



allstate.protective.com

Allstate Internal Wholesaling: 800.856.0934

We are pleased to offer this **Getting Started Guide**. It outlines some of the key information you'll need as an Allstate agent to begin using the **Protective ProSaver Secure II** fixed annuity to help grow your customer portfolio.



Business Process

Getting Started

**allstate.protective.com or
Allstate Internal Wholesaling 800.856.0934**

Marketing materials
Interest rates
Applications
Product details
Illustrations

Writing Business

1. Complete New Business Application & Suitability Form
2. Use Allstate agent number on the Application! Don't forget your partner for shared business!
3. For shared business, be sure to indicate the standard 85/15 percentage.
4. For split business, be sure to indicate percentages using whole numbers (e.g., 90/10)
5. Mail Application and Suitability Form to:

Overnight New Business:

Protective Life Insurance Company
2801 Highway 280 South
ATTN: Annuity New Business 3-1 IPD
Birmingham, AL 35223

New Business Postal Mail:

Protective Life Insurance company
P.O. Box 10648
Birmingham, AL 35202-0648

In-Force Service Postal Mail:

Protective Life Insurance company
P.O. Box 1928
Birmingham, AL 35282-8238

Getting Appointed with Protective Life

Protective Life will utilize *Just in Time* to conduct the appointment process at the time your first application is submitted. You must be sure to include your Allstate agent number on the application.

New Business Processing

Suitability review is completed by Protective Life.
If policy is funded by a Transfer/1035 exchange, commissions are advanced for 90 days.

Contract Delivery

Contract is delivered to writing agent.

Commissions Paid

Commissions are sent to Allstate from Protective Life.
Allstate will pay producers.

ProSaver Secure II

About the Protective ProSaver Secure II fixed annuity.

The *Protective ProSaver Secure II* fixed annuity is designed specifically to help your customers more effectively prepare for and experience retirement. It may be the right investment, if they want to benefit from the features of the annuity and desire principal protection with flexible and regular access to their money.

Product Highlights.

Availability	Ages 0 – 85 (Non-Qualified contracts) Ages 18 – 85 (Qualified contracts) <i>(Guaranteed periods may not extend beyond any owner or annuitant's 96th birthday)</i>								
Purchase Payments	Minimum Initial: \$2,000 Minimum Additional: \$50 (within first 12 months) Maximum: \$1 million (higher amounts may be accepted with prior company approval)								
Return of Premium	Upon full surrender (prior to annuitization), 100% of the purchase payments will be returned, less any prior withdrawals or premium taxes as applicable.								
Bail Out Protection	For deposits allocated to any guaranteed period, if the renewal interest rate is more than 0.50% below the initial base interest rate, the contract owner has the option to surrender the contract without incurring surrender charges. After receiving notification of the rate change, the owner has 45 days from the prior interest rate guaranteed expiration to notify Protective Life of their wish to surrender the contract.								
Penalty-Free Withdrawals	Contract owners may withdraw up to 15% of the contract value per contract year without application of surrender charges. Any portion not used in a given contract year cannot be carried over to the next year. Automatic withdrawals can begin at purchase or at a later date (\$100 minimum) on a monthly, quarterly, semi-annual or annual basis. Withdrawals of earnings will be subject to income tax and may be subject to a 10% IRS penalty tax, if taken prior to age 59 ½. Under current tax law, any withdrawal from the contract will be deemed earnings until all earnings attributable to the entire contract value are withdrawn. Only then will a withdrawal reduce principal.								
Surrender Charge Schedule	The surrender charge is equal to a declining percentage applied to the amount of each full or partial surrender less any penalty-free amount available. <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Year 1 – 8.0%</td> <td style="width: 25%;">Year 3 – 7.0%</td> <td style="width: 25%;">Year 5 – 5.5%</td> <td style="width: 25%;">Year 7 – 3.0%</td> </tr> <tr> <td>Year 2 – 8.0%</td> <td>Year 4 – 6.5%</td> <td>Year 6 – 4.5%</td> <td></td> </tr> </table>	Year 1 – 8.0%	Year 3 – 7.0%	Year 5 – 5.5%	Year 7 – 3.0%	Year 2 – 8.0%	Year 4 – 6.5%	Year 6 – 4.5%	
Year 1 – 8.0%	Year 3 – 7.0%	Year 5 – 5.5%	Year 7 – 3.0%						
Year 2 – 8.0%	Year 4 – 6.5%	Year 6 – 4.5%							
Nursing Home/ Terminal Illness/ Unemployment Waivers	Withdrawals from the contract may be taken without the application of surrender charges if the owner or the owner's spouse falls into one of the following categories: <ul style="list-style-type: none"> • Confined to a qualified healthcare facility for 30 consecutive days or longer following the issue of a contract • Diagnosed with a terminal illness by an approved physician • Unemployed and meets the following qualifications: <ol style="list-style-type: none"> 1. Must have been employed full time on the contract issue date 2. Must be unemployed for a period of at least 60 consecutive calendar days prior to claiming the waiver of withdrawal charge 3. Must be unemployed on the date the full surrender or partial withdrawal is requested. 								

