

PROTECTIVE LIFE INSURANCE COMPANY

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

P. O. Box 2606; Birmingham, Alabama 35202; (800) 866-9933
State Insurance Department - (334) 269-3550

LIFE INSURANCE POLICY

INSURED - TEST CCUL

POLICY NUMBER - ST11210AL

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

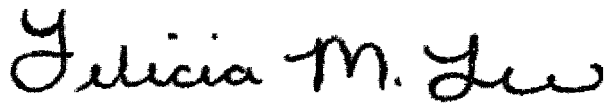
Subject to the terms of this Policy, we will pay the Death Benefit Proceeds to the Beneficiary upon due proof the Insured died while this Policy was in force.

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

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



Richard J. Bielen
President



Felicia M. Lee
Secretary

FLEXIBLE PREMIUM UNIVERSAL LIFE INSURANCE POLICY

NON-PARTICIPATING - DOES NOT PAY DIVIDENDS

Indeterminate benefit, values, premiums and coverage duration

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

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POLICY SCHEDULE - GENERAL INFORMATION

POLICY NUMBER: ST11210AL

LIFE INSURANCE

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

POLICY INFORMATION ON THE POLICY EFFECTIVE DATE

INSURED: TEST CCUL
AGE: 35 GENDER CLASS: MALE
RATE CLASS: RATED STD NON-TOBACCO

INITIAL FACE AMOUNT: \$105,448
INITIAL PREMIUM: \$245.55
POLICY EFFECTIVE DATE: SEPTEMBER 8, 2021
MONTHLY ANNIVERSARY DAY: 08
AUTOMATIC FACE AMOUNT DECREASE DATE: 09/08/2031
LATEST REPLACEMENT DATE: 09/08/2041
MINIMUM FACE AMOUNT: \$100,000
OWNER: TEST CCUL

SCHEDULE OF ADDITIONAL BENEFITS

RIDER FORM NUMBER	TITLE	*INITIAL MONTHLY CHARGE
ICC19-L650	WAIVER OF SPECIFIED PREMIUM RIDER BENEFIT AMOUNT = \$100.00 PER MONTH	3.68
ICC17-L640	ACCIDENTAL DEATH BENEFIT RIDER BENEFIT AMOUNT \$56,000.00	4.48
ICC17-L639	CHILDREN'S RIDER- 5.00 UNITS OF BENEFIT	2.25

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

POLICY SCHEDULE – GENERAL INFORMATION

POLICY NUMBER: ST11210AL

TABLE OF PLANNED PREMIUMS AND FACE AMOUNTS

Policy Year	Planned Premium	Face Amount	Policy Year	Planned Premium	Face Amount
1	\$ 245.55	EXPIRED			

SPECIMEN

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

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.

INITIAL LUMP SUM BENEFIT:	\$10,000	
ANNUAL BENEFIT INSTALLMENTS:	\$10,228	FOR 10 YEARS
TOTAL BENEFIT PAYMENT INCLUDING INSTALLMENTS:	\$112,280	

INITIAL FACE AMOUNT*: \$105,448

*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.

SPECIMEN

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TERMS USED IN THIS POLICY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

GENERAL PROVISIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PREMIUMS

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

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

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

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

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

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

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

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

DETERMINING VALUES

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

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

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

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

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

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

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

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

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

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

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

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

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

DEATH BENEFIT

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

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

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

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

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

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

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

ACCESSING POLICY VALUES

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

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

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

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

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

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

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

CHANGING THE POLICY

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

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

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

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

An elected face amount decrease will not be approved if:

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

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

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

SETTLEMENT OPTIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

OPTION 1 TABLE

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

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

OPTION 2 TABLE

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

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

PROTECTIVE LIFE INSURANCE COMPANY

A Stock Company; Domiciled in Tennessee
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P. O. Box 2606; Birmingham, Alabama 35202; (800) 866-9933

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 the cost of insurance for this rider, shown as the Initial Monthly Charge 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

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.

Changes in Coverage: The Benefit Amount may be increased or decreased by written notice.

Benefit Amount Decreases become effective as of the Monthly Anniversary on or following the date we approve the request.

To increase the Benefit Amount, you must submit a completed application and proof of insurability. The Effective Date of the face amount increase is subject to deduction of the first month's Cost of Insurance related to the increase from the existing Policy Value.

Cost of Insurance: The monthly cost of insurance for this rider is the applicable cost of insurance rate multiplied by the current Benefit Amount.

The following table shows the cost of insurance rates applicable by Attained Age.

