



# Doing Business With Protective in New York

NYAG.3256674.11.21

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# Agenda

1. **About Protective Life**
2. **Protective® Classic Choice Term in New York**
3. **Applications and Operations**
4. **Underwriting Highlights**
5. **Questions and Answers**

To understand our product,  
it's best to know who  
we are.



# Because we're all protectors

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**We make promises carefully  
and deliver**



**No surprises,  
no disappointments**



**We do the right thing**



# Protective Highlights



**11.7M<sup>1</sup>**

Policies and contracts  
in force



**\$991B<sup>1</sup>**

Life insurance  
in force



**\$127B<sup>1</sup>**

Total assets



**3,275<sup>1</sup>**

Employees across  
the U.S.



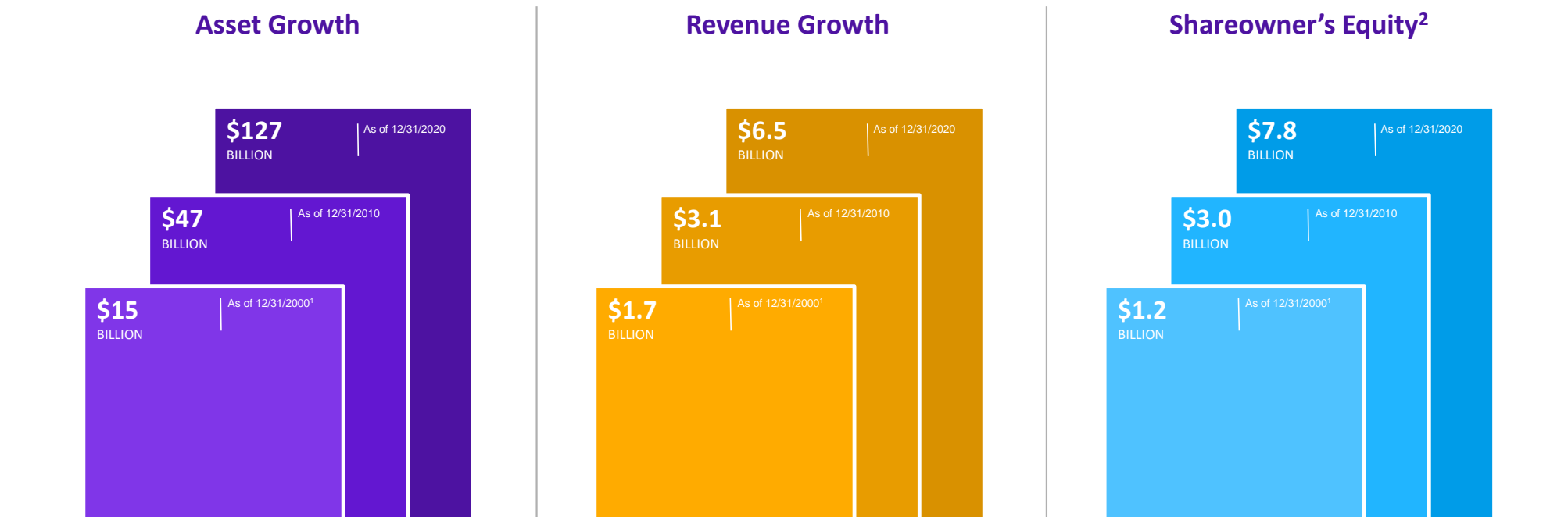
**58<sup>2</sup>**

Acquisitions in  
company history

<sup>1</sup>As of December 31, 2020.

<sup>2</sup>As of January 1, 2021.

# Protective's Continuing Growth



<sup>1</sup> Numbers not adjusted for recast of ASC 2010 – (DAC change).

<sup>2</sup> Excludes Accumulated Other Comprehensive Income

# We Are Highly Rated



	Protective Life Corporation	Protective Life Insurance Company
	Senior Debt	Financial Strength
A.M. Best	<b>a-</b>	<b>A+</b>
Standard & Poor's	<b>A-</b>	<b>AA-</b>
Fitch	<b>BBB+</b>	<b>A+</b>
Moody's	<b>Baa1</b>	<b>A1</b>

Financial Strength Ratings as of March 15, 2021. Ratings are subject to change at any time, and do not apply to products or their performance. A portion of Protective Life and Annuity Insurance Company's policy liabilities are guaranteed by Protective Life Insurance Company.

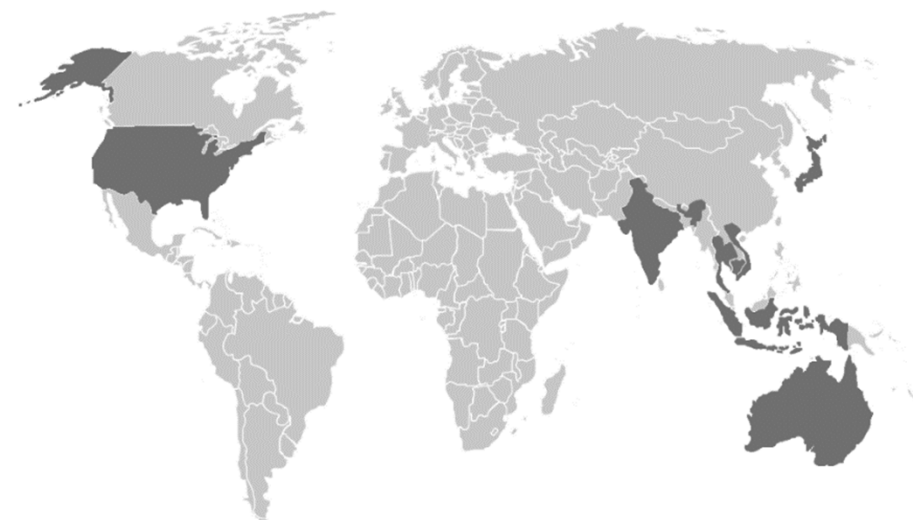
# We Have a Strong, Supportive Parent Company

Protective is the North American Growth Platform for Dai-ichi Life Holdings, Inc.

Dai-ichi Life Holdings, Inc. Consolidated	
Total Assets	\$588B
Total Employees	64,823
Premium and Other Income	\$11.3B
Net Income	\$12.5B
Market Capitalization	\$20.5B
Dai-ichi Life Insurance Company	
Solvency Margin Ratio	\$948.4%
Insurer Financial Strength Ratings <sup>1</sup>	A+ / A+ / A+

Numbers as of 6/30/21; Conversion at 110.58 JPY/USD  
1S&P / Fitch / AM Best

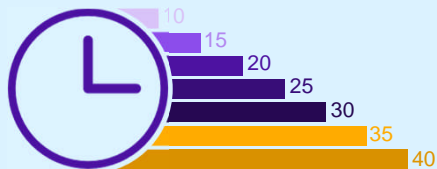
## Dai-ichi's Global Presence



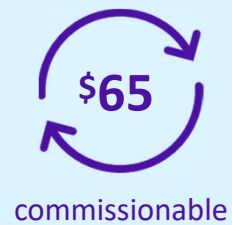
# Protective Classic Choice Term in New York

# Because we're all protectors

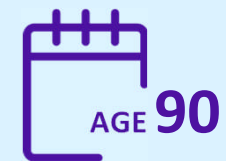
## Term periods (years)



## Policy Fee



## Expiry

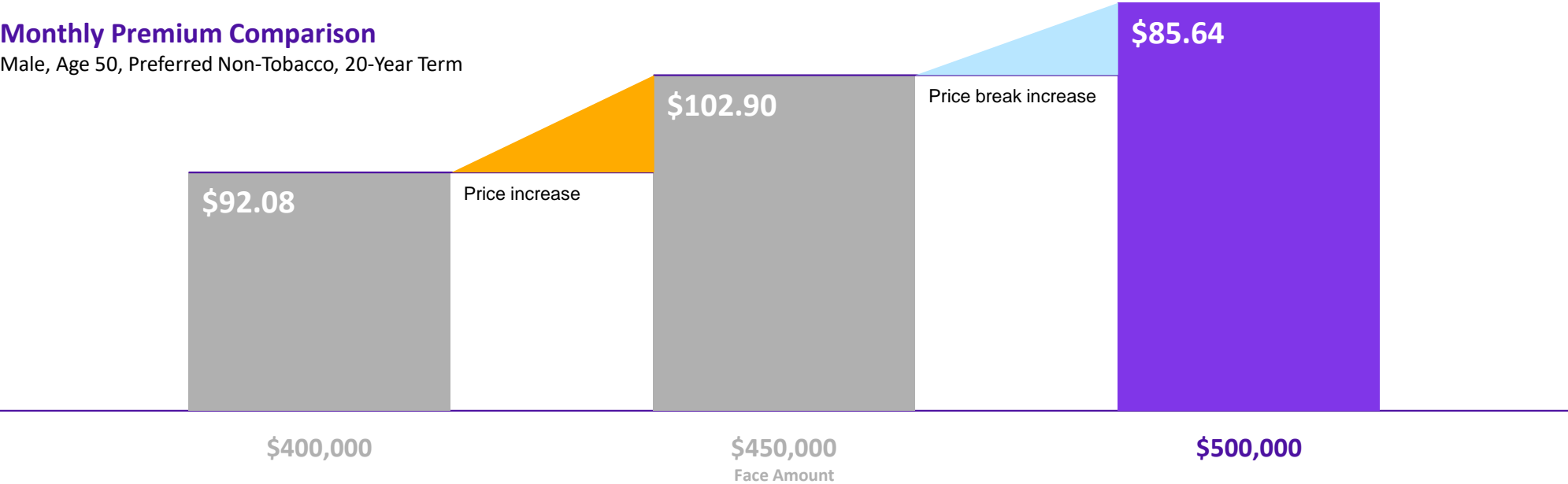


# Rate Bands

Bands offered at: \$250,001 | **\$500,000** | \$1,000,000

## Monthly Premium Comparison

Male, Age 50, Preferred Non-Tobacco, 20-Year Term



# Issue Ages

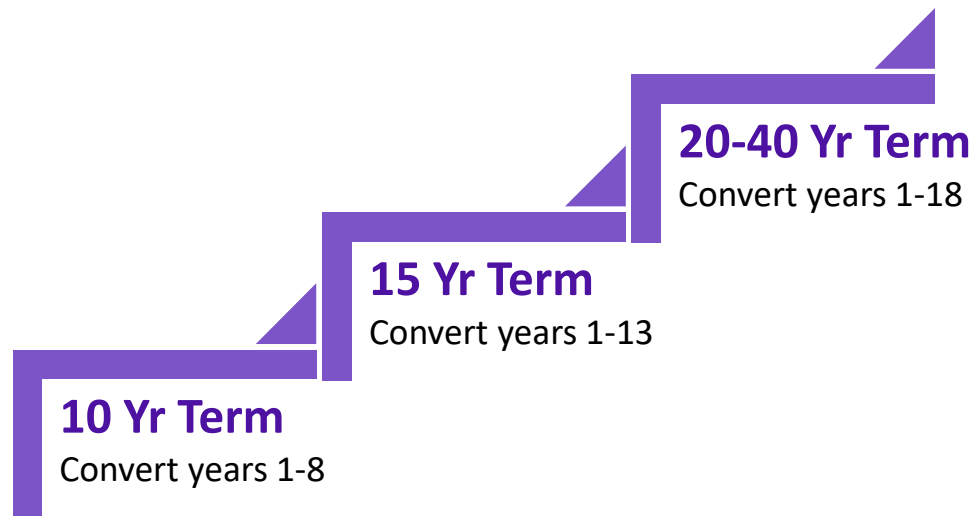
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Level Premium Period	Select Preferred, Preferred, Non-Tobacco	Tobacco
10-Year	18 – 69	18 – 69
15-Year	18 – 69	18 – 68
20-Year	18 – 67	18 – 62
25-Year	18 – 57	18 – 52
30-Year	18 – 56	18 – 43
35-Year	18 – 50	18 – 40
40-Year	18 – 45	18 – 40



# Conversion

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**Protective® ProClassic II UL NY**

**Protective® Non-Par Whole Life**

- Maximum Age at Conversion: 70
- Product availability may vary at time of conversion

## Optional Riders



### **Children's Term Rider**

- Up to \$25,000 for each child through age 25
- Convert up to 5X the initial death benefit



### **Income Provider Option**

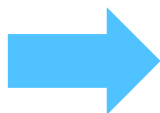
- Structured death benefit payments
- Lump sum and installment payment options up to 30 years
- Accumulated interest taxable to beneficiary

# Applications and Operations

# Reg 187 | Presale Requirements

# Presale Requirements

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## Reg 187

- Suitability and Best Interest of Clients in Life Insurance and Annuity
- Can be completed via RegEd, Limra, Kaplan, QuestCE, SuccessCE



## Product Training

- Complete via RegEd  
<https://www.reged.com/annuities-training-platform/>
- Protective Classic Choice Term : PCCTNY



## Submit to Protective



Email the following to [plbcontracting@protective.com](mailto:plbcontracting@protective.com)

- Reg 187: copy of certificate of completion
- Product Training: copy of certificate of completion

# Submitting Business

# Submitting an Electronic Application

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## Allstate Life and Retirement - iPipeline

Home	Get support	Reach customers	Life sales	Retirement sales
Forms	Product Info	Quote/Illustrate	iGo eApplication	View Pending Business

Get more information: [Lincoln Financial life insurance](#) | [Protective life insurance](#)

iPipeline

[Start New Case](#)

[View My Cases](#)



## Case Information

Status

Started

Date Modified

02/14/2022

### Proposed Insured

First Name

Jane

Last Name

Doe

Date of Birth

02 / 29 / 1980

Age

41

Gender

Female

### Case Description

(Examples: \$500,000.00, Kid's Policy, Business Policy, etc)

### Carrier and Product

State:

Please select...