This brochure is intended only to highlight specific features of the Protective ProSaver Secure II fixed annuity. See the disclosure statement, contract, and any attached riders and endorsements for additional information.

Discover Protective Life. Experience the difference.

Protective Life was founded over 100 years ago in Birmingham, Alabama, and has grown and prospered through six generations of management. Guided by our three founding principles and values, quality, serving people and growth, we are now a leading nationwide competitor for life insurance and annuities. Our reputation earned in the industry is for securing lives with innovatively designed, value-added and competitively priced products.

At Protective Life, we take comfort in our strengths. Competitive products and efficient operational platforms better position us for the future; furthermore, we rely on more than a century's worth of experience to fulfill the obligations and uphold the promises made to our customers. Our mission and values are summed up by our firm belief that *Doing the right thing is smart business.*[®]

Doing business with Protective Life.

Interest rates.

Interest rates are set every two weeks. Depending on market conditions, rates may be set more frequently. Changes will be emailed to you.

Interest rate procedures.

Funded Paper Application (cash submitted with application)

- *If the application and premium is received* within 8 business days of the application sign date, the premium will be credited the interest rate in effect as of the application sign date.*
- *If application or premium is not received* within 8 business days of the application sign date, the premium will be credited the current interest rate.*

Additional Premium (cash submitted after contract effective date)

- *It will be credited the interest rate as of the date the additional premium is received.**

Unfunded Application (transfer/exchange paperwork submitted with application)

- *The customer must elect to lock in the interest rate. If not, the premium is credited the interest rate in effect as of the date it is received.**
- *The customer can add or remove the interest rate lock ONE TIME before the premium is received. Form LAD-1152 (Rate Lock Request Form) is used to add or remove a rate lock after new business has been submitted and can be accepted by fax to 205-268-6479.*
- *The interest rate lock period for a transfer/exchange is 60 calendar days.*
- *If application and transfer/exchange paperwork is received* within 8 business days of the application sign date, the rate lock period will begin from the application sign date. (For NY the rate lock is 60 days from the authorization to disclose sign date).*
- *If application and transfer/exchange paperwork is not received within 8 business days of the application sign date, the rate lock period will start from the paperwork received date*.*
- *Additional transfer/exchange paperwork that is not received within 8 business days of the application sign /submit date will have its own rate lock period. The period will start from when that paperwork is received*, if the rate lock is elected.*

- If the requested premium is received* within the interest rate lock period, it is credited the interest rate in effect at the start of the interest rate lock period. If not, the premium is credited the interest rate in effect as of the date it is received.*

Additional Transfer/Exchange (paperwork submitted after contract has been issued)