Cost of Insurance Rate Table			
Rate per \$1,000 of Accidental Death Benefit Amount			
Attained Age	Rate	Attained Age	Rate
15-49	.08	57	.11
50	.08	58	.12
51	.09	59	.12
52	.09	60	.12
53	.10	61	.13
54	.10	62	.13
55	.10	63	.14
56	.11	64	.14

Reinstatement: If the Policy to which this rider is attached terminates, this rider may be reinstated in accordance with the Reinstatement provision of the Policy.

Termination: This rider will terminate:

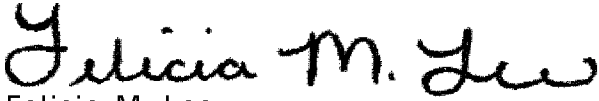
- a) At Age 65;
- b) By written notice; or
- c) Upon termination of the Policy to which this rider is attached.

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



Felicia M. Lee
Secretary

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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 the cost of insurance for this rider, shown as the Initial Monthly Charge on the Policy Schedule. The cost of insurance for this rider is a level amount charged each month until the rider terminates. 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

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 cost of insurance 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 cost of insurance 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, 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 initial premium for the Conversion Policy is due prior to the date the Policy is placed in force.

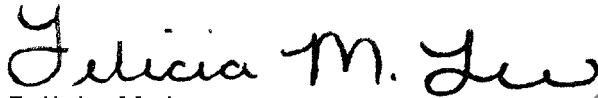
The issuance of any available rider attached to the Conversion Policy will be subject to evidence of insurability. Any evidence of insurability required by us will be obtained at the Owner's expense.

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) By written notice; or
- d) 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



Felicia M. Lee
Secretary

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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.

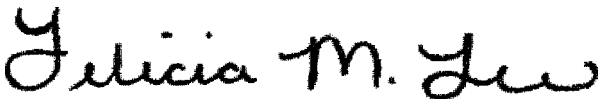
If the Death Benefit is adjusted according to the Policy provisions prior to paying the Proceeds to the Beneficiary, the amounts shown in the Death Benefit Payment Schedule will be adjusted pro-rata. Death Benefits payable from any rider attached to this policy will be added to the initial payment of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

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Felicia M. Lee
Secretary

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WAIVER OF SPECIFIED 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 the cost of insurance for this rider, shown as the Initial Monthly Charge 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.

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.

Specified Premium: Amount of Premium that will be credited to the Policy on the Monthly Anniversary while the Insured is Totally Disabled. The Specified Premium is shown on the Policy Schedule.

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, if the Insured has been Totally Disabled for 6 consecutive months and all conditions of this rider are met, we will credit the Specified Premium to the Policy each month.

Specified Premium will be credited for each Monthly Anniversary after the Insured becomes Totally Disabled, but no Specified Premium will be credited for any Monthly Anniversary that occurred more than one year before we receive Proof of Claim in good order.

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 Specified Premium that has been credited will not reduce the Policy proceeds.

The Specified Premium may or may not be sufficient to cover the full amount of Monthly Deductions under the terms of your policy. Additional premium payments may be required to keep the policy in force.

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 after 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

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 Specified Premium will be credited for any Monthly Anniversary that occurred 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 fail to provide proof of continued disability, the Waiver Benefit will end.

GENERAL PROVISIONS

Rider Cost: The monthly cost of this rider is shown on the Policy Schedule.

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.

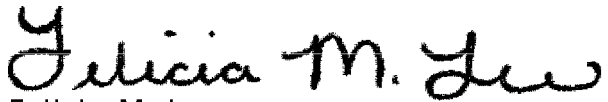
Changes in Coverage: While this rider is in force and after the first Policy Anniversary, you may make a written request to increase or decrease the Specified Premium. An increase is subject to a completed application and proof of insurability. Changes in coverage will become effective as of the Monthly Anniversary on or following the date we approve the request. A supplemental Policy Schedule or other acknowledgment that documents the change in coverage will be provided. Changes in Coverage may not be made during the Waiver Benefit period.