New Mexico

New York

North Carolina

North Dakota

Ohio

Product Type

Please select...

Find Available Products

Status

Started

Date Modified

02/16/2022

Proposed Insured

First Name

Jane

Last Name

New York

Date of Birth

02 / 29 / 1980

Age

41

Gender

Female

Case Description

(Examples: \$500,000.00, Kid's Policy, Business Policy, etc)

Carrier and Product

State:

New York

Product Type

Term Life

Find Available Products

Product

Carrier▲

Protective 

Product

Protective Classic Choice Term - NY

iGO e-App

Select

## eApp Exclusions

Has NY Reg 187 training been completed? (Suitability and Best Interest training and Protective product specific training)

☒ Yes ☐ No

**i** REMINDER: **The NY Producer Compensation Disclosure Form** is required for every life insurance recommendation in New York. The agent must provide the customer with a copy and keep the agent copy in their file. For your convenience, [click here](#) for the form

**Important: Before going further, please note the following conditions in which a paper application must be used:**

- More than one owner is involved.
- The application is for a post issue policy change or conversion.
- The application is a trial application.
- The application is for premium financing.
- The policy is solicited from active military personnel.


Do any of these conditions apply?

☐ Yes ☐ No

## eApp Exclusions

Has NY Reg 187 training been completed? (Suitability and Best Interest training and Protective product specific training)

☐ Yes ☒ No

-  Application cannot be submitted. Please complete the following Reg 187 requirements:
- Suitability and Best Interest Training (Can be completed via RegEd, Limra, Kaplan, QuestCE, SuccessCE)
  - Protective product specific training (Complete via Link [RegED.com](https://www.reged.com)) The Protective course code is **PCCTNY**.

New York, Jane

Protective Life and Annuity of  
NY (Independent/BGA)

Protective Classic Choice  
Term - NY

 Case Notes


 Save


 View Forms

Case Actions ▾

Case Information

Application

 Pre-Qualification

 Proposed Insured

☐ Beneficiaries

☐ Plan Information

 Existing Insurance

☐ Attachments

 Financial Profile

 Financial Objectives

☐ Agent Information

☐ Validate And Lock Data

## Proposed Insured

### Personal Details

First Name

Jane

Middle Initial

Last Name

New York

Suffix



Date of Birth

02 / 29 / 1980

Age Nearest

42

Gender

☐ Male

☒ Female

Social Security Number

Country of Birth



Is Insured a U.S. Resident?

☐ Yes

☐ No

Gross Annual Income

Net Worth

Demo, Jane  
Protective Life and Annuity of  
NY (Independent/BGA)

Protective Classic Choice  
Term - NY

 Case Notes




 Save

 View Forms

Case Actions ▾

Case Information

Application

-  Pre-Qualification
-  Proposed Insured
-  Beneficiaries
- ☐ Plan Information
- ☐ Existing Insurance
- ☐ Attachments
- ☐ Financial Profile
- ☐ Financial Objectives
- ☐ Agent Information
- ☐ Validate And Lock Data

## Primary Beneficiary - Proposed Insured

Please enter your Primary Beneficiaries by clicking on the grid below. Up to 4 may be entered if the beneficiary type is "person", otherwise only one beneficiary may be entered.

Name	Percent	Relationship	
No matching records found			
Click here to add...			

 Please list at least one Primary Beneficiary

Would you like to designate a Contingent Beneficiary?

☐ Yes

☐ No

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Next ▶

Demo, Jane  
Protective Life and Annuity of  
NY (Independent/BGA)

Protective Classic Choice  
Term - NY

Case Notes

Save

View Forms

Case Actions ▾

Case Information    Application

- ✓ Pre-Qualification
- ✓ Proposed Insured
- ✓ Beneficiaries
- ? Plan Information
- ✓ Existing Insurance
- ✓ Conditional Coverage
- ☐ Attachments
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Plan Information

Protective Classic Choice Term - NY

Term Duration

10 year ▾

Underwriting Class

Select Preferred ▾

Amount of Coverage

\$250,000

For the selected product, face amount should be within \$250,001 - \$20,000,000.

Premium Amount

\$1,200.00


Premium Frequency

Annually ▾

Optional Benefits

☐ Income Provider Option

☐ Child Term Rider

 Protective Classic Choice Term, policy form number TL-21-NY 4-16, is a level death benefit term life insurance policy to age 90 issued by Protective Life and Annuity Insurance Company, Birmingham, AL. Premiums increase

- ✓ Pre-Qualification
- ? Proposed Insured
- ☐ Beneficiaries
- ☐ Plan Information
- ? Existing Insurance
- ☐ Attachments
- ? Financial Profile
- ? Financial Objectives
- ☐ Agent Information
- ☐ Validate And Lock Data

## Replacement Information

Does the Proposed Insured have any life insurance or annuities currently in force?

☐ Yes ☐ No

Will this policy replace or change any existing life insurance or annuity in force?

☐ Yes ☐ No

Do you have an application pending in another company?

☐ Yes ☐ No

Have you ever had any life or health insurance declined, postponed, or offered other than as applied for?

☐ Yes ☐ No

Is there an intention that any party other than the owner will obtain any right, title or interest in any policy issued on the life of the proposed insured as a result of this application?

☐ Yes ☐ No

For any policy to be issued as a result of this application, will any portion of the initial or future premiums be borrowed, loaned or otherwise financed?

☐ Yes ☐ No

Will the policy being applied for be replaced through a 1035 exchange or liquidation?

☐ Yes ☐ No

## New York Definition of Replacement

Lapsed, surrendered, partially surrendered, forfeited, assigned to the insurer replacing the life insurance policy or annuity contract, or otherwise terminated?

☐ Yes ☐ No

Changed or modified into paid-up insurance; continued as extended term insurance or under another form



Will the policy being applied for be replaced through a 1035 exchange or liquidation?

☐ Yes ☐ No

## New York Definition of Replacement

Lapsed, surrendered, partially surrendered, forfeited, assigned to the insurer replacing the life insurance policy or annuity contract, or otherwise terminated?

☐ Yes ☐ No

Changed or modified into paid-up insurance; continued as extended term insurance or under another form of nonforfeiture benefit; or otherwise reduced in value by the use of nonforfeiture benefits, dividend accumulations, dividend, cash values or other cash values?

☐ Yes ☐ No

Changed or modified so as to effect a reduction either in the amount of the existing life insurance or annuity benefit or in the period of time the existing life insurance or annuity benefit will continue in force?

☐ Yes ☐ No

Reissued with a reduction in amount such that any cash values are released, including all transactions wherein an amount of dividend accumulations or paid-up additions is to be released on one or more of the existing policies?

☐ Yes ☐ No

Assigned as collateral for a loan or made subject to borrowing or withdrawal or any portion of the loan value, including all transactions wherein any amount of dividend accumulations or paid-up additions is to be borrowed or withdrawn on one or more existing policies?

☐ Yes ☐ No

Continued with a stoppage of premium payments or reduction in the amount of premium paid?

☐ Yes ☐ No

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[Next >](#)

- ✓ Pre-Qualification
- ? Proposed Insured
- ☐ Beneficiaries
- ☐ Plan Information
- ? Existing Insurance
- ☐ Attachments
- ? Financial Profile
- ? Financial Objectives
- ☐ Agent Information
- ☐ Validate And Lock Data

## Financial Profile

Gross Annual Household Income

Source of Income (select all that apply)

☐ Wage / Salary

☐ Rental Income

☐ Investments

☐ Pension / Retirement Benefit

☐ Social Security

☐ Other

! At least one source of income must be selected

Monthly Income Variability

☐ Stable

☐ Fluctuates

Annual Household Living Expenses

What is the amount that you have in force for existing life insurance policies? (enter 0 if none)

Federal Income Tax Rate (Not required for Term or SI Term)

Liquid Net Worth (Not required for Term or SI Term)

### Household Net Worth Details

Total Assets

Short-Term Total Debts

Long-Term Total Debts

- ✓ Pre-Qualification
- ? Proposed Insured
- ☐ Beneficiaries
- ☐ Plan Information
- ? Existing Insurance
- ☐ Attachments
- ? Financial Profile
- ? Financial Objectives
- ? Agent Information
- ☐ Validate And Lock Data

## Agent Information

Agent Name

First Name

Middle Initial

Last Name

Suffix

Social Security Number

## Agent Contact Information

Allstate Agent ID

Phone Number

**i** The last five digits of your Allstate Agent number. Example: A0A1234 would be A1234. For sales producers, use your eight-digit producer number (e.g. A1234001).

- ✓ Pre-Qualification
- ? Proposed Insured
- ☐ Beneficiaries
- ☐ Plan Information
- ? Existing Insurance
- ☐ Attachments
- ? Financial Profile
- ? Financial Objectives
- ? Agent Information
- ☐ Validate And Lock Data

## Agent Information

Agent Name

First Name

Middle Initial

Last Name

~~A0~~B1234002

EFS/EA Allstate Agent ID

LSP/SP Allstate Agent ID

**i** The last five digits of your Allstate Agent number. Example: A0A1234 would be A1234. For sales producers, use your eight-digit producer number (e.g. A1234001).

Advantages of purchasing the proposed life insurance policy: (select all that apply)

☐ Guarantees/Lapse Protection

☐ Cash Value Growth

☐ Long-Term Care Protection

☐ Reduced/Lower Fees

☐ Business Needs/Planning

☐ Guaranteed Level Premiums

☐ Temporary Death Benefit Protection

☐ Lower Premiums

☐ Permanent Death Benefit Protection

☐ Supplemental Retirement Income Needs/Protection

☐ Increased Death Benefit Protection

☐ Other

 At least one advantage must be selected

Disadvantages of purchasing the proposed life insurance policy: (select all that apply)

☐ Surrender Period/Length

☐ New Contestable Period

☐ Reduction in Death Benefit

☐ Market Exposure


☐ Loss of Policy Features

☐ Higher Upfront and Expenses/First Year Charges

☐ Surrender Charges

☐ Chance for Less Gain than Current Product

☐ Other

 At least one disadvantage must be selected

Producer's Statement

☐ Other

! At least one disadvantage must be selected

### Producer's Statement

I have made a reasonable effort to obtain the following information about the applicant(s): financial situation, net worth and liquidity, tax status, financial objectives, risk tolerance, time horizon, and financial goals and objectives. I have a reasonable basis to believe that the applicant(s) have the financial ability to meet the financial commitments under this life insurance policy. To the best of my knowledge and belief, the information provided by the applicant on this Suitability and Best Interest Questionnaire for Life Insurance is true, complete, and was obtained prior to the purchase of the life insurance policy. I considered only the interests of the applicant(s) when making the recommendation to purchase this life insurance policy, and the recommendation was not influenced by the amount of compensation or incentive that I or anyone affiliated with me would receive. I completed the product training and believe I am knowledgeable of the life insurance policy that I recommended to the applicant(s). I did not use the title or designation of "financial planner," "financial advisor," or any similar title without being appropriately licensed or certified to provide securities or other non-insurance financial services. I have discussed with the applicant how I am compensated, advantages and disadvantages of this product, potential consequences of the transaction, and I provided them with the basis of my recommendation. Sections a. and b. must be completed to confirm the advantages and disadvantages of this purchase.

