

Suitability Form

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 INFORMATION: (If jointly owned, provide both owners' information.)

Primary Owner		Joint Owner	
1. Name: <u>John Smith</u>		1. Name: _____	
2. SSN/TIN: <u>123-45-6789</u>	3. Age: <u>67</u>	2. SSN/TIN: _____	3. Age: _____

ACCOUNT/FINANCIAL PROFILE: (For joint accounts, information may be combined.)

4. Annual Household Gross Income: \$0 - \$25k \$25k - \$75k \$75k - \$150k \$150k+

5. Federal Income Tax Bracket: 0% - 15% 16% - 30% 31%+

6. Liquid Net Worth (Assets - minus residence(s), automobile(s), and furnishings.): \$ 500,000

7. Financial Objectives, intended use of this annuity product (Check all that apply):

<input checked="" type="checkbox"/> Guarantee Against Loss of Principal	<input type="checkbox"/> Income	<input type="checkbox"/> Growth	<input type="checkbox"/> Tax Deferral
<input checked="" type="checkbox"/> Pass Assets on to Beneficiaries	<input type="checkbox"/> Savings	<input checked="" type="checkbox"/> Liquidity	<input type="checkbox"/> Other: _____

8. Product Time Horizon: 1 - 3 years 4 - 6 years 7+ years

9. Which of the following products have you purchased? (Check all that apply):

<input checked="" type="checkbox"/> Fixed Annuities	<input checked="" type="checkbox"/> Stocks	<input type="checkbox"/> Mutual Funds	<input type="checkbox"/> Options	<input type="checkbox"/> Partnerships
<input checked="" type="checkbox"/> Variable Annuities	<input checked="" type="checkbox"/> Bonds	<input checked="" type="checkbox"/> Life Insurance	<input type="checkbox"/> Certificates of Deposit	<input type="checkbox"/> Other: _____

EXISTING ACCOUNT INFORMATION:

10. What is the source for this annuity's premium? (Check all that apply):

<input type="checkbox"/> Checking/Savings Account	<input type="checkbox"/> Certificates of Deposit	<input checked="" type="checkbox"/> Other Investments	<input type="checkbox"/> Other: _____
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11. Do you have sources of liquid assets, other than the expected income from this annuity, available for living expenses and emergencies? Yes No

12. 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?

<input type="checkbox"/> 1 - 3 years	<input type="checkbox"/> 4 - 6 years	<input checked="" type="checkbox"/> 7 - 9 years	<input type="checkbox"/> 10 - 12 years	<input type="checkbox"/> 13 or more years
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13. 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?

<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, how much? _____
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OWNER'S CONFIRMATION:

I acknowledge that the information I have provided above is true and complete to the best of my knowledge. I acknowledge that the fixed annuity product I am applying for is a long term contract with substantial penalties for early withdrawal, I have reviewed the product specific Disclosure Statement with my sales representative, I have discussed my anticipated financial needs and my risk tolerance, and I have determined that the purchase of this annuity product assists me in meeting my insurance needs and/or financial objectives.

Signature of Owner: John Smith Date: 03/18/2011

Signature of Joint Owner: _____ Date: _____

SALES REPRESENTATIVE'S CONFIRMATION:

I acknowledge that I have made a reasonable effort to obtain information from the Owner concerning the financial status, tax status, investment objectives and other information considered reasonable. It is my belief that based on: 1) The information the Owner provided. 2) All the circumstances known to me at the time the recommendation was made, the annuity being applied for, based on my recommendation is suitable for the Owner(s)' insurance needs and/or financial objectives.

Signature of Sales Representative: John Q. Agent Date: 03/18/2011

Protective Life Insurance Company
West Coast Life Insurance Company
Post Office Box 10648, Birmingham, AL 35202-0648
Toll Free: 800-456-6330; Fax: 205-268-3151

Suitability - 01/11

Be sure to complete ALL questions on this form or it will be rejected.

Owner, joint-owner (if any) and agent signatures are required.



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. Allstate is an independent agency licensed to sell Protective products.