Termination: This rider will terminate:

- (1) At Age 65;
- (2) By written notice; or
- (3) 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



Felicia M. Lee
Secretary

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ARBITRATION ENDORSEMENT

The Company has issued this endorsement as a part of the Policy to which it is attached. The Policy is amended by adding the following:

ARBITRATION – THE PARTIES HEREBY ACKNOWLEDGE THAT THE PROVISION OF INSURANCE TAKES PLACE IN AND SUBSTANTIALLY AFFECTS INTERSTATE COMMERCE. THE FEDERAL ARBITRATION ACT PERMITS AND PROMOTES THE USE OF ARBITRATION AS A MEANS OF DISPUTE RESOLUTION IN MATTERS ARISING FROM INTERSTATE COMMERCE. THEREFORE, ANY CONTROVERSY, DISPUTE OR CLAIM BY ANY OWNER, INSURED OR BENEFICIARY, OR THEIR RESPECTIVE ASSIGNS (EACH REFERRED TO HEREIN AS "CLAIMANT"), ARISING OUT OF OR RELATING IN ANY WAY TO THIS POLICY, INCLUDING BUT NOT LIMITED TO THE SOLICITATION OR SALE OF THE POLICY, OR THE PAYMENT OR DENIAL OF ANY CLAIM FOR BENEFITS, SHALL BE SUBMITTED TO BINDING ARBITRATION PURSUANT TO THE PROVISIONS OF THE FEDERAL ARBITRATION ACT, 9 U.S.C. SECTION 1, ET SEQ. EXCEPT FOR THE "CONSOLIDATION OF ARBITRATION" PROVISION BELOW, THE ARBITRATION SHALL BE GOVERNED BY THE RULES AND PROVISIONS OF THE DISPUTE RESOLUTION PROGRAM OF THE AMERICAN ARBITRATION ASSOCIATION ("AAA"), IN EFFECT AT THE TIME THE CLAIM IS MADE. THE ARBITRATION PANEL SHALL CONSIST OF THREE (3) ARBITRATORS, ONE (1) SELECTED BY THE COMPANY, ONE (1) SELECTED BY THE CLAIMANT AND ONE (1) SELECTED BY THE ARBITRATORS THE PARTIES HAVE SELECTED. THE ARBITRATORS SHALL BE SELECTED PURSUANT TO THE AAA RULES GOVERNING THE ARBITRATION.

CONSOLIDATION OF ARBITRATION – IF ANY CLAIMANT, THE COMPANY OR ANY THIRD-PARTY HAVE ANY DISPUTE BETWEEN OR AMONG ANY OF THEM THAT IS SUBJECT TO ARBITRATION AND THAT IS DIRECTLY OR INDIRECTLY RELATED TO ANY DISPUTE GOVERNED BY THE "ARBITRATION" PROVISION ABOVE, THE CLAIMANT AND THE COMPANY CONSENT TO THE CONSOLIDATION OF THE ARBITRATION PROCEEDINGS. IF THE ARBITRATION AGREEMENT GOVERNING SUCH OTHER ARBITRATION PROCEEDING SELECTS THE FORUM AND RULES OF THE NATIONAL ASSOCIATION OF SECURITIES DEALERS, INC. OR THE NEW YORK STOCK EXCHANGE, INC., THE CLAIMANT AND THE COMPANY SHALL BE DEEMED TO HAVE CONSENTED TO THE JURISDICTION OF SUCH OTHER FORUM TO THE EXTENT ALLOWED BY LAW. IN SUCH CASE, THE PARTIES AGREE TO ABIDE BY THE RULES, PROVISIONS AND INTERPRETATIONS THEREOF, INCLUDING THOSE FOR SELECTION OF ARBITRATORS.

BINDING ARBITRATION – ALL PARTIES UNDERSTAND AND AGREE

- (a) THAT THE ARBITRATION SHALL BE BINDING UPON THE PARTIES; AND,**
- (b) THAT THE PARTIES ARE KNOWINGLY AND VOLUNTARILY WAIVING THEIR RIGHT TO SEEK REMEDIES IN COURT, INCLUDING THE RIGHT TO JURY TRIAL; AND,**
- (c) THAT AN ARBITRATION AWARD MAY ONLY BE REVIEWED AND/OR SET ASIDE IN ACCORDANCE WITH THE FEDERAL ARBITRATION ACT.**
- (d) THAT THE PARTIES AGREE TO COMMENCE ARBITRATION WITHIN THIRTY (30) DAYS FROM NOTICE OF INTENT TO INVOKE THE PROVISION.**
- (e) THE ARBITRATION PROCEEDINGS SHALL BE CONDUCTED IN THE COUNTY OF RESIDENCE OF THE POLICY APPLICANT/OWNER UNLESS ANOTHER LOCATION IS MUTUALLY AGREED UPON BY THE PARTIES.**

NO CLAIMANT WILL HAVE THE RIGHT TO PARTICIPATE IN A CLASS ACTION OR ANY OTHER COLLECTIVE OR REPRESENTATIVE PROCEEDING AGAINST THE COMPANY. ONLY A COURT, AND NOT ARBITRATORS, CAN DETERMINE THE VALIDITY OF THIS CLASS ACTION WAIVER.