Please check the box next to one of the statements below. The application will not be accepted if this section is incomplete.

☐ Based on the information the applicant(s) provided and according to the applicant's financial goals and objectives, I believe the recommended life insurance policy contract is suitable and in the best interest of the applicant(s).

☐ The applicant(s) selected this product despite a contrary recommendation (or absence of a recommendation) from me.

! One field must be checked

◀ Back

Next ▶



✓ Pre-Qualification

✓ Proposed Insured

✓ Beneficiaries

✓ Plan Information

✓ Existing Insurance

✓ Conditional Coverage

✓ Attachments

✓ Agent Information

✓ Validate And Lock Data

## Validate and Lock Data

You are almost done! Only a few more steps to go.

You now qualify for our electronic application submission process.

Please click the "Lock Application" button below

Lock Application and Proceed to eSubmission

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🔒 Pre-Qualification

🔒 Proposed Insured

🔒 Beneficiaries

🔒 Plan Information

🔒 Existing Insurance

🔒 Conditional Coverage

🔒 Attachments

🔒 Agent Information

✓ Validate And Lock Data

## Application Locked

The application has been locked!

Your application has been digitally locked to protect client data from alteration during the submission process.

If you need to edit the application you may do so by clicking the [Unlock Application Data](#) button. Once your edits are completed, come back to this screen ([Validate and Lock Data](#)) located on the left-hand navigation tree to Lock and return to the submission process.

Unlock Application Data

Next >

## Agent Attestation

By clicking the "I AGREE" checkbox below, I state the following:

- I am a duly licensed and appointed (if appointment is required) life insurance agent in the state where the applicant was solicited and in the state where the policy (if one is issued) will be delivered. If I am not currently appointed, I understand that I will need to be appointed by Protective Life Insurance Company, before any issued policy can be delivered.
- The product and amount of insurance identified are suitable in view of the proposed insured's insurance needs and financial objectives.
- The information provided is complete, accurate, and correctly recorded.
- All forms required to be delivered at time of solicitation have been delivered, and all other required forms (including privacy notices and/or sales materials, if necessary) have been or will be provided in a timely manner to the applicant.
- I have asked the applicant about any existing life insurance or annuities and certify that all replacement sales (if applicable) have been made in accordance with the Company's corporate policy.
- I authorize Protective Life Insurance Company to obtain such administrative information as may be necessary to complete any life insurance application resulting from this submission; provided however, that any item of information or question from the proposed policy owner or insured requiring the advice or assistance of a licensed life insurance agent will be referred to me for action before the application can be completed.
- I have obtained sufficient information about the client to mitigate risks associated with money laundering, terrorist activity/funding, and to avoid doing business with a sanctioned individual or resident of a sanctioned country.
- I will not deliver the policy unless I have completed a review and I am satisfied that the application, policy, and all attached forms, if any, are complete and accurate.
- I acknowledge that clicking the "I AGREE" checkbox below constitutes my signature on the form, which has the same effect as if I personally signed the form.

In addition to the authorizations referenced in the preceding paragraphs, clicking the "I AGREE" checkbox below will constitute my legally binding signature on the completed application and on all other required forms.

I hereby agree to the provisions in this attestation and I authorize Protective Life Insurance Company to affix my signature to the application and all other required forms.

☐ I AGREE to the above



## Agent Instructions

 Warning: Your application needs to be submitted. Please review the instructions below and click submit button at the bottom of this page when finished.

### Next Steps Information

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☐ I would like an email sent to the Proposed Insured containing a brochure describing the next steps. The brochure outlines the tele-interview process including what documentation they will need to complete the phone interview as well as the need for a Paramed exam. (Optional).

Next Steps Brochure

### Summary Report


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Please click the button below to view and print a copy of the summary report for your records.

Summary Report

### eSubmission

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 Warning: Your Application needs to be Submitted. Please click the button below to submit the case to Protective Life Insurance Company.

Submit

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 Conditional Coverage

 Attachments


 Financial Profile

 Financial Objectives

 Agent Information

 Validate And Lock Data

 Agent Attestation

 Agent Instructions


Next Steps Brochure

## Summary Report

Please click the button below to view and print a copy of the summary report for your records.


Summary Report

## eSubmission

 Thank you for submitting your Electronic Application!

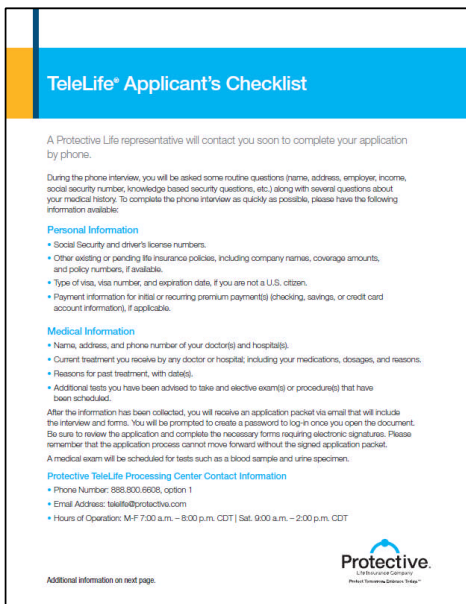
Your tracking number is R0000826, which will print on your Summary Report.

Submit

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# Best Practices for TeleLife

## Help customers prepare for the interview:



**TeleLife® Applicant's Checklist**

A Protective Life representative will contact you soon to complete your application by phone.

During the phone interview, you will be asked some routine questions (name, address, employer, income, social security number, knowledge based security questions, etc.) along with several questions about your medical history. To complete the phone interview as quickly as possible, please have the following information available:

**Personal Information**

- Social Security and driver's license numbers.
- Other existing or pending life insurance policies, including company names, coverage amounts, and policy numbers, if available.
- Type of visa, visa number, and expiration date, if you are not a U.S. citizen.
- Payment information for initial or recurring premium payment(s) (checking, savings, or credit card account information), if applicable.

**Medical Information**

- Name, address, and phone number of your doctor(s) and hospital(s).
- Current treatment you receive by any doctor or hospital, including your medications, dosages, and reasons.
- Reasons for past treatment, with date(s).
- Additional tests you have been advised to take and elective exam(s) or procedure(s) that have been scheduled.


After the information has been collected, you will receive an application packet via email that will include the interview and forms. You will be prompted to create a password to log in once you open the document. Be sure to review the application and complete the necessary forms requiring electronic signatures. Please remember that the application process cannot move forward without the signed application packet.

A medical exam will be scheduled for tests such as a blood sample and urine specimen.

**Protective TeleLife Processing Center Contact Information**

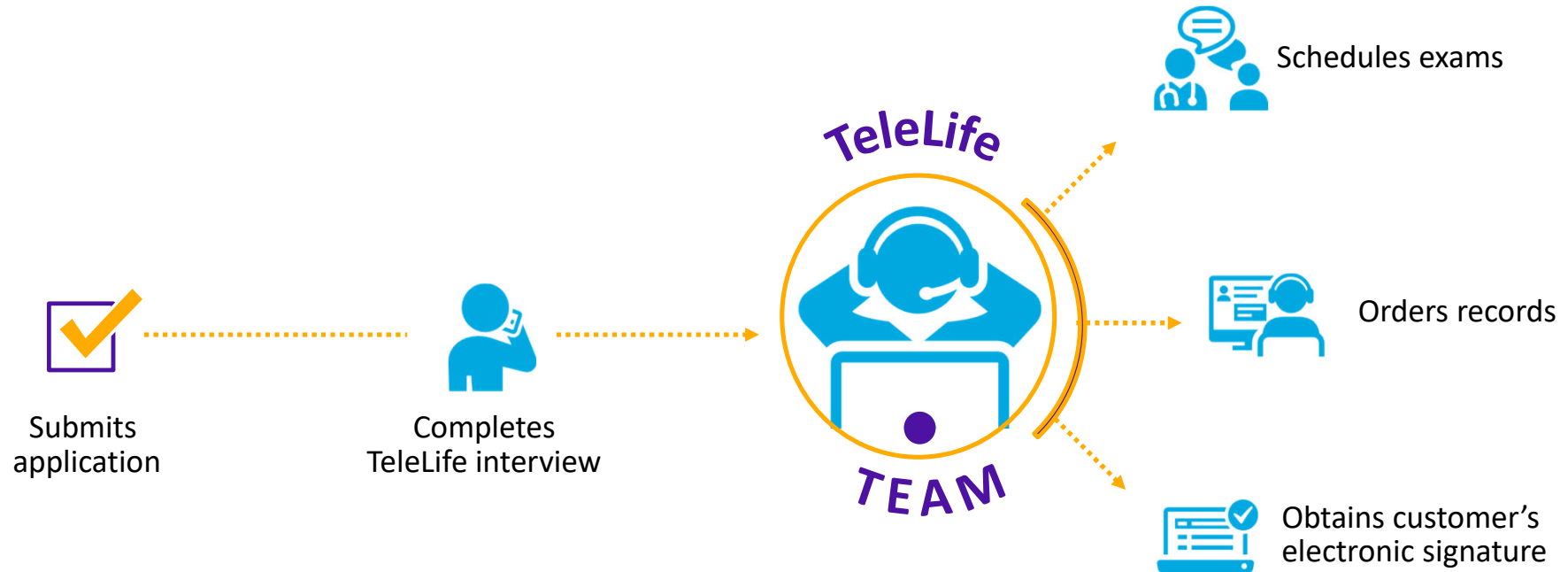
- Phone Number: 888.800.6608, option 1
- Email Address: [telife@protective.com](mailto:telife@protective.com)
- Hours of Operation: M-F 7:00 a.m. – 8:00 p.m. CDT | Sat. 9:00 a.m. – 2:00 p.m. CDT

Additional information on next page.

 **Protective.**  
Life Insurance Company

- **Personal information**
  - SSN and Driver License numbers
  - Information regarding other existing or pending life insurance policies
  - Payment information
- **Medical information**
  - Names and addresses of medical providers
  - Details of current medical treatments including prescriptions
  - Details of any past medical treatment, with dates

# The TeleLife® Process



- Electronic applications are retrieved *immediately*
- Customer interview calls initiated *within 24 hours*
- Interviews are conducted by *Protective employees*

# Underwriting Highlights

# Underwriting Highlights

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## MEDICAL

### Preferred consideration for common impairments

- Anxiety or depression
- Asthma
- Sleep apnea
- Rheumatoid arthritis

### Coronary artery disease

- Dual manual approach allows for more favorable ratings

### Obesity

- Flexibility for Table 2 risks obesity to standard

## NON-MEDICAL

### Aviation

- Instructors and students can qualify for Standard Non-Tobacco
- Experienced private pilots can qualify for Preferred Non-Tobacco

### Foreign travel

- Travel up to 8 weeks to more 150 countries may qualify for best class

# Dedicated Quick Quote Team

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Allstate.quickquote@protective.com

## Quick Quotes from senior-level underwriters

- 48-hour turnaround time
- Experienced underwriters for more consistent underwriting offers
- Ability to monitor hot topics and industry trends to respond to producer needs



# Replacements in New York



# NY Reg 60 Replacements

The **NY Reg 60** questions will be asked during the application process.

## **NOT Replacing:**

This form will be obtained and signed during the application process:

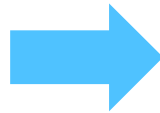
- **Definition of Replacement** – B-7377 (NY)

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Agent signature obtained  
through iPipeline.