- The customer must elect to lock in the rate. If the customer chooses not to lock in the rate, the premium will be credited the interest rate as of the premium received date*.
- The customer has a ONE TIME option to add or remove the rate lock.
- The rate lock period for additional transfer/exchange is 60 calendar days from the paperwork received date*.
- Additional transfer/exchange paperwork received* will start a new rate lock period, regardless if application or other transfer paperwork was received within 60 calendar days.
- If requested funds are received* within the rate lock period, the funds will be credited the interest rate in effect at the start of the rate lock period.
- If requested funds are not received* within the rate lock period, the funds will be credited the interest rate in effect as of the premium received date*.

Agent Initiated Transfer

- If the customer elects the interest rate lock, it will be honored on any transfers initiated by the agent, including funds from a CD or brokerage account.
- Protective Life must receive the following:
 - ✓ application
 - ✓ copy of the transfer paperwork
 - ✓ supporting paperwork being sent to the transferring carrier
 - ✓ letter of instruction

* The date Protective Life receives the paperwork.

Illustrations.

Illustrations are run via the Protective Life Electronic Illustration System (ELI), available at allstate.protective.com. Simply click the *Illustrations* link within the left pane.

<<Click here for Sample Screen Shot>>

Application.

Downloadable applications are available at allstate.protective.com. **Be sure to include your Allstate agent number on the application.** For shared business, indicate the standard 85/15 percentages. For split business, indicate the percentages using **whole numbers only** (e.g., 90/10).

Sample application. <<Click here for application instructions.>>

Application for FIXED DEFERRED ANNUITY

Protective Life Insurance Company – Home Office – Nashville, Tennessee
 Administrative Office – 1707 N. Randall Road, Elgin, Illinois 60123-9409

For Arizona Applicants: We will provide you reasonable factual information about benefits and provisions of the contract within a reasonable time after we receive your written request. You may return the contract to us or the agent through whom it was purchased any time within 10 days of your receipt of the contract or within 30 days if the contract is issued in replacement of an existing contract, or if you are 65 years of age or older on the date of application. All monies paid will then be refunded to you.

Contract # _____

PRIMARY OWNER:
 NAME: John Smith DAY PHONE: (555) 555-5555
 ADDRESS: 600 Vine Street CITY: Cincinnati STATE: Ohio ZIP: 45202
 SSN/Tax ID: 123-45-6789 DOB: 9/22/1950 AGE: 60 SEX: M F
 CITIZENSHIP: U.S.; Resident Alien (_____) Country _____; Non-Resident Alien (_____) Country _____

JOINT OWNER: (Where Applicable)
 NAME: _____ DAY PHONE: (_____) _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 SSN/Tax ID: _____ DOB: _____ AGE: _____ SEX: M F
 CITIZENSHIP: U.S.; Resident Alien (_____) Country _____; Non-Resident Alien (_____) Country _____

ANNUITANT: (If different from Primary Owner) (Must be a natural person)
 NAME: _____ DAY PHONE: (_____) _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 SSN/Tax ID: _____ DOB: _____ AGE: _____ SEX: M F
 CITIZENSHIP: U.S.; Resident Alien (_____) Country _____; Non-Resident Alien (_____) Country _____

BENEFICIARY DESIGNATION (If there is no surviving Owner): PERCENTAGE: 700%
 PRIMARY CONTINGENT: Jane Smith SSN/Tax ID: 123-45-6788
 RELATIONSHIP (to Owner): Spouse Nonspouse DOB/Trust date: 7/14/1950 PERCENTAGE: 50%
 PRIMARY CONTINGENT: Joe Smith SSN/Tax ID: 555-55-5555
 RELATIONSHIP (to Owner): Spouse Nonspouse DOB/Trust date: 1/1/1975
 ADDITIONAL BENEFICIARIES – Use 'REMARKS' section, below.