JUDGMENT UPON THE AWARD RENDERED BY THE ARBITRATOR(S) MAY BE ENTERED IN ANY COURT HAVING JURISDICTION THEREOF.

COST OF ARBITRATION - THE COST OF ALL ARBITRATION PROCEEDINGS SHALL BE BORNE BY THE INSURER, WITH THE EXCEPTION OF THE COST OF REPRESENTATION OF THE POLICY APPLICANT / OWNER. SHOULD THE ARBITRATOR(S) FIND THAT THE DISPUTE IS WITHOUT SUBSTANTIAL JUSTIFICATION, THE ARBITRATOR(S) SHALL HAVE THE AUTHORITY TO ORDER THAT THE COST OF THE ARBITRATION PROCEEDINGS BE BORNE BY THE CLAIMANT.

SEVERABILITY - IF ANY PORTION OF THIS ARBITRATION PROVISION IS DEEMED INVALID OR UNENFORCEABLE, THE REMAINING PORTIONS OF THIS ARBITRATION PROVISION SHALL NEVERTHELESS REMAIN VALID AND IN FORCE. IN THE EVENT OF A CONFLICT OR INCONSISTENCY BETWEEN THIS ARBITRATION PROVISION AND THE OTHER PROVISIONS OF THIS AGREEMENT, THIS ARBITRATION PROVISION SHALL GOVERN.

Signed for the Company and made part of the Policy as of the Issue Date.

PROTECTIVE LIFE INSURANCE COMPANY

Felicia M. Lee

Felicia M. Lee
Secretary

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TERMINAL ILLNESS ACCELERATED DEATH BENEFIT ENDORSEMENT

Effective Date: SEPTEMBER 8, 2021 **Policy Number:** ST11210AL

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

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

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

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

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

DEFINITIONS

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

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

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

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

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

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

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

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

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

BENEFIT

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

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

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

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

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

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

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

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

IMPACT ON THE POLICY

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

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

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

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

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

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

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

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

CLAIMS

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

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

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

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

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

GENERAL PROVISIONS

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

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

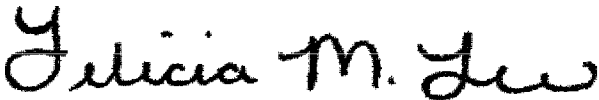
Suicide: The suicide exclusion provision of the Policy applies to this endorsement.

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

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

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

PROTECTIVE LIFE INSURANCE COMPANY



Felicia M. Lee
Secretary

PROTECTIVE LIFE INSURANCE COMPANY

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

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

INTERNAL REPLACEMENT OPTION ENDORSEMENT

Policy Number: ST11210AL

Latest Replacement Date: 09/08/2041

We have issued this endorsement as part of the Policy to which it is attached to add an internal replacement option to the Policy. All provisions not expressly modified by this endorsement remain in full force and effect.

Replacement Option: After the 1st Policy Anniversary and Prior to the Latest Replacement Date, shown above, you may surrender this base policy (the Original Policy) and replace it, without evidence of insurability, with a new policy of flexible premium adjustable life insurance, whole life or other similar plan of life insurance that we may designate (the "Replacement Policy"). We will always have at least one such policy available. We are not required to have more than one Replacement Policy available. The designation of any particular policy as a Replacement Policy will be effective only during the time when that policy remains so designated by the Company. You may not replace the policy if:

1. The attained Age of the insured is less than the minimum issue age for the Replacement Policy; or
2. The attained Age of the insured is greater than the maximum issue age for the Replacement Policy.

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

Surrender Charges: If the surrender charge for the first policy year of the Replacement Policy is greater than or equal to that of the Original Policy, the surrender charge on the Original Policy will be waived. In the event that the surrender charge for the first policy year of the Replacement Policy is less than that of the Original Policy, an adjusted surrender charge equal to the difference between the two will be applied to the Original Policy.

Repayment of Policy Debt: Policy Debt, if any, must be repaid in full prior to the surrender of the Original Policy.

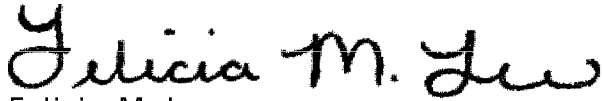
Additional Benefits: The issuance of any rider under the Replacement Policy will be at our discretion. Evidence of insurability, the intended use of the policy, and continued adequate insurable interest, in each case satisfactory to us, may be required to obtain any rider under the Replacement Policy. Any evidence of insurability required by us will be obtained at the Owner's expense.