Customer signature obtained **after**  
the phone interview using Adobe.

# Application Submission – No Replacement



## Paperwork Received

Application Packet

State Required Forms

Reg 60 Form

- Definition of replacement – B-7377 (NY)

Agent Contract code – TA or QA

NY State Appointment

Best Interest Training

Product Specific Training

## Protective Review by Exception Handling

- If **IGO**, released to Underwriting
- If **NIGO**, needed items requested by team

## Released to Underwriting for Review

Normal underwriting guidelines apply

Exams outside of New York are allowed with the addition of the **Non-Medical Declarations (Part 1A Medical)- PL-402-NY**

# NY Reg 60 Replacements

The **NY Reg 60** questions will be asked during the application process.

## **REPLACEMENT:**

These forms will be obtained and signed during the application process:

- **Definition of Replacement** – B-7377 (NY)
- **Notice to Insurer of Proposed Replacement** – B-8704 (NY)
- **Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts** – B-7378 (NY)

**During the phone interview, the customer will be asked any follow outstanding replacement questions.**

---

Agent signature obtained  
through iPipeline.

Customer signature obtained **after**  
the phone interview using Adobe.

# Reg 60 Paperwork Process



## Paperwork Received

**B-7377 (NY)** Definition of Replacement

**B-8704** Notice to Insurer of Proposed Replacement

**B-7378** Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts



## Paperwork Sent to Existing Carrier

- Notice to Insurer of Proposed Replacement
- Disclosure Statement
- Comparative Information Letter
- Existing carrier has **20 days** to respond



## Comparative Values Returned

- Paperwork received from existing carrier
- Protective begins to prepare the paperwork agent signature



## Finalize Disclosure Statement

- The prepared **Disclosure Statement** is sent to the agent for signature
- Once agent's signed copy is received, compliance reviews agent response for IGO
- The final copy is sent to the consumer for their records (no customer signature required)

# Reg 60 Paperwork Process

---

## What if we don't hear back from the other carrier?

What if we don't hear back from the other carrier?  
If we don't hear back from the existing carrier, we can take **good faith approximation values** from the agent.

With this information, we will reach out to our actuarial team to determine approximate values to be used on the final **Disclosure Statement**.

## Good Faith Approximation Values

The minimum information we need from the agent would include:

- Guaranteed Interest Rate
- Loan Interest Rate
- Loan Balance
- Surrender Charges
- Total Annualized Premium
- Issue Date
- Face Amount
- Policy Type
- Riders

**In this scenario, the more information we can get from the agent, the better.**

# Tracking Application Status

# Tracking Your Cases with Protective's Pending Website

Real-time access to underwriting case status to you manage your pending business.

## Respond directly to the home office:

Upload documents, respond to requirements, and accept offers, all from the website.

## Access to policy documents:

Policy documents, including exams, medical records, application/forms, and policy print, are posted once received, allowing the agent to download if needed.

## Determine next steps:

Quickly sort requirements and see "field ordered" status to determine what, if any, action you need to take

All	Reviewed	Waived	Outstanding	APS Statuses	Documents
[Redacted]					
	Status	Requested Date	Received Date	Reviewed Date	Contact Us
<b>Amendment</b>	Outstanding	11/12/2020			<a href="#">Respond</a>
Sign, Date & Return All Pages					
<b>Delivery Date Expires</b>	Outstanding	11/12/2020			<a href="#">Respond</a>
Delivery Date: 12/27/20					
<b>Premium Due</b>	Outstanding	11/12/2020			<a href="#">Respond</a>
\$980.00					
<b>Application</b>	Reviewed	10/6/2020	10/6/2020	10/12/2020	
<b>Application Package</b>	Reviewed	10/6/2020	10/6/2020	10/6/2020	
<b>Auth to Obtain &amp; Disclose Info</b>	Reviewed	10/6/2020	10/6/2020	10/6/2020	
<b>Blood Profile</b>	Reviewed	10/6/2020	10/21/2020	10/24/2020	
<b>HIV Consent Form</b>	Reviewed	10/6/2020	10/6/2020	10/6/2020	
<b>Interview in Process</b>	Reviewed	10/22/2019	10/7/2020	10/7/2020	
<b>Lab Slip</b>	Reviewed	10/6/2020	10/20/2020	10/24/2020	
APPS: Scheduled for 10/16/2020 at 8:30:00 AM					
<b>Motor Vehicle Report</b>	Reviewed	10/6/2020	10/6/2020	10/12/2020	
<b>Paramedical Exam</b>	Reviewed	10/6/2020	10/6/2020	10/12/2020	
<b>Physician's Statement</b>	Reviewed	10/6/2020	10/16/2020	10/24/2020	
[Redacted]					
<b>Physician's Statement</b>	Reviewed	10/6/2020	10/30/2020	11/4/2020	
[Redacted]					
<b>Prescription History Ck</b>	Reviewed	10/6/2020	10/6/2020	10/12/2020	
<b>Special Authorization</b>	Reviewed	10/12/2020	10/22/2020	10/22/2020	
<b>Specimen</b>	Reviewed	10/6/2020	10/21/2020	10/24/2020	
<b>Supplement to Life Insurance Application</b>	Reviewed	10/6/2020	10/6/2020	10/6/2020	
<b>Good Health Statement</b>	Waived				



## Welcome to Protective Life

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For assistance anytime, call your Protective Wholesaler [877-905-3078](tel:877-905-3078)

[Download Getting Started Guide](#)

[REVIEW NAIC REQUIRED TRAINING](#)

[Training Instructions](#)

### Forms & Applications

Easily access and download applications and forms by state.

[NEW YORK](#)

[ALL OTHER STATES](#)

### Illustrations

Customized hypothetical product illustrations to help your customers make decisions about planning for their financial future.

[Illustration FAQs](#)

[RUN AN ILLUSTRATION](#)

### Annuity Interest Rates

Interest rates are set every two weeks. Depending upon market conditions, rates may be set more frequently.

Select Product ▾

☐ Current ☐ Future

[FIND RATES](#)





## Welcome to Protective Life

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Interest rates are set every two weeks. Depending upon market conditions, rates may be set more frequently.

Select Product ▾

☐ Current ☐ Future

[FIND RATES](#)

## My Business

Protective gives you the tools you need to monitor your business, including policy alerts and reports to keep your business moving forward.

Not yet registered?

[REGISTER NOW](#)

Use your existing Annuity login information

### Book of Business

View activity and values for a customer's annuity contract.

[LOG IN](#)

### Pending Business

Access to your pending 1035 transfers 24 hours a day, 7 days a week

[LOG IN](#)

### Reports

View a weekly report of customer correspondence.

[LOG IN](#)



## Pending Dashboard

### Policy Summaries

#### Quick Search

Choose Life or Annuity, then enter a policy number or insured name and click Search.

☒ Life ☐ Annuity

#### Life Recent Activity

[View All](#)

Policy Number	Primary Insured	App Rec'd
1000000001	John Doe	yes
1000000002	John Doe	yes
1000000003	John Doe	yes
1000000004	John Doe	yes
1000000005	John Doe	yes
1000000006	John Doe	no
1000000007	John Doe	no
1000000008	John Doe	no
1000000009	John Doe	no
1000000010	John Doe	no

Showing 1 to 10 of 10 entries






#### Annuity Recent Activity

[View All](#)

Policy Number	Annuitant	Activity Date
1000000001	John Doe	02/19/2021

#### Large Cases

[View All](#)

By Premium		By Face
Policy Number	*Annualized Premium	Producer
 1000000001	1000000000	John Doe
 1000000002	1000000000	John Doe
 1000000003	1000000000	John Doe
 1000000004	1000000000	John Doe
 1000000005	1000000000	John Doe

Showing 1 to 5 of 10 entries

#### My Alerts

[View All](#)

Policy Number	Primary Insured
1000000001	John Doe
1000000002	John Doe
1000000003	John Doe
1000000004	John Doe
1000000005	John Doe
1000000006	John Doe
1000000007	John Doe
1000000008	John Doe
1000000009	John Doe
1000000010	John Doe

Showing 1 to 10 of 10 entries



## Life Business

[Clear all Filters](#) [Export to Excel](#)Quick Search: 

Producer Name	Policy #	Primary Insured	All	Product	Face Amt	Premium	Last Update			
Producer Name ▲	Policy Number ▲	Primary Insured ▲	Status ▲	Product ▲	Face Amount ▲	*Annualized Premium ▲	Last Updated ▲	App Rec'd ▲	In Force Date ▲	Outstanding Requirements
John Doe	123456789	John Doe	Pending	Protective Classic Choice 30 Year Term	\$100,000.00	\$496.21	05/04/2021	yes		(1) Preauthorized Withdrawal Form
John Doe	123456789	John Doe	Pending	Protective Classic Choice 20 Year Term	\$200,000.00	\$501.84	05/03/2021	yes		(1) Physician's Statement (2) Preauthorized Withdrawal Form
John Doe	123456789	John Doe	Pending	Protective Classic Choice 20 Year Term	\$200,000.00	\$351.26	05/05/2021	yes		(1) Physician's Statement (2) Preauthorized Withdrawal Form (3) Tentative Offer Acceptance (4) Supplement to Life Insurance Application
John Doe	123456789	John Doe	Pending	Protective Classic Choice 15 Year Term	\$100,000.00	\$0.00	05/05/2021	no		(1) Application Package (2) Paramedical Exam
John Doe	123456789	John Doe	Pending	Protective Classic Choice 20 Year Term	\$100,000.00	\$0.00	05/05/2021	no		(1) Application Package (2) Paramedical Exam
John Doe	123456789	John Doe	Issued	Protective Classic Choice 30 Year Term	\$300,000.00	\$233.90	04/19/2021	yes		(1) Delivery Date Expires (2) Amendment (3) Premium Due
John Doe	123456789	John Doe	Pending	Protective Classic Choice 20 Year Term	\$250,000.00	\$763.23	05/04/2021	yes		(1) Tentative Offer Acceptance (2) Physician's Statement (3) Physician's Statement (4) Preauthorized Withdrawal Form
John Doe	123456789	John Doe	In Force	PROTECTIVE PROCLASSIC LEGACY 12-2019	\$200,000.00	\$3,888.00	04/23/2021	no	04/23/2021	



## Policy Details

[Email New Business](#)
[Print](#)
[Forms](#)

Quick Search:  [Search](#)

### Basic Policy Information

Policy Number	XXXXXXXXXX
Status	Pending
Face Amount	\$100,000.00
Plan Name	Protective Classic Choice 20 Year Term
App Signed State	Virginia
Policy Delivery Method	Paper
Issue Type	Full Underwriting

### Primary Insured

Name	Mr. John J. Smith
Email	john.smith@protective.com
Date of Birth	10/15/1965
Gender	Male
Rate Class	Non-tobacco
Table Rating	N/A
Perm Flat Extra Amt	N/A
Temp Flat Extra Amt	N/A
Temp Flat Extra Yrs	N/A

[Collapse All](#)
[Expand All](#)

### Policy Info

**Policy Mail Date**  
**Policy Effective Date** 4/15/2021 \*\*
 **Case Manager** Ebonie Chambers  
**Underwriter** Tamara Harris
 **Case Manager Extension** 2145  
**App Received Date** 4/14/2021

\*\* Effective date of policy, subject to change at issue.

### Premium Info

**Premium Mode** Month  
**Annualized Target** \$885.26
 **\* Modal Premium** \$75.25  
**Cash with Application** \$69.02  
**\* Preliminary Quoted Premium** \$69.02

\*Premiums are subject to change. Please run an illustration prior to quoting premiums to your customer.