INITIAL PURCHASE PAYMENT (check payable to Protective Life Insurance Company): \$100,000 (minimum \$2,000)
 WITH FUNDS FUNDS WILL FOLLOW

INTEREST RATE PERIOD: Please designate only one period.
 1 Year Interest Rate Period 2 Year Interest Rate Period
 4 Year Interest Rate Period 6 Year Interest Rate Period

TAX QUALIFIED STATUS:
 Non-Qualified 1035 Exchange
 ROTH IRA (Conversion Year _____, if applicable)
 Traditional IRA Other - CONTRIBUTION FOR TAX YEAR _____
 \$ _____ TRUSTEE TRANSFER _____
 \$ 100,000 ROLLOVER FROM 401(k)

REMARKS:
Contingent Beneficiary - Jimmy Smith, 50%, non-spouse, SSN 666-55-4444, DOB 1/1/1975
Commissions - agent Robert Jones 12345670 70%, agent David Smith 98765430 30%

An annuity contract is not a deposit or obligation of, or guaranteed by any bank or financial institution. It is not insured by the Federal Deposit Insurance Corporation or any other government agency.

Original - Representative First Copy - Owner
 Protective ProSaver Secure II Fixed Annuity AS 10/10

P-1405

OWNER SIGNATURE _____ STATE IL DATE 9/22/10
 JOINT OWNER SIGNATURE (if applicable) _____
 ANNUITANT SIGNATURE (if other than Owner) _____

Federal law requires the following notice: We may request or obtain additional information to establish or verify your identity.

SELLING AGENT REPORT:
 Does the applicant have any existing annuity contracts or life insurance policies? NO YES
 If Yes, Company Name: _____
 To the best of your knowledge, will any existing annuity contract or life insurance policy be replaced or will values from another annuity contract or life insurance policy (through loans, surrenders, or otherwise) be used to make purchase payments for the contract applied for? NO YES
 Type of unexpired government-issued photo I.D. used to verify the applicant's identity? IL D.L. # 12345
 I certify that the information provided by the owner has been accurately recorded; no written sales materials other than those approved by the Company were used; and I have reasonable grounds to believe the purchase of the contract applied for is suitable for the owner.

AGENT SIGNATURE Valued Agent AGENT NAME PRINTED _____
Altorace AGENT TELEPHONE NUMBER 555-555-5555 DATE 9/22/10
 AGENCY NAME _____ FLORIDA LICENSE# (FLORIDA CONTRACTS ONLY) 012345A10 AGENT STANDARD ID# _____
 P-1405 Protective ProSaver Secure II Fixed Annuity AS 10/10

Louisiana, Maine, New Mexico, Ohio, Pennsylvania, Rhode Island and Tennessee and with intent to defraud any insurance company or other person, files an application for any materially false information, or conceals for the purpose of misleading, information fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. Knowingly provide false, incomplete or misleading facts or information to an insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading information for the purpose of defrauding or attempting to defraud the policy agencies. Award payable from insurance proceeds shall be reported to the Colorado Division of Insurance. **NO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO A THIRD DEGREE.** Knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit in an application for insurance is guilty of a crime and may be subject to fines and imprisonment. An application or files a claim with intent to defraud or helps commit a fraud in another jurisdiction, is guilty of a crime. Knowingly and willfully presents any false or misleading information on an application for an insurance policy is a crime. Knowingly, and with intent to injure, defraud or deceive any insurer, makes any false, incomplete or misleading information is guilty of a felony. Knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding or attempting to defraud the policy agencies, is a crime and subjects such person to criminal and civil penalties. Imprisonment, fines, and denial of insurance benefits.

Insurance policies? NO YES
 Policy be replaced or will values from another annuity contract or life insurance policy (through loans, surrenders, or otherwise) be used to make purchase payments for the contract applied for? NO YES
 AGENCY - NO BANK GUARANTEE - NOT A DEPOSIT
 Annuity contract. I/We have read, agree to and affirm the terms and conditions of the contract and correct to the best of my/our knowledge and belief. The agent's representations, not warranties. The Company may accept instructions.