Termination: This endorsement terminates on the Latest Replacement Date or when the Policy to which it is attached terminates.

Reinstatement: If the Policy to which this endorsement is attached is reinstated, according to the applicable Policy Provisions, prior to the Latest Replacement Date, this endorsement will also be reinstated.

Signed by the Company as of the Effective Date.

PROTECTIVE LIFE INSURANCE COMPANY

A handwritten signature in black ink that reads "Felicia M. Lee". The signature is written in a cursive, flowing style.

Felicia M. Lee
Secretary

SPECIMEN

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LAPSE PROTECTION ENDORSEMENT

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

Lapse Protection Guarantee: The Policy will not lapse as long as:

1. the Accumulated Net Payments Received, less any Policy Debt, is greater than or equal to the Accumulated Minimum Monthly Premiums; and
2. the Policy Debt does not exceed the Cash Value.

Accumulated Net Payments Received ("ANPR"): Accumulated Net Payments Received is calculated as of the last day of the Month. For each Month the ANPR is equal to:

1. the ANPR for the prior Month (\$0 for the first Month of the first Year); plus
2. the sum of all premiums received since the beginning of the Month; plus
3. the Lapse Protection Interest for the Month; less
4. the reduction in Policy Value for any Partial Surrenders taken since the beginning of the Month.

Lapse Protection Interest: Lapse Protection Interest is calculated as:

1. the lesser of the Accumulated Fund Threshold and the sum of 1 plus 2 of the ANPR provision, multiplied by the Threshold Accumulation Factor, shown on the Policy Schedule; plus
2. the amount of 1 plus 2 above in excess of the Accumulated Fund Threshold, multiplied by the Excess Accumulation Factor, shown on the Policy Schedule.

Accumulated Minimum Monthly Premiums ("AMMP"): The Accumulated Minimum Monthly Premiums each Month is equal to:

1. the AMMP as of the prior Month (\$0 for the first Month of the first Year) plus the Minimum Monthly Premium, shown on the Policy Schedule, for the Month; multiplied by
2. one plus the Threshold Accumulation Factor.

Accumulated Fund Threshold: For the first Month of a Year the Accumulated Fund Threshold is equal to:

1. the Accumulated Fund Threshold for the prior Month (\$0 for the first Month of the first Year) multiplied by one plus the Threshold Accumulation Factor; plus
2. the Threshold Premium Amount, shown on the Policy Schedule, for that Year.

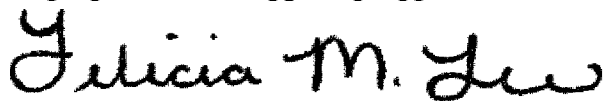
For all other Months, the Accumulated Fund Threshold is equal to the Accumulated Fund Threshold for the prior Month multiplied by the Threshold Accumulation Factor.

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

Reinstatement: If the Policy to which this endorsement is attached is reinstated according to the applicable Policy provisions, this endorsement will also be reinstated.

Signed for the Company as of the Policy Effective Date.

PROTECTIVE LIFE INSURANCE COMPANY

A handwritten signature in cursive script that reads "Felicia M. Lee".

Felicia M. Lee
Secretary

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FACE AMOUNT ADJUSTMENT ENDORSEMENT

The Company issues this endorsement as a part of the Policy to which it is attached. The endorsement modifies the Policy by replacing the "CHANGING THE POLICY" section. All Policy provisions not expressly modified by this endorsement remain in full force and effect.

The Policy is modified as follows:

The section titled "CHANGING THE POLICY" of the Policy is deleted in its entirety and replaced by the following:

FACE AMOUNT CHANGES

Elected Face Amount Changes: While this Policy is in force, after the first Policy Anniversary and prior to the Automatic Face Amount Decrease date shown on the Policy Schedule, you may make a written request to change the face amount. Any face amount change must be approved by us and is limited to the specifications of this section or as described elsewhere in this Policy.

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

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

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

An elected face amount decrease will not be approved if:

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

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

Automatic Face Amount Decrease: This Policy's face amount will automatically decrease beginning on the Automatic Face Amount Decrease Date shown on the Policy Schedule. The face amount that is effective on each Policy Anniversary is listed on the Policy Schedule.

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

Reinstatement: If the Policy to which this endorsement is attached is reinstated according to the applicable Policy provisions, this endorsement will also be reinstated.

Signed for the Company as of the Policy Effective Date.