[Requirements](#) - [View Requirement Definitions](#)



All	Field Ordered	Home Office Ordered	Received	Reviewed	Outstanding	APS Statuses
Documents	Mr. Timothy B. Jones					
		Status	Requested Date	Received Date	Reviewed Date	Contact Us
<b>Tentative Offer Acceptance</b>		Field Ordered	4/27/2021			<a href="#">Email Us</a> or <a href="#">Upload Document</a>
		Best case Standard Non Tobacco - Diabetes: final offer subject to all outstanding requirements - advise if we should continue ?				
<b>Additional Medical Info Needed</b>		Home Office Ordered	4/27/2021			<a href="#">Email Us</a> or <a href="#">Upload Document</a>
		Please verify if you have any history of a Rheumatology evaluation				
<b>Physician's Statement</b>		Home Office Ordered	4/13/2021			<a href="#">Email Us</a> or <a href="#">Upload Document</a>
		Physician's Statement				
<b>Blood Profile</b>		Received	4/15/2021	4/28/2021		
<b>Lab Slip</b>		Received	4/15/2021	4/29/2021		
ExamOne						
<b>Specimen</b>		Received	4/15/2021	4/28/2021		
<b>Application</b>		Reviewed	4/15/2021	4/15/2021	4/27/2021	
<b>Application Package</b>		Reviewed	4/14/2021	4/15/2021	4/15/2021	
<b>Auth to Obtain &amp; Disclose Info</b>		Reviewed	4/15/2021	4/15/2021	4/15/2021	
<b>Conditional Life Receipt</b>		Reviewed	4/15/2021	4/15/2021	4/15/2021	
<b>HIV Consent Form</b>		Reviewed	4/15/2021	4/15/2021	4/15/2021	
<b>Interview in Process</b>		Reviewed	3/1/2021	4/13/2021	4/13/2021	
		The client can call TeleLife back to complete the interview at 1-888-800-6608, option 1, Monday-Friday 7:00am - 8:00pm, and Saturdays 9:00am - 2:00pm Central.				
<b>Motor Vehicle Report</b>		Reviewed	4/15/2021	4/15/2021	4/27/2021	
<b>Paramedical Exam</b>		Reviewed	4/15/2021	4/15/2021	4/27/2021	
<b>Preauthorized Withdrawal Form</b>		Reviewed	4/15/2021	4/15/2021	4/15/2021	
		Must be signed on delivery of the policy				
<b>Prescription History Ck</b>		Reviewed	4/15/2021	4/15/2021	4/27/2021	
<b>Supplement to Life Insurance Application</b>		Reviewed	4/15/2021	4/15/2021	4/15/2021	

# MyProtective.com: Field Ordered Requirements

Requirements - [View Requirement Definitions](#)

All	Field Ordered	Home Office Ordered	Received	Reviewed	Outstanding	APS Statuses									
Documents	<div>Mr. Timothy B. Jones</div> <table><tr><th></th><th>Requested Date</th><th>Contact Us</th></tr><tr><td><b>Tentative Offer Acceptance</b></td><td>4/27/2021</td><td><a href="#">Email Us</a>  <a href="#">Upload Document</a></td></tr><tr><td colspan="3">Best case Standard Non Tobacco - Diabetes: final offer subject to all outstanding requirements - advise if we should continue ?</td></tr></table>							Requested Date	Contact Us	<b>Tentative Offer Acceptance</b>	4/27/2021	<a href="#">Email Us</a>  <a href="#">Upload Document</a>	Best case Standard Non Tobacco - Diabetes: final offer subject to all outstanding requirements - advise if we should continue ?		
	Requested Date	Contact Us													
<b>Tentative Offer Acceptance</b>	4/27/2021	<a href="#">Email Us</a>  <a href="#">Upload Document</a>													
Best case Standard Non Tobacco - Diabetes: final offer subject to all outstanding requirements - advise if we should continue ?															

## MyProtective.com: APS Statuses

Requirements - [View Requirement Definitions](#)

All	Field Ordered	Home Office Ordered	Received	Reviewed	Outstanding	APS Statuses
Documents						
APS ID	Status Date	Description	Comment	Doctor/Facility		
<a href="#">101</a>	5/3/2021	23605	101: Per Nicky: Release of Information at Phone#: 101: the request and authorization have been received. However, the authorization is not HIPAA compliant due to incomplete Letter of Representation. Advised to provide any of the following: mailing address, phone number, or email address on the LOR. (9:10:58 AM)			



# MyProtective.com: Access to Policy Documents

All	Reviewed	Waived	Outstanding	APS Statuses	Documents
<p><b>Some documents may take several minutes to download.</b></p> <p><a href="#">Application</a></p> <p><a href="#">Application</a></p> <p><a href="#">APS</a></p> <p><a href="#">APS</a></p> <p><a href="#">Exam</a></p> <p><a href="#">Lab Results</a></p> <p><a href="#">Lab Ticket</a></p> <p><a href="#">Policy Print</a></p> <p><a href="#">Special Authorization</a></p>					

# MyProtective.com: Policy Details

Notes

Entry Date	Details
3/1/2021	INFO TO AGENT; Details: Online App Tracking ID is [REDACTED]
3/1/2021	INFO TO AGENT; Details: PreApp Submitted
3/1/2021	TELELIFE
3/1/2021	; Details: Check Agent License
3/11/2021	INTERVIEW ATTEMPT 5; Details: Interview email and text processed - Next contact scheduled for 03/15/2021
3/15/2021	INTERVIEW ATTEMPT 6; Details: Interview email and text processed - Next contact scheduled for 03/17/2021
3/17/2021	FINAL ATTEMPT; Details: Interview email and text processed
4/13/2021	INFO TO AGENT; Details: per client already has exam scheduled with exam one 4/26 with us
4/13/2021	INFO TO AGENT; Details: Interview completed. Next steps: Customer to sign the application packet, exam (ordered/scheduled). Current underwriting path: Full Underwriting.
4/13/2021	INFO TO AGENT; Details: Packet Delivery Method: Medical interview completed. E-signature process initiated.
4/13/2021	INTERVIEW COMPLETE
4/14/2021	APPLICATION COLLECTED; Details: Electronic Signatures Collected

Agent Info

Level	Agent Name	Agent Number	Commission Split
Producer	[REDACTED]	[REDACTED]	[REDACTED]
Producer	[REDACTED]	[REDACTED]	[REDACTED]

Additional Policy Information

\*All information including, but not limited to premiums and risk class, are tentative and could change until the time that all delivery requirements are received and the policy is placed in force.

# MyProtective.com: Offer Acceptance

## Offer Acceptance Options

	Status	Requested Date	Received Date	Reviewed Date	Contact Us
Offer Acceptance	Outstanding	10/27/2020			OFFER ACCEPTANCE Accept Close File Change
Preferred: Asthma					
Application	Reviewed	10/27/2020	10/27/2020	10/27/2020	
Auth to Obtain & Disclose Info	Reviewed	10/27/2020	10/27/2020	10/27/2020	
Blood Profile	Reviewed	10/27/2020	10/27/2020	10/27/2020	
Broker/Representative Report	Reviewed	10/27/2020	10/27/2020	10/27/2020	
Cross-Border Sales	Reviewed	10/27/2020	10/27/2020	10/27/2020	
Why do issue and owner states differ?					
HIV Consent Form	Reviewed	10/27/2020	10/27/2020	10/27/2020	
Paramedical Exam	Reviewed	10/27/2020	10/27/2020	10/27/2020	
Prescription History Ck	Reviewed	10/27/2020	10/27/2020	10/27/2020	
Specimen	Reviewed	10/27/2020	10/27/2020	10/27/2020	
Supplement to Life Insurance Application	Reviewed	10/27/2020	10/27/2020	10/27/2020	

## Change Face Request

	Status	Requested Date	Received Date	Reviewed Date	Contact Us
Offer Acceptance	Outstanding	10/27/2020			OFFER ACCEPTANCE Change Face Amt to \$200,000 Accept Close File Update X
Preferred: Asthma					
Application	Reviewed	10/27/2020	10/27/2020	10/27/2020	
Auth to Obtain & Disclose Info	Reviewed	10/27/2020	10/27/2020	10/27/2020	
Blood Profile	Reviewed	10/27/2020	10/27/2020	10/27/2020	
Broker/Representative Report	Reviewed	10/27/2020	10/27/2020	10/27/2020	
Cross-Border Sales	Reviewed	10/27/2020	10/27/2020	10/27/2020	
Why do issue and owner states differ?					
HIV Consent Form	Reviewed	10/27/2020	10/27/2020	10/27/2020	
Paramedical Exam	Reviewed	10/27/2020	10/27/2020	10/27/2020	
Prescription History Ck	Reviewed	10/27/2020	10/27/2020	10/27/2020	
Specimen	Reviewed	10/27/2020	10/27/2020	10/27/2020	
Supplement to Life Insurance Application	Reviewed	10/27/2020	10/27/2020	10/27/2020	

# Electronic Policy Delivery: Agent View

# Electronic Policy Delivery

Policies will be issued using Electronic Policy Delivery, or **EPD**, an innovative approach to life insurance policy delivery. It allows all delivery requirements to be electronically fulfilled and provides a copy of receipts for paperless documents.

## Benefits:

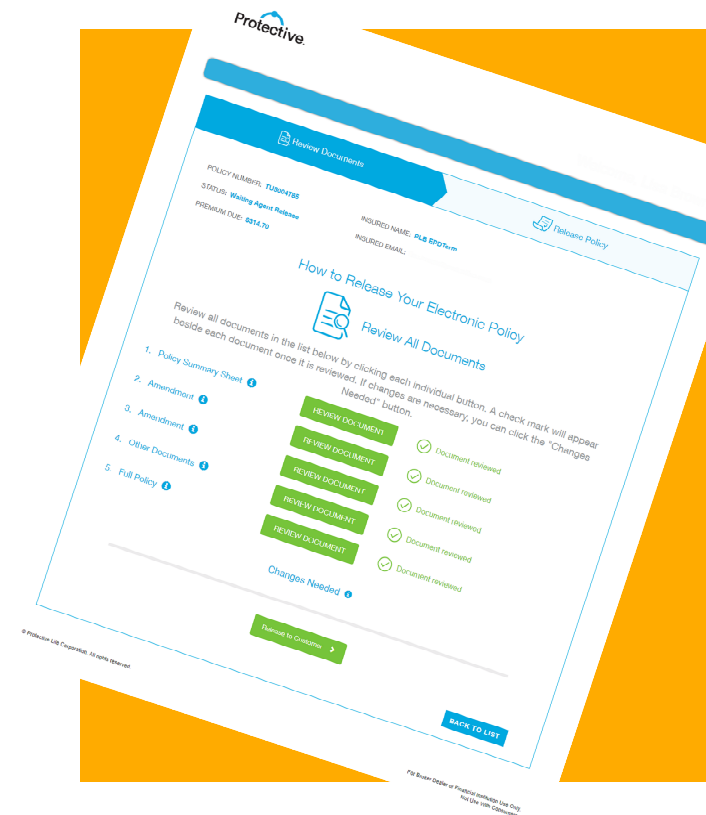
- A quick, easy and safe delivery method for life insurance policies.
- There is no difference in the underwriting process.
- All documents are safely stored in our secure database.