Suitability form.

Downloadable suitability forms are available at allstate.protective.com. Suitability reviews will be performed by Protective Life.

Sample suitability form. <<Click here for form instructions.>>

A Tax-Deferred Annuity Issued by Protective Life Insurance Company
Post Office Box 10648, Birmingham, AL 35202-0648
Toll Free: 800-456-6330; Fax: 205-268-3151

Protective Life Insurance Company

SUITABILITY FOR FIXED ANNUITIES

Completion of this form is an essential part of the application process. It helps your agent assess your insurance needs and financial objectives and confirms that your annuity purchase suits your situation.

OWNER/JOINT OWNER INFORMATION:

1. Owner's Name: John Smith 2. Owner's SSN/TIN: 123-45-6789
3. Owner's Date of Birth: 9/22/1950 4. Owner's Gender: Male Female
5. Joint Owner's Name: _____ 6. Joint Owner's SSN/TIN: _____
7. Joint Owner's Date of Birth: _____ 8. Joint Owner's Gender: Male Female

ACCOUNT/FINANCIAL PROFILE: (For Joint Accounts, information may be combined.)

9. Approximate Annual Gross Income: a. 0 - \$10k b. \$10k - \$25k c. \$25k - \$50k d. \$50k - \$100k e. \$100k +

10. Marginal Federal Income Tax Bracket: 0% 10% 15% 25% 28% 33% 35% Other: _____%

11. Source of Income: (Check all that apply.)
 Employment Investments/Savings Social Security Retirement Plans Other: _____

12. Estimated Net Worth (Exclude primary residence, automobile(s), and furnishings.): \$500,000

13. Financial Objectives: (Check all that apply.)
 Income Growth Tax Deferral/Savings/Planning Guarantee Against Loss of Principal
 Guaranteed Death Benefit Liquidity Pass Assets on to Beneficiaries Other: _____

14. Product Time Horizon:
Do you believe you need income from this annuity product greater than the amounts that can be accessed without penalty or surrender charge? Yes No

15. How do you expect to withdraw funds from this annuity product?
 Specific Dollar Amount \$ _____ Penalty Free Withdrawal Annuitization
 Interest Only N/A (Income Deferred) Other: _____

16. Which of the following products do you currently own or have you previously owned? (Check all that apply.)
 Stocks Bonds Mutual Funds Options Partnerships Fixed Annuities
 Variable Annuities Life Insurance Certificates of Deposit Other: _____

EXISTING ACCOUNT INFORMATION:

17. What is the source for this annuity's premium? (Check all that apply.)
 Checking/Savings Account Annuity Proceeds Life Insurance Proceeds Certificates of Deposit
 Other Investments Other: _____

18. Do you have sufficient sources of cash, other income, or liquid assets, other than the amount paid for this annuity or expected income from this annuity, available for living expenses and emergencies? Yes No

19. If you are using an existing life insurance policy or annuity contract to fund this new policy, how long has the existing policy or contract been in force?
 1 - 3 Years 4 - 6 Years 7 - 9 Years 10 - 12 Years 13 or more Years

20. Are there any settlement fees, surrender charges or penalties of any kind associated with any of the source(s) of the new annuity's premium? Yes No If Yes, how much? _____

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Suitability - PLICO 1/08

I have provided above is true and complete to the best of my knowledge. The product I am applying for is a long term contract with substantial penalties if I cancel the product specific Disclosure Statement with my sales representative, and I have determined that the product meets my insurance needs and/or financial objectives. I have provided a copy of this form to the issuing insurance company if requested.
Date: 9/22/10

I have made a reasonable effort to obtain information from the Owner concerning the product specific Disclosure Statement and other information considered reasonable. It is my belief that the product meets the Owner's insurance needs and/or financial objectives. I have provided a copy of this form to the issuing insurance company if requested.
Date: 9/22/10