PROTECTIVE LIFE INSURANCE COMPANY

Felicia M. Lee

Felicia M. Lee
Secretary

SPECIMEN

POLICY SCHEDULE – RATES, CHARGES, AND TABLES

POLICY NUMBER: ST11210AL

Guaranteed Interest Rate:	2.00%, annually
Premium Expense Charge:	25.00% of each premium payment
Monthly Expense Charge:	\$20.00 per \$1,000 of initial face amount
Administrative Charge:	\$5.50 per month
Partial Surrender Fee:	\$25.00
Projection Request Fee:	\$50.00
Policy Debt Limit	100% of Policy Value

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

AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE	AGE	RATE
18		39	\$.114	60	\$.395	81	\$4.122	102	\$33.067
19		40	.119	61	.434	82	4.661	103	34.888
20		41	.126	62	.483	83	5.288	104	36.638
21		42	.134	63	.537	84	6.016	105	38.280
22		43	.142	64	.598	85	6.862	106	39.786
23		44	.149	65	.663	86	7.841	107	41.943
24		45	.153	66	.734	87	8.968	108	44.218
25		46	.159	67	.810	88	10.242	109	46.616
26		47	.164	68	.894	89	11.624	110	49.143
27		48	.171	69	.989	90	13.098	111	51.808
28		49	.178	70	1.101	91	14.613	112	54.618
29		50	.188	71	1.233	92	16.127	113	57.580
30		51	.202	72	1.392	93	17.624	114	60.703
31		52	.219	73	1.576	94	19.030	115	63.995
32		53	.240	74	1.786	95	20.283	116	67.465
33		54	.262	75	2.020	96	21.869	117	71.123
34		55	.283	76	2.277	97	23.558	118	74.981
35	\$.075	56	.303	77	2.559	98	25.393	119	79.047
36	.088	57	.323	78	2.872	99	27.333	120	83.333
37	.098	58	.343	79	3.228	100	29.341	121 +	00.000
38	.108	59	.366	80	3.640	101	31.206		

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

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

POLICY NUMBER: ST11210AL

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

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

MINIMUM DEATH BENEFIT FACTOR ("MDBF")

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

Age	MDBF	Age	MDBF	Age	MDBF	Age	MDBF
35	123.299%	51	245.570%	67	941.493%	84	1086.937%
36	121.101%	52	260.883%	68	1012.465%	85	1076.549%
37	118.937%	53	282.064%	69	1083.078%	86	1066.852%
38	116.794%	54	304.238%	70	1170.704%	87	1057.874%
39	114.670%	55	329.042%	71	1267.574%	88	1049.647%
40	112.549%	56	357.440%	72	1260.871%	89	1042.177%
41	109.257%	57	387.044%	73	1242.784%	90	1035.410%
42	106.013%	58	416.152%	74	1225.391%	91	1029.270%
43	102.819%	59	448.471%	75	1208.703%	92	1023.621%
44	99.674%	60	501.057%	76	1192.701%	93	1018.277%
45	153.306%	61	548.280%	77	1177.352%	94	1013.009%
46	168.305%	62	607.079%	78	1162.620%	95	1007.466%
47	185.973%	63	671.944%	79	1148.477%	96	1001.140%
48	202.366%	64	738.660%	80	1134.923%	97	993.724%
49	218.156%	65	807.136%	81	1121.977%	98	984.448%
50	230.902%	66	874.896%	82	1109.676%	99	972.065%
				83	1097.986%	100+	0.000%

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

POLICY NUMBER: ST11210AL

LAPSE PROTECTION

TABLE OF MINIMUM MONTHLY PREMIUMS

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

POLICY YEAR	MINIMUM MONTHLY PREMIUM	POLICY YEAR	MINIMUM MONTHLY PREMIUM	POLICY YEAR	MINIMUM MONTHLY PREMIUM
1	\$84.31	30	\$45.63	59	\$240.94
2	84.31	31	31.86	60	257.39
3	84.31	32	31.86	61	274.55
4	84.31	33	31.86	62	291.50
5	84.31	34	31.86	63	309.58
6	41.88	35	31.86	64	328.87
7	43.39	36	31.86	65	349.46
8	44.90	37	31.86	66	371.48
9	46.62	38	35.10	67	388.95
10	48.67	39	38.79	68	407.57
11	42.27	40	42.70	69	427.38
12	42.27	41	46.94	70	448.46
13	42.27	42	51.35	71	470.57
14	42.27	43	56.45	72	494.08
15	42.27	44	62.40	73	519.07
16	42.27	45	69.23	74	545.64
17	42.83	46	76.64	75	573.85
18	42.83	47	85.04	76	603.81
19	43.39	48	93.71	77	635.62
20	43.39	49	102.97	78	669.38
21	43.39	50	113.20	79	705.24
22	43.95	51	124.54	80	743.27
23	43.95	52	137.08	81	783.63
24	44.51	53	150.66	82	826.45
25	44.51	54	165.10	83	861.09
26	44.51	55	180.21	84	861.09
27	45.07	56	195.85	85	861.09
28	45.07	57	210.32	86	861.09
29	45.63	58	225.28	87+	0.00