## Good to Know:

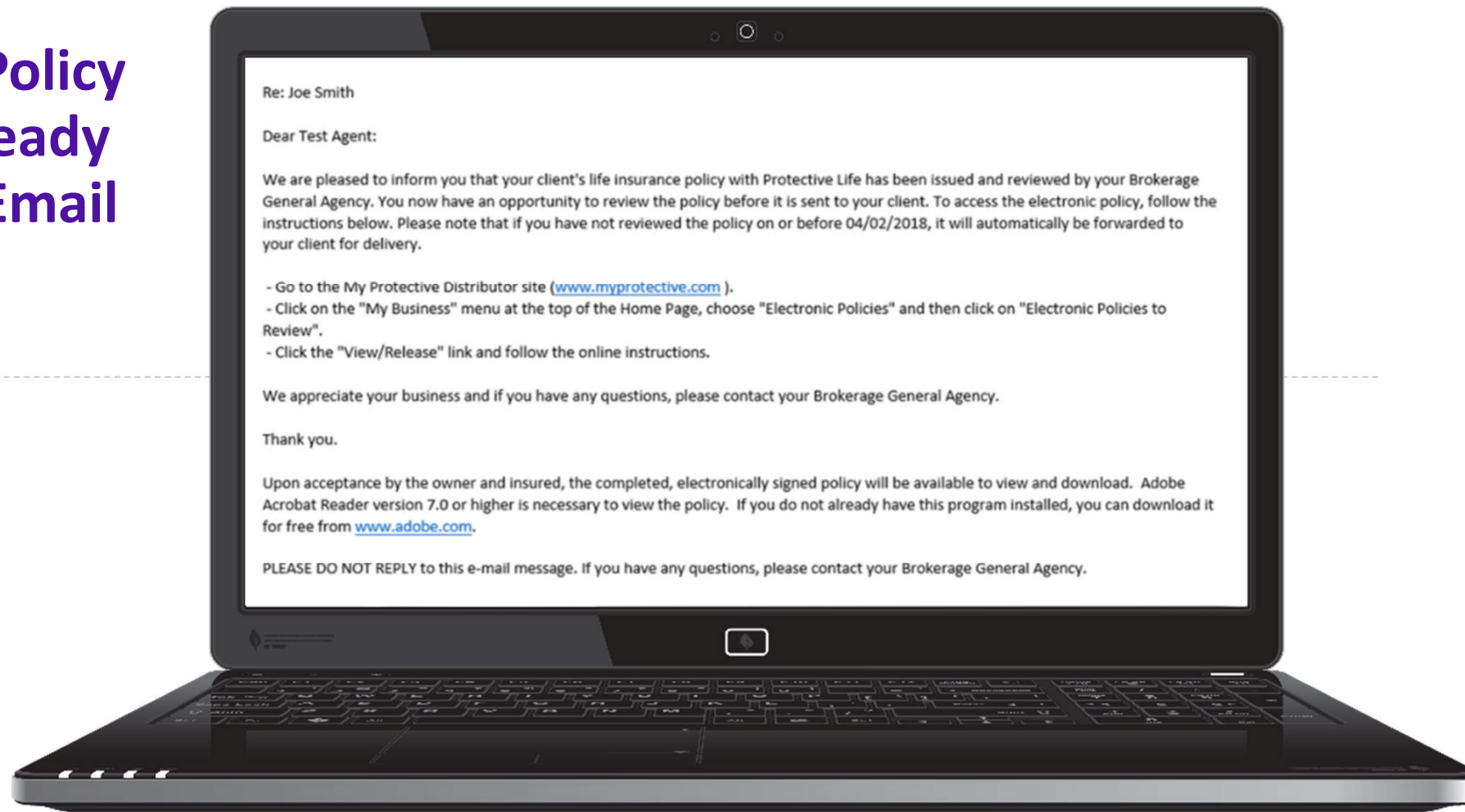
- A valid customer email address is required
- At issue, the agent will review and release the policy to the customer
- The customer has 30 days to accept the electronic policy before a physical policy is generated and mailed

## Exclusions:

- Trust owned policies
- Policies where the owner/payor are different



# Electronic Policy Delivery: Ready to Review Email





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Easily access and download applications and forms by state.

[NEW YORK](#)

[ALL OTHER STATES](#)

### Illustrations

Customized hypothetical product illustrations to help your customers make decisions about planning for their financial future.

[Illustration FAQs](#)

[RUN AN ILLUSTRATION](#)

### Annuity Interest Rates

Interest rates are set every two weeks. Depending upon market conditions, rates may be set more frequently.

Select Product ▾

☐ Current

☐ Future

[FIND RATES](#)

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Use your existing Annuity login information

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View activity and values for a customer's annuity contract.

[LOG IN](#)

### Pending Business

Access to your pending 1035 transfers 24 hours a day, 7 days a week

[LOG IN](#)

### Reports

View a weekly report of customer correspondence.

[LOG IN](#)



# MyProtective.com: Pending Dashboard

Policy Summaries

Quick Search

Please enter a policy number or insured name and click Search.

Search

Life Recent Activity

Policy Number	Primary Insured	App Rec'd
1000000000	Jonathan, Jonathan	yes
1000000000	Jonathan, Jonathan	yes
1000000000	Jonathan, Jonathan	yes
1000000000	Jonathan, Jonathan	yes
1000000000	Jonathan, Jonathan	yes
1000000000	Jonathan, Jonathan	yes
1000000000	Jonathan, Jonathan	yes
1000000000	Jonathan, Jonathan	yes
1000000000	Jonathan, Jonathan	yes
1000000000	Jonathan, Jonathan	no

Showing 1 to 10 of 10 entries

Electronic Policy List

Policy Number	Primary Insured	Electronic Policy Status
1000000000	Jonathan, Jonathan	Waiting BGA Approval
1000000000	Jonathan, Jonathan	Waiting Customer Acceptance
1000000000	Jonathan, Jonathan	Waiting Customer Acceptance
1000000000	Jonathan, Jonathan	Waiting Customer Acceptance
1000000000	Jonathan, Jonathan	Waiting Agent Release

Showing 1 to 5 of 20 entries

Large Cases

By Premium

By Face

Policy Number	*Annualized Premium	Producer
1000000000	\$41,775.96	Jonathan, Jonathan
1000000000	\$37,367.40	Jonathan, Jonathan
1000000000	\$30,949.44	Jonathan, Jonathan
1000000000	\$26,318.20	Jonathan, Jonathan
1000000000	\$26,270.20	Jonathan, Jonathan

Showing 1 to 5 of 10 entries



Review Documents

Release Policy

POLICY NUMBER: TU5004785


INSURED NAME: PLB EPDTerm

STATUS: Waiting Agent Release

INSURED EMAIL:

PREMIUM DUE: \$314.70

### How to Release Your Electronic Policy

Review All Documents

Review all documents in the list below by clicking each individual button. A check mark will appear beside each document once it is reviewed. If changes are necessary, you can click the "Changes Needed" button.

1. Policy Summary Sheet ⓘ

REVIEW DOCUMENT

2. Amendment ⓘ

REVIEW DOCUMENT

3. Amendment ⓘ

REVIEW DOCUMENT

4. Other Documents ⓘ

REVIEW DOCUMENT

5. Full Policy ⓘ

REVIEW DOCUMENT

Changes Needed ⓘ

Release to Customer ➔

BACK TO LIST

# Electronic Policy Delivery: Document Review

The screenshot shows a web interface for reviewing a policy document. At the top, a blue banner reads "Please review the policy document below." followed by a note: "Depending on the size of this document, it may take up to 30 seconds to load." Below this is a blue "Continue" button. The main content area is a document viewer showing a "Policy Summary Sheet For Electronic Policy Delivery" from Protective Life Insurance Company. The document contains the following information:

Policy Number:	TU8892050
Plan Name:	CUSTOM CHOICE UL 25
Initial Face Amount:	\$350,000
Mode of Payment:	Monthly
Initial Premium:	\$35.15
Policy Effective Date:	October 1, 2019

Below the document viewer is another blue "Continue" button. The background of the interface shows a sidebar with labels: "POLICY NUMBER", "STATUS: Waiting", and "PREMIUM DUE".

Review Documents

Release Policy

POLICY NUMBER: TU6004785


INSURED NAME: PLB EPDTerm

STATUS: Waiting Agent Release

INSURED EMAIL:

PREMIUM DUE: \$314.70

### How to Release Your Electronic Policy

Review All Documents

Review all documents in the list below by clicking each individual button. A check mark will appear beside each document once it is reviewed. If changes are necessary, you can click the "Changes Needed" button.

1. Policy Summary Sheet ⓘ	REVIEW DOCUMENT	✓ Document reviewed
2. Amendment ⓘ	REVIEW DOCUMENT	✓ Document reviewed
3. Amendment ⓘ	REVIEW DOCUMENT	✓ Document reviewed
4. Other Documents ⓘ	REVIEW DOCUMENT	✓ Document reviewed
5. Full Policy ⓘ	REVIEW DOCUMENT	✓ Document reviewed

Changes Needed ⓘ

Release to Customer >

BACK TO LIST

# Electronic Policy Delivery: Agent Review Complete



Policy released. Congratulations!

PRINT

What to Expect Next

This policy has been released to the customers(s) to review, satisfy any requirements, and accept the life insurance Policy. Your electronic signature was affixed to Policy TU8892050 on 3/26/2020 at 5:36 PM.

Review Your Summary

POLICY NUMBER:	NAME:
TU8892050	

RETURN TO LIST

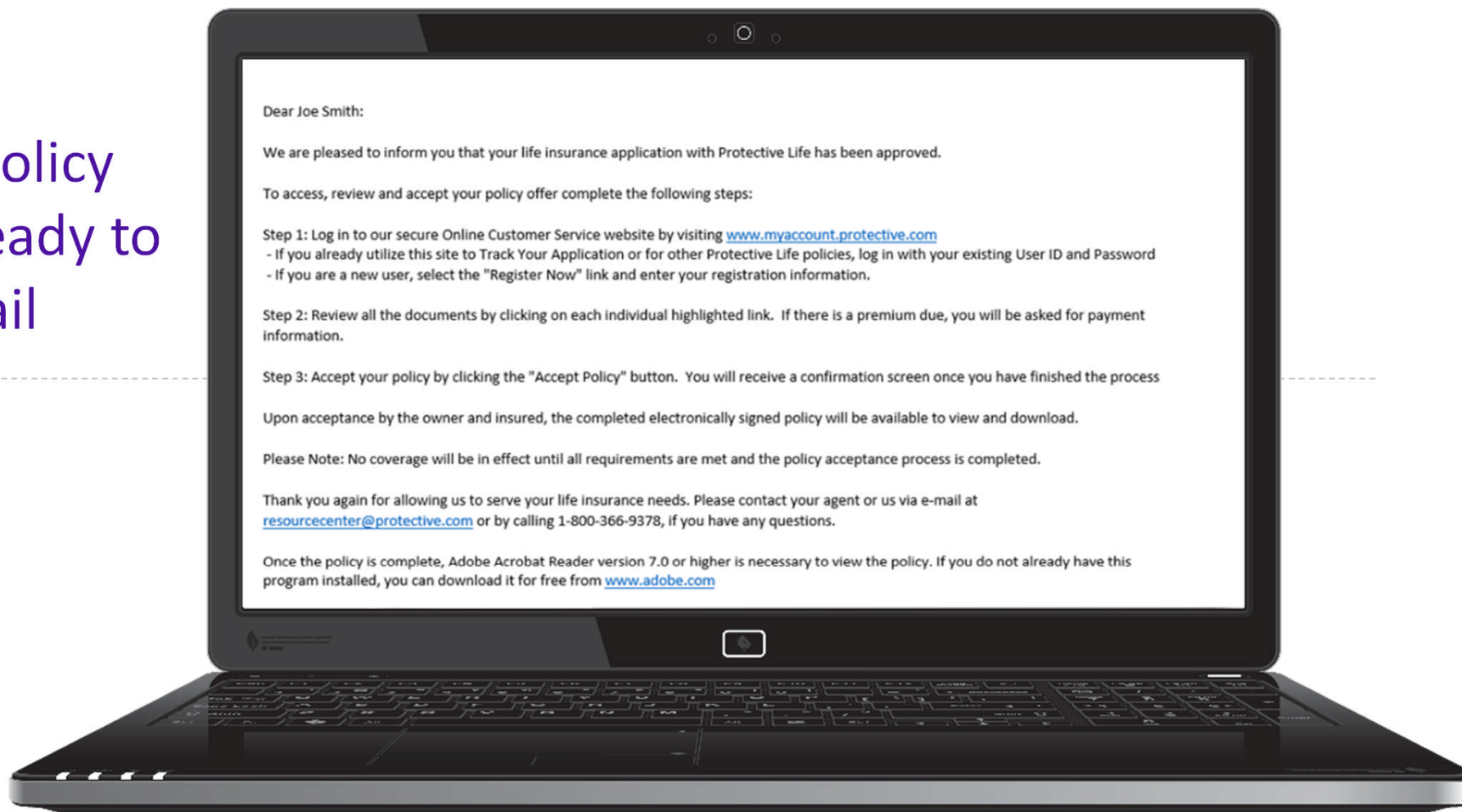
© Protective Life Corporation. All rights reserved.

For Broker Dealer or Financial Institution Use Only.  
Not Use With Consumers.



