insured Child has reached the age of majority, the owner of the Paid-Up Term Insurance Policy will be the child on whose life the policy insures.

**Conversion:** Within 30 days prior to or after the monthly anniversary closest any Insured Child Expiry Date, you may provide Written Notice to convert coverage without evidence of insurability to a new policy (the Conversion Policy ) of flexible premium adjustable life insurance, whole life insurance or other similar plan of life insurance available for conversion at the time of your Written Notice. We will always have at least one such policy available. We are not required to have more than one Conversion Policy available. The converted life insurance policy may have a Face Amount that is up to 5 times the Benefit Amount of this rider, but may not be less than the minimum amount available for the new plan of insurance.



The Conversion Policy will be issued at the attained age of the Insured as defined under the Conversion Policy. The Conversion Policy will be issued with a risk classification that, in our judgment, most closely corresponds to the risk classification of this rider. The two year period for the Contestability and Suicide Exclusion provisions of the Conversion Policy will begin on the Effective Date of Coverage of this rider, or the latest reinstatement date.

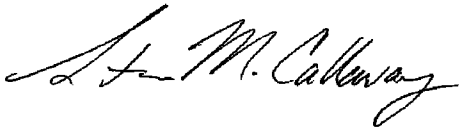
The issuance of any available rider attached to the Conversion Policy will be subject to evidence of insurability. Any evidence of insurability required by us will be obtained at the Owner's expense.

**Termination:** This rider will terminate:

- a) On the Rider Expiry Date;
- b) When you notify us that the youngest Insured Child has reached the Insured Child Expiry Date or that there are no living Insured Children;
- c) At the end of the Grace Period for any unpaid premiums;
- d) By written notice; or
- e) Upon termination of the Policy to which this rider is attached.

Signed for the Company as of the Effective Date of Coverage.

**PROTECTIVE LIFE INSURANCE COMPANY**



Steve M. Callaway  
Secretary

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**TERMINAL ILLNESS ACCELERATED DEATH BENEFIT ENDORSEMENT**

**Effective Date:** DECEMBER 1, 2020

**Policy Number:** ST10206AL

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. Benefits received under this endorsement do not and are not intended to qualify as long term care insurance.

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. A lien will be established against the policy and will be subtracted from the Death Benefit, or Cash Value, if any. The impact of the lien 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.

ICC16-L637

**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 Ill 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**

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**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 Ill 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) The Insured is certified as a Terminally Ill Individual at least six months prior to the Maturity Date / Policy End Date of the Policy;
- (f) We receive Notice of Claim; and
- (g) 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 Ill 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

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**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:** Upon a request for and at the time of payment of the accelerated 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.

## CLAIMS

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**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. If the forms are not sent within this 15 day period we will deem the proof of claim requirements satisfied, as long as written proof that the insured is a Terminally Ill Individual is submitted.

**Payment of Claim:** After all of the terms and conditions of this endorsement are met, the Accelerated Death Benefit will be immediately 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**

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**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.

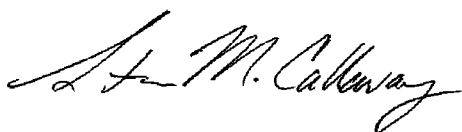
**Suicide:** The suicide exclusion provision of the Policy applies to this endorsement.

**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**



Steve M. Callaway  
Secretary

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**TERM LIFE INSURANCE POLICY**  
**RENEWABLE TERM COVERAGE TO AGE 95**  
**POLICY IS CONVERTIBLE**

NON-PARTICIPATING - DOES NOT PAY DIVIDENDS

A DEATH BENEFIT IS PAYABLE IF THE INSURED DIES BEFORE THE POLICY END DATE