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POLICY SCHEDULE – RATES, CHARGES, AND TABLES (continued)**POLICY NUMBER: ST11210AL****LAPSE PROTECTION****TABLE OF ANNUAL THRESHOLD PREMIUMS**

POLICY YEAR	ANNUAL THRESHOLD PREMIUM	POLICY YEAR	ANNUAL THRESHOLD PREMIUM
1	\$1,003.98	44	\$726.98
2	1,003.98	45	806.48
3	1,003.98	46	892.75
4	1,003.98	47	990.43
5	1,003.98	48	1,091.32
6	492.74	49	1,199.11
7	492.74	50	1,318.06
8	492.74	51	1,450.08
9	492.74	52	1,596.01
10	492.74	53	1,753.94
11	492.74	54	1,921.97
12	492.74	55	2,097.85
13	492.74	56	2,279.78
14	492.74	57	2,448.17
15	492.74	58	2,622.26
16	492.74	59	2,804.43
17	499.26	60	2,995.87
18	499.26	61	3,195.52
19	505.78	62	3,392.78
20	505.78	63	3,603.12
21	505.78	64	3,827.59
22	512.29	65	4,067.16
23	512.29	66	4,323.37
24	518.81	67	4,526.69
25	518.81	68	4,743.33
26	518.81	69	4,973.86
27	525.32	70	5,219.14
28	525.32	71	5,476.41
29	531.84	72	5,749.97
30	531.84	73	6,040.75
31	371.61	74	6,349.84
32	371.61	75	6,678.18
33	371.61	76	7,026.72
34	371.61	77	7,396.89
35	371.61	78	7,789.75
36	371.61	79	8,206.98
37	371.61	80	8,649.51
38	409.34	81	9,119.15
39	452.35	82	9,617.30
40	497.75	83	10,020.39
41	547.18	84	10,020.39
42	598.40	85	10,020.39
43	657.82	86	10,020.39
		87+	0.00

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

POLICY NUMBER: ST11210AL

LAPSE PROTECTION

TABLE OF ACCUMULATION FACTORS

Threshold Accumulation Factor ("TAF") and Excess Accumulation Factor ("EAF")

POLICY YEAR	TAF	EAF	POLICY YEAR	TAF	EAF
1	.00565415	.00062286	44	.00565415	.00062286
2	.00565415	.00062286	45	.00565415	.00062286
3	.00565415	.00062286	46	.00565415	.00062286
4	.00565415	.00062286	47	.00565415	.00062286
5	.00565415	.00062286	48	.00565415	.00062286
6	.00565415	.00062286	49	.00565415	.00062286
7	.00565415	.00062286	50	.00565415	.00062286
8	.00565415	.00062286	51	.00565415	.00062286
9	.00565415	.00062286	52	.00565415	.00062286
10	.00565415	.00062286	53	.00565415	.00062286
11	.00565415	.00062286	54	.00565415	.00062286
12	.00565415	.00062286	55	.00565415	.00062286
13	.00565415	.00062286	56	.00565415	.00062286
14	.00565415	.00062286	57	.00565415	.00062286
15	.00565415	.00062286	58	.00565415	.00062286
16	.00565415	.00062286	59	.00565415	.00062286
17	.00565415	.00062286	60	.00565415	.00062286
18	.00565415	.00062286	61	.00565415	.00062286
19	.00565415	.00062286	62	.00565415	.00062286
20	.00565415	.00062286	63	.00565415	.00062286
21	.00565415	.00062286	64	.00565415	.00062286
22	.00565415	.00062286	65	.00565415	.00062286
23	.00565415	.00062286	66	.00565415	.00062286
24	.00565415	.00062286	67	.00565415	.00062286
25	.00565415	.00062286	68	.00565415	.00062286
26	.00565415	.00062286	69	.00565415	.00062286
27	.00565415	.00062286	70	.00565415	.00062286
28	.00565415	.00062286	71	.00565415	.00062286
29	.00565415	.00062286	72	.00565415	.00062286
30	.00565415	.00062286	73	.00565415	.00062286
31	.00565415	.00062286	74	.00565415	.00062286
32	.00565415	.00062286	75	.00565415	.00062286
33	.00565415	.00062286	76	.00565415	.00062286
34	.00565415	.00062286	77	.00565415	.00062286
35	.00565415	.00062286	78	.00565415	.00062286
36	.00565415	.00062286	79	.00565415	.00062286
37	.00565415	.00062286	80	.00565415	.00062286
38	.00565415	.00062286	81	.00565415	.00062286
39	.00565415	.00062286	82	.00565415	.00062286
40	.00565415	.00062286	83	.00565415	.00062286
41	.00565415	.00062286	84	.00565415	.00062286
42	.00565415	.00062286	85	.00565415	.00062286
43	.00565415	.00062286	86	.00565415	.00062286
			87+	0.00	0.00