# Electronic Policy Delivery: Customer View

## Electronic Policy Delivery: Ready to Review Email



## Electronic Policy Delivery: Online Customer Service

The screenshot displays the Protective Life website's online customer service interface. On the left, a 'Welcome' section encourages users to login for account management convenience, listing benefits like e-bill delivery and address updates, with a 'REGISTER' button below. An 'Important Message for Current Customers' box at the bottom left provides details about site improvements and a one-time registration process. On the right, the 'ACCOUNT LOGIN' section features a 'ONE-TIME PAY' tab, a login form with fields for email (pre-filled with 'Joe.Smith@protective.com') and password, and a 'LOGIN' button. A 'Forgot Password?' link and a 'Don't have an account? Register now' link are also present.

**Welcome**

Login to enjoy the convenience of online account management.

- ✓ Sign up for e-Bill
- ✓ Change your address
- ✓ Update beneficiaries
- ✓ Review your account information

**REGISTER**

**Important Message for Current Customers:**

We're making improvements to our site to enhance your account security and provide a better customer experience. To take advantage of these improvements, please update your website registration. Once you've completed this one-time process, all of your existing account information will be accessible. Thank you for being a Protective Life customer and if you have any questions, please [contact us](#).

**ACCOUNT LOGIN** **ONE-TIME PAY**

Login to your account

Email  
Joe.Smith@protective.com

Password  
\*\*\*\*\*

[Forgot Password?](#)

**LOGIN**

Don't have an account?  
[Register now](#)



# Electronic Policy Delivery: Dashboard

Menu

Protective

Profile & SettingsSign out

My Dashboard

Statements & Documents

View Your Messages

## Welcome to My Account at Protective Life!

View your policy/contract information and manage your account.

### Thank you for your recent application with Protective Life.

Click on the button below to see the status of your application(s).

TRACK MY APPLICATION

I want to... ▾

### Life Insurance Policy

Policy Number: TU5004785

Owner: PLB EPDTerm ⓘ

Policy Status: In Process

Insured: PLB EPDTerm ⓘ

Review & Accept My Policy

POLICY NUMBER: TU5004785    INSURED NAME: PLB EPDTerm

## How To Accept Your Electronic Policy

 Review Documents Payment Accept Policy

### Review All Documents

Review all documents in the list below by clicking each individual button. A check mark will appear beside each document once it is reviewed. If changes are necessary, you can click the "Changes Needed" button.

1. Policy Summary Sheet ⓘ

REVIEW DOCUMENT

2. Amendment ⓘ

REVIEW DOCUMENT

3. Amendment ⓘ

REVIEW DOCUMENT

4. Other Documents ⓘ

REVIEW DOCUMENT

5. Full Policy ⓘ

REVIEW DOCUMENT

[Changes Needed ⓘ](#)    [Email Your Questions ⓘ](#)[NEXT STEP >](#)

Please review the policy document below.

Depending on the size of this document, it may take up to 30 seconds to load. [Use the area below the document viewer to answer questions and continue.](#)

1 of 1 Automatic Zoom



### AMENDMENT TO APPLICATION WITH HEALTH STATEMENT

NBLB2

NAME OF INSURED JOE SMITH

POLICY TU8892050

The application to PROTECTIVE LIFE INSURANCE COMPANY for the policy named above is hereby amended by the undersigned to conform in every respect to any and all changes indicated below:

Amount of Insurance:	Plan of Insurance:	Premium Payable:
\$350,000	CUSTOM CHOICE UL 25	\$35.15 MTH PAW

#### Other Changes:

Plan of Insurance shall be: Protective Custom Choice UL 25

Address of the Owner shall read as follows: 100 2nd Street  
Birmingham, Alabama 35242.

- ☒ Yes - I agree with the information in the document.
- ☐ No - I do not agree with the information in the document and have comments.

Continue

Life Insurance Company

NBLB2

## AMENDMENT TO APPLICATION WITH HEALTH STATEMENT

TU8892050 00009

NAME OF INSURED JOE SMITH

POLICY TU8892050

The application to PROTECTIVE LIFE INSURANCE COMPANY for the policy named above is hereby amended by the undersigned to conform in every respect to any and all changes indicated below:

Amount of Insurance: \$350,000	Plan of Insurance: CUSTOM CHOICE UL 25	Premium Payable: \$35.15 MTH PAW
-----------------------------------	---	-------------------------------------

## Other Changes:

Plan of Insurance shall be: Protective Custom Choice UL 25

Address of the Owner shall read as follows: 100 2nd Street  
Birmingham, Alabama 35242.


- ☐ Yes - I agree with the information in the document.
- ☒ No - I do not agree with the information in the document and have comments.


Please provide comments:


[Continue](#)


POLICY NUMBER: TU5004785    INSURED NAME: PLB EPDTerm

## How To Accept Your Electronic Policy

 Review Documents

 Payment

 Accept Policy

 Review All Documents

Review all documents in the list below by clicking each individual button. A check mark will appear beside each document once it is reviewed. If changes are necessary, you can click the "Changes Needed" button.

1. Policy Summary Sheet ⓘ	REVIEW DOCUMENT	✓ Document reviewed
2. Amendment ⓘ	REVIEW DOCUMENT	✓ Document reviewed
3. Amendment ⓘ	REVIEW DOCUMENT	✓ Document reviewed
4. Other Documents ⓘ	REVIEW DOCUMENT	✓ Document reviewed
5. Full Policy ⓘ	REVIEW DOCUMENT	✓ Document reviewed

Changes Needed ⓘ    Email Your Questions ⓘ

NEXT STEP >

POLICY NUMBER: LU5300226 INSURED NAME: EPD Customer

## How to Accept Your Electronic Policy

[Review Documents](#)[Payment](#)[Accept Policy](#)

### Make your initial payment

Payment Due Today: \$23.42

#### 1. Select Payment Method

Bank Account



#### 2. Fill Out Payment Details

##### Bank Account Information

Accountholder Name

Routing Number

Account Type

☒ Checking ☐ Savings

Account Number

#### 3. Future Automatic Bill Payment

Your policy requires you to set up automatic billing, please select one of the following options.

☐ Use the same payment method for future automatic bill payments.

#### 5. Review Your Payment Details

By making this payment I agree With the [TERMS AND CONDITIONS](#)

MAKE PAYMENT >

POLICY NUMBER: TU5004785 INSURED NAME: PLB EPDTerm YOUR REPRESENTATIVE:

## How to Accept Your Electronic Policy



Review Documents



Payment



Accept Policy



## Make your initial payment

## 1. Select Payment Frequency

Frequency	Payment Amount
<input type="radio"/> Annually	\$314.70
<input type="radio"/> Semi-annually	\$163.64
<input type="radio"/> Quarterly	\$84.97
<input checked="" type="radio"/> Monthly	\$26.75

Payment Due  
Today:

\$26.75

## 2. Select Payment Method

Bank Account



## 3. Fill Out Payment Details

## Bank Account Information

Accountholder Name

Routing Number ⓘ

Account Type

☒ Checking ☐ Savings

Account Number ⓘ

## 4. Future Automatic Bill Payment

Your policy requires you to set up automatic billing, please select one of the following options.

☐ Use the same payment method for future automatic bill payments. ⓘ

## 5. Review Your Payment Details

By making this payment I agree With the [TERMS AND CONDITIONS](#)

MAKE PAYMENT ➔

POLICY NUMBER: LU5300226    INSURED NAME: EPD Customer



Review Documents



Payment



Accept Policy



## Accept Policy

By clicking the Accept Policy button, I, EPD Customer, acknowledge that I have reviewed this Life Insurance Policy and authorize this to serve as my electronic signature for purposes of this life insurance transaction.

[ACCEPT POLICY >](#)





Policy accepted. Congratulations!

[PRINT](#)

## What to Expect Next

You will be notified that your policy is active once your payment has been successful. Your electronic signature was affixed to Policy LU5300226 on 3/31/2020 at 8:53 AM. You will not be receiving a paper policy. You may return to this website at any time to view and/or print your policy.