OR

I request to the insurer or insurance commissioner, records of the product specific Disclosure Statement be used as the basis for this insurance recommendation for as long as applicable law after the insurer completes the recommendation.
Date: 9/22/10

A fixed annuity is a long-term investment and that withdrawals are not permitted in this form.
Date: _____
Date: _____

Sales Representative's Confirmation:
I acknowledge that I have made a reasonable effort to obtain information requested in this form from the Owner. The owner has requested to proceed with this transaction without providing the information requested.
Signature of Sales Representative: _____
Date: _____

ONLY APPLICABLE FOR INDEXED ANNUITIES
Applicant's Instructions for Multiple Payment Sources
If Protective Life will receive your initial purchase payment from multiple sources at different times, you must instruct us when to issue your contract by checking one of the following choices. (IL residents must select the first option.)
 Issue my contract only when you have received the entire amount of the initial purchase payment from all sources. I understand that you will not credit interest for any time before the contract is issued.
 Issue my contract as soon as you receive the minimum initial purchase payment amount. I understand that all subsequent amounts will be allocated to the Fixed Account (or the Accumulation Account in certain states) and may not be reallocated until the next contract anniversary.
 Contact my sales agent for instructions when any portion of the initial purchase payment is received.
Applicant's Signature _____ Date _____
Joint Applicant's Signature _____ Date _____

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Suitability - PLICO 1/08

Submitting applications and suitability forms.

Overnight address for annuity new business:

Protective Life Insurance Company
2801 Highway 280 South
Attn: Annuity New Business 3-1 IPD
Birmingham, AL 35223

New Business Postal Mail:

Protective Life Insurance Company
P.O. Box 10648
Birmingham, AL 35202-0648

In-Force Service Postal Mail:

Protective Life Insurance Company
P.O. Box 1928
Birmingham, AL 35282-8238

FAX for new/pending business forms: 205-268-3151

FAX for in-force/issued contracts: 205-268-6479

Appointments.

Protective Life will utilize *Just in Time* to conduct the appointment process at the time your first application is submitted. **You must be sure to include your Allstate agent number on the application.**

Contract delivery.

The contract will be delivered to the Allstate agent to give to customers.

Commissions.

Commissions will be sent from Protective Life to Allstate to give to producers.

Support.

Customer Service.

Monday through Friday: 8:00am – 7:00pm E.T.
Phone: 800.456.6330
Email: annuity.service@protective.com
New Business FAX: 205.268.3151
Administration FAX: 205.268.6479

Interactive Voice Response (IVR).

Customers may also access the IVR system for assistance with:

- ✓ Unit values
- ✓ Account values and surrender values
- ✓ Investment option values
- ✓ Interest rate information

24 hours/day, 7 days/week

Phone: 800.621.5001

allstate.protective.com

Access information and manage client contracts.

- ✓ Status reports for pending annuity §1035 exchanges
- ✓ Downloadable forms and applications
- ✓ Hypothetical illustration software and financial calculators
- ✓ Product information
- ✓ Marketing materials

Once again, **we welcome you**. If you have any additional questions about **experiencing the Protective Life difference**, contact us today.

allstate.protective.com

Allstate Internal Wholesaling: 800.856.0934

Protective Life refers to Protective Life Insurance Company (PLICO) and its affiliates, including Protective Life & Annuity Insurance Company (PLAICO). Insurance products are issued by PLICO in all states except New York and in New York by PLAICO. Both companies are located in Birmingham, AL. Product availability and features may vary by state. Each company is solely responsible for the financial obligations accruing under the products it issues. Product guarantees are backed by the financial strength and claims-paying ability of the issuing company.

The *Protective ProSaver Secure II* fixed annuity is a fixed, limited flexible-premium deferred annuity contract, issued under policy form series P-3270. In NY, under policy form series A-3270. The contract is not available in all states. Limits may apply. Forms vary by state.