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SUPPLEMENTAL POLICY SCHEDULE

POLICY NUMBER: ST11210AL

WAIVER OF SPECIFIED PREMIUM RIDER COST OF INSURANCE RATE TABLE
Monthly Rate per \$1.00 of Specified Premium Amount

POLICY YEAR	AGE	MONTHLY RATE
1	35	.0368
2	36	.0368
3	37	.0368
4	38	.0368
5	39	.0368
6	40	.0368
7	41	.0368
8	42	.0368
9	43	.0368
10	44	.0368
11	45	.0368
12	46	.0368
13	47	.0368
14	48	.0368
15	49	.0368
16	50	.0368
17	51	.0368
18	52	.0368
19	53	.0368
20	54	.0368
21	55	.0368
22	56	.0368
23	57	.0368
24	58	.0368
25	59	.0368
26	60	.0368
27	61	.0368
28	62	.0368
29	63	.0368
30	64	.0368

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POLICY SCHEDULE (continued)

POLICY NUMBER: ST11210AL

RATING INFORMATION

THE FOLLOWING INCREASES TO THE RATES AND CHARGES SHOWN ON THE POLICY SCHEDULE ARE DUE TO THE RATE CLASS SHOWN ON YOUR POLICY SCHEDULE - GENERAL INFORMATION. THESE INCREASES ARE NOT INCLUDED IN THE CORRESPONDING RATES AND CHARGES PRINTED ON THE POLICY SCHEDULE, BUT THEY ARE INCLUDED IN THE PLANNED PREMIUMS SHOWN IN THE TABLE OF PLANNED PREMIUMS AND FACE AMOUNTS.

THE POLICY MAXIMUM MONTHLY COST OF INSURANCE RATES:

- * ARE INCREASED BY AN ADDITIONAL MULTIPLE OF 25.00%.
- * ARE INCREASED BY AN ADDITIONAL MONTHLY COST OF \$0.584 PER \$1,000 OF FACE AMOUNT FOR THE FIRST 5 YEARS AND \$0.167 PER \$1,000 OF FACE AMOUNT THEREAFTER. THESE INCREASES ARE NOT INCLUDED IN THE RATES PRINTED ON THE POLICY SCHEDULE BUT ARE INCLUDED IN THE PLANNED PREMIUMS SHOWN ON THE TABLE OF PLANNED PREMIUMS AND FACE AMOUNTS.

THE MINIMUM MONTHLY PREMIUM:

- * IS INCREASED BY AN ADDITIONAL MULTIPLE OF 25.00%.
- * IS INCREASED BY AN ADDITIONAL MONTHLY COST OF \$0.584 PER \$1,000 OF FACE AMOUNT FOR THE FIRST 5 YEARS AND \$0.167 PER \$1,000 OF FACE AMOUNT THEREAFTER. THIS INCREASE IS REFLECTED IN THE AMOUNTS PRINTED ON THE POLICY SCHEDULE.

THE THRESHOLD PREMIUM:

- * IS INCREASED BY AN ADDITIONAL MULTIPLE OF 25.00%.
- * IS INCREASED BY AN ADDITIONAL MONTHLY COST OF \$0.584 PER \$1,000 OF FACE AMOUNT FOR THE FIRST 5 YEARS AND \$0.167 PER \$1,000 OF FACE AMOUNT THEREAFTER. THIS INCREASE IS REFLECTED IN THE AMOUNTS PRINTED ON THE POLICY SCHEDULE.

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FLEXIBLE PREMIUM UNIVERSAL LIFE INSURANCE POLICY

NON-PARTICIPATING - DOES NOT PAY DIVIDENDS

Indeterminate benefit, values, premiums and coverage duration

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