## Review Your Summary

**POLICY NUMBER:**  
LU5300226

**NAME:**  
EPD Customer

### Documents Reviewed

1. Policy Summary Sheet >
2. Other Documents >
3. Full Policy >

### Payment Details

#### Initial Payment

Confirmation Number: 7C65322CAF

Payment Method: Credit/Debit Card

Date: 3/31/2020 8:39:56 AM

Total: \$23.42

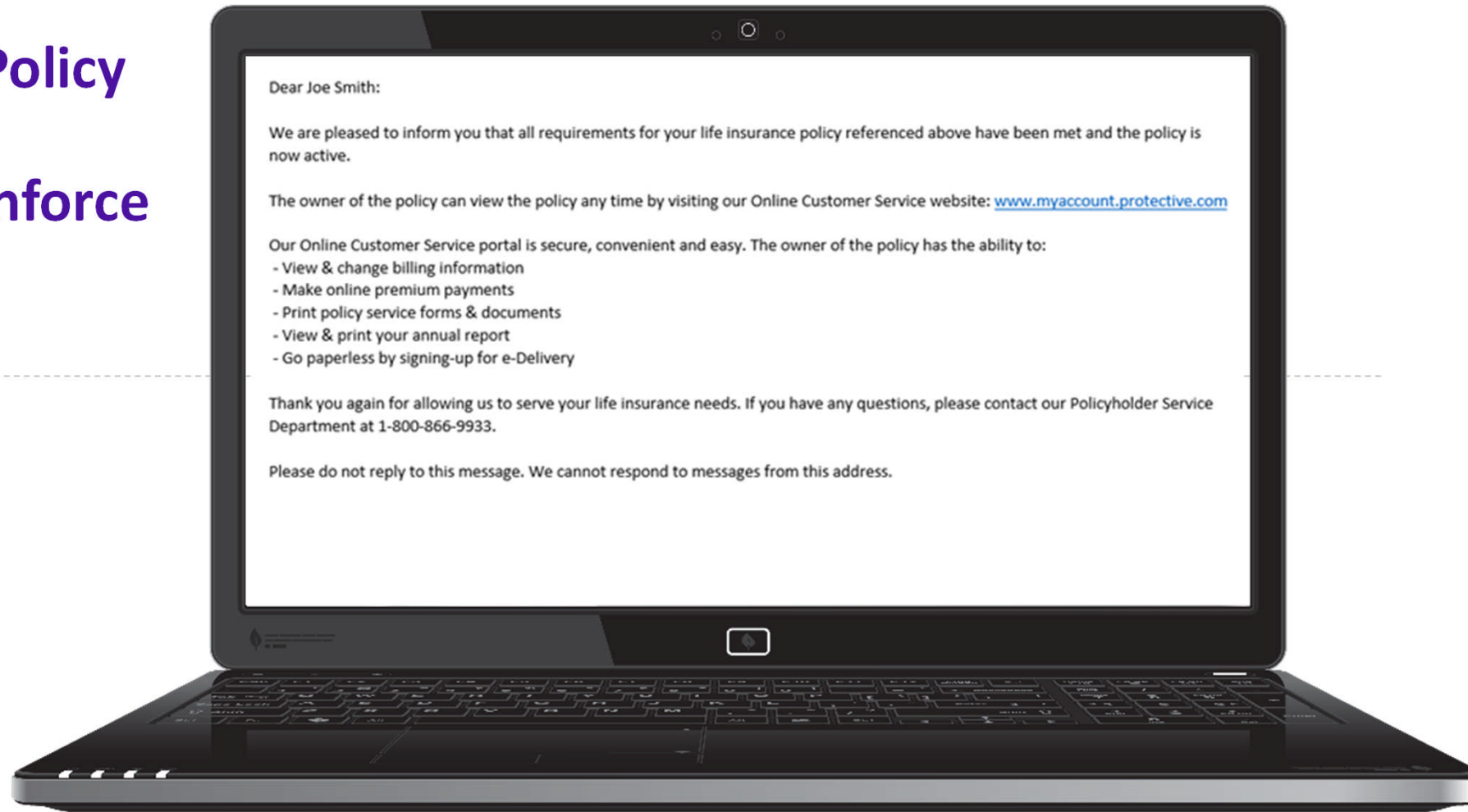
#### Future Automatic Bill Payment

Payment Method: Checking Account

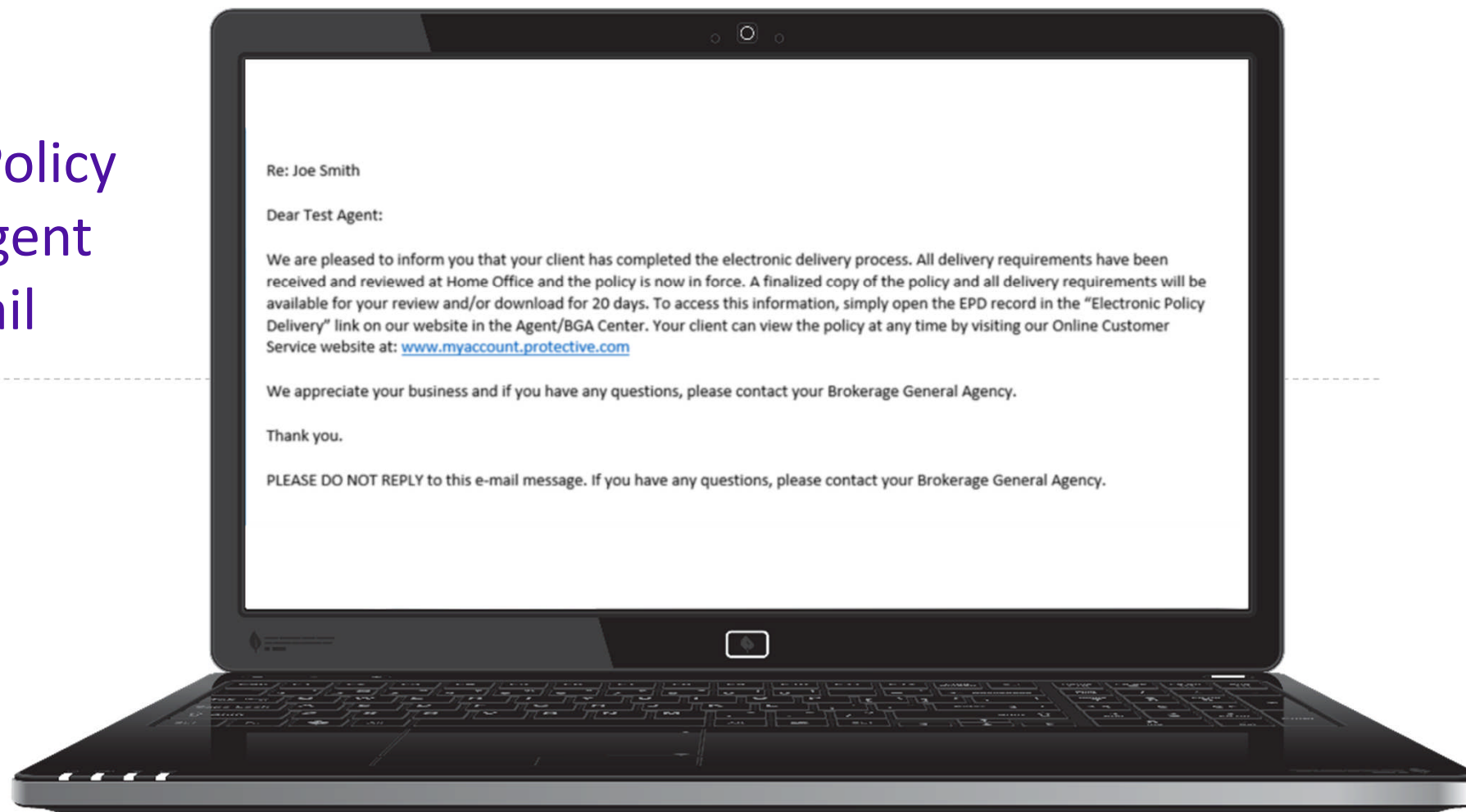
Setup Date: 3/31/2020 8:46:27 AM

[BACK TO DASHBOARD >](#)

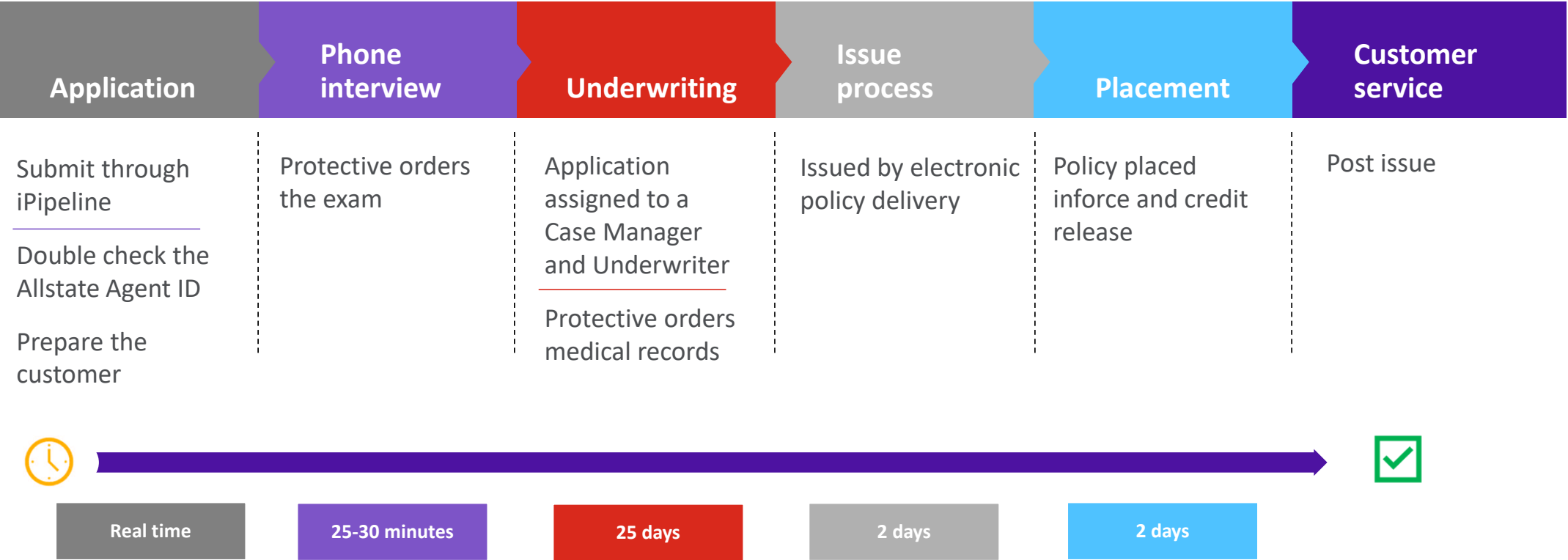
# Electronic Policy Delivery: Customer Inforce Email



## Electronic Policy Delivery: Agent Inforce Email



# Steps in the life of an electronic application



# Monitoring Inforce Cases



## Welcome to Protective Life

This website provides the key resources and tools you'll need to do business with Protective, and begin using our annuity solutions to help grow your customer portfolio.

For assistance anytime, call your Protective Wholesaler [877-905-3078](tel:877-905-3078)

[Download Getting Started Guide](#)

[REVIEW NAIC REQUIRED TRAINING](#)

[Training Instructions](#)

### Forms & Applications

Easily access and download applications and forms by state.

[NEW YORK](#)

[ALL OTHER STATES](#)

### Illustrations

Customized hypothetical product illustrations to help your customers make decisions about planning for their financial future.

[Illustration FAQs](#)

[RUN AN ILLUSTRATION](#)

### Annuity Interest Rates

Interest rates are set every two weeks. Depending upon market conditions, rates may be set more frequently.

Select Product ▾

☐ Current

☐ Future

[FIND RATES](#)

## My Business

Protective gives you the tools you need to monitor your business, including policy alerts and reports to keep your business moving forward.

Not yet registered?

[REGISTER NOW](#)

### Book of Business

View activity and values for a customer's annuity contract.

[LOG IN](#)

### Pending Business

Access to your pending 1035 transfers 24 hours a day, 7 days a week

[LOG IN](#)

### Reports

View a weekly report of customer correspondence.

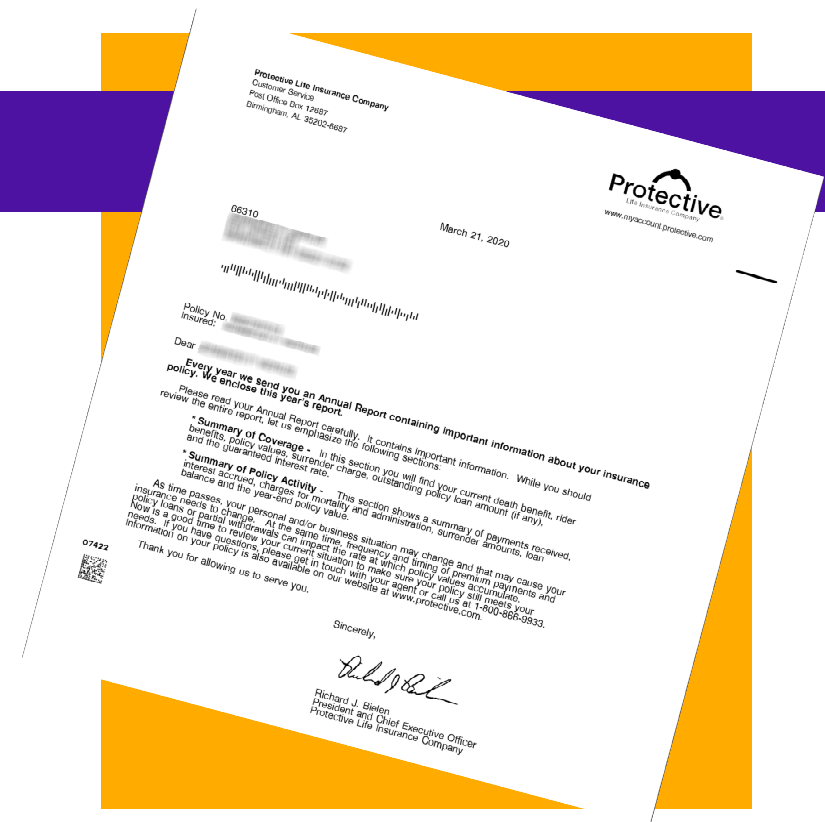
[LOG IN](#)

# Agent Inforce Policy Management

Using the Protective/Allstate Microsite, you can access your book of business to review and manage your customer's inforce policies.

## Available Tools:

- Inforce policy details
- Copies of customer correspondence + billing statements
- Basic inforce illustrations
- Delinquent premium reports





## Here when you need us



### Helping you through the claims process

Losing a loved one is never easy. We want to make the process of filing your insurance or annuity claim as simple as possible. Starting a claim officially notifies us and begins the claims process. If you've already notified Protective, check your claim status to stay informed of the process.

[Check claim status](#)

[Start a claim](#)

## Office Hours with Carrie Folger

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- March 1<sup>st</sup> (Tuesday) 2pm – 3pm ET
- March 3<sup>rd</sup> (Thursday) 2pm – 3pm ET

# Questions?

# Important Information

Protective Classic Choice Term, policy form number ICC16-TL 21/TL-21, and state variations thereof, is a level death benefit term life insurance policy to age 90, issued by Protective Life Insurance Company, Nashville, TN. In New York, Protective Classic Choice Term, policy form number TL-21-NY 4-16, is a level death benefit term life insurance policy to age 90, issued by Protective Life and Annuity Insurance Company, Birmingham, AL. Policy form numbers, product features and availability may vary by state. Consult policies for benefits, riders, limitations and exclusions. Subject to underwriting. Up to a two-year contestable and suicide period. Benefits adjusted for misstatements of age or sex. In Montana, unisex rates apply. Premiums increase annually after the initial guaranteed premium period. All payments and guarantees are subject to the claims-paying ability of Protective Life Insurance Company. Protective is a registered trademark of Protective Life Insurance Company and Classic Choice is a trademark of Protective Life Insurance Company.

Protective and Protective Life refer to Protective Life Insurance Company (PLICO) and its affiliates, including Protective Life and Annuity Company (PLAIC). PLICO, founded in 1907, is located in Nashville, TN, and is licensed in all states excluding New York. PLAIC is located in Birmingham, AL, and is licensed in New York. 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.

