

Protective Life Insurance Company

Life Benefits
PO Box 12486
Birmingham, AL 35202



We are very sorry to learn about your recent loss and extend our sincere condolences. At Protective Life, we understand how important life insurance can be in protecting the financial futures of the people who depend on us. Serving the needs of beneficiaries for over one hundred years, we have learned a great deal about how to best assist you during this difficult period.

During this burdensome time, we want to make it as simple as possible for you to begin the process to make a life insurance claim. To that end, we have enclosed some brief forms that need to be completed and signed by you. Please be sure that the forms are dated and that you obtain the signature of an unrelated witness, which should be added to the bottom portion of the documents.

To complete the process, we would ask that you include two additional items:

- A Certified Death Certificate listing cause and manner of death
- Original policy or the certificate of insurance. If these documents are not easily accessible, in SECTION D of the claim form select "The Original policy(ies), or a copy, cannot be found."

To provide a safe and secure method for receiving the proceeds from your claim, the funds will be placed in a FREE interest-bearing account that provides immediate access to 100% of the proceeds. This *Immediate Benefit Account* also gives you time to consider carefully how you wish to use or invest the money you have received, while continuing to receive a competitive interest rate of 0.55% APY.* The APY varies with the market and is subject to change.

We hope that you will find this process to be convenient and accessible. Our commitment to our policyholders is to provide their loved ones with respect and assistance in navigating through some of the financial complexities that they are facing during this trying time.

We want to be sure that you benefit from our experience and invite you to contact us at 1-800-424-1592 if we may provide additional information or help.

Sincerely,

Richard Leiderman
Claims Department

* The Annual Percentage Yield (APY) as advertised is accurate as of April 4, 2013. Interest rate and APY are subject to change without notice at any time before and after an Immediate Benefit Account is opened.

CLAIMANT'S STATEMENT

Instructions: Please read the following instructions before completing any part of this form. Every question must be answered completely. The insurance company ("Company") reserves the right to require or obtain further information should it be deemed necessary. To assist us in processing your claim as soon as possible, please provide the following documents:

- **Claimant's Statement:** This must be completed by the beneficiary; if there is more than one beneficiary, each must complete a separate statement.
- **Death Certificate:** A certified death certificate issued by the appropriate government entity (e.g. County Health Department, Vital Statistics Department) is to be returned with the claimant's statement.
- **Policy:** The original policy contract should be sent with this statement. If you are unable to locate the contract, please note that on the claim form in SECTION D.
- **Complete SECTION F** if the deceased died within 2 years after the Issue Date of the policy.

Minor Beneficiaries (Under 18 Years) and Beneficiaries who are Mentally Incompetent - When the proceeds are payable to a minor child or to a mentally incompetent person, this statement must be executed by a person named as Guardian. Please furnish the court appointed Guardianship Papers for the Estate of each minor child. Custody papers are not acceptable. If signing for an incompetent person, either Guardianship Papers or the Durable Power of Attorney papers should be furnished.

Estate as the Beneficiary - When the proceeds are payable to the Estate of an individual, this Statement must be executed by the court appointed Executor(s), Administrator(s), or Personal Representative. A copy of the court appointment and qualification must be furnished.

SECTION A - INFORMATION ABOUT THE DECEASED

Name of Deceased: (List all names and alternate spellings, including maiden name, nickname or alias.)				
List all Policy Number(s):				
Deceased's Social Security Number:		Deceased's Date of Birth:	Deceased's Place of Birth:	
Date of Death:	Cause of Death:		If cause of death was other than natural*: <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Accident	
Deceased's Legal Residence Street Address:		City:	State:	Zip:
Deceased's Occupation:			Place of Death(City, State/Province Country):	
Funeral Home Name:		City:	State:	

***Note:** If the death was due to suicide, homicide, or an accident, please provide a coroner's report and a copy of the Investigating Officer's Report.

If you have any questions or need additional information, please call 1-800-424-1592.

SECTION B - INFORMATION ABOUT THE BENEFICIARY

Beneficiary Name (First, Middle, Last):		Day Time Telephone Number:	
Beneficiary's Street Address:	City:	State:	Zip:
Beneficiary's Social Security Number/Tax ID#:	Beneficiary's Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship to Deceased: <input type="checkbox"/> Spouse/Domestic* Partner <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Other(<i>Explain</i>) _____		Email Address:	

* A spouse, and other similar terms, will include a bona fide domestic partner in states that afford legal recognition to same-sex Civil Unions.

Note: If there is more than one beneficiary, please complete additional Beneficiary Statement(s) and attach to this form. See enclosed Fraudulent Claim Warnings.

SECTION C - SETTLEMENT PAYMENT ELECTION

For claims of \$10,000 or more, we establish an Immediate Benefit Account for you. The Immediate Benefit Account offers a convenient way to access your money, earn interest and take your time to make investment decisions. You receive a "checkbook," competitive interest rate and complete access to your money. We provide this as a FREE service. The enclosed brochure explains how the account works, along with its advantages.

If you choose, you can opt to receive your funds in a lump sum check. This option eliminates your ability to have an Immediate Benefit Account.

If you don't have an immediate need for your funds, you may want to consider a payment option. You can typically choose from four different types: 1) Payments for a Fixed Period, 2) Payments for Life with a Guaranteed Fixed Period, 3) Interest Income or 4) Payments of a Fixed Amount. For more details, contact us at 1-800-424-1592 or see the enclosed Settlement Options.

If you would prefer something other than an Immediate Benefit Account, please indicate your choice here:

If you do not specify a form of payment above, you will receive an Immediate Benefit Account, unless payment by check is required by state law, rule or regulation.

If you have any questions or need additional information, please call 1-800-424-1592.

SECTION D - POLICY/DEATH CERTIFICATE

Please indicate all statements that apply:

- ☐ A certified copy of the death certificate is enclosed.
- ☐ The original policy(ies) is enclosed.
- ☐ The original policy(ies), or a copy, cannot be found.
- ☐ The documents for a beneficiary trust are enclosed.
- ☐ The beneficiary trust continues to be in full force and effect.
- ☐ The beneficiary is a minor or mentally incompetent, and the court-appointed Guardianship Papers or Durable Power of Attorney is enclosed.

Note: Please ensure that you submit the appropriate documents and mark all applicable statements. An incomplete claim could result in a payment delay. We cannot return death certificates.

SECTION E - CERTIFICATION

The undersigned hereby makes claim to said insurance Company and certifies the above statements are true and complete. The undersigned agrees that furnishing this form shall not constitute nor be considered an admission by the Company that there was any insurance in force on the life in question.

- Under penalties of perjury, I certify that the Social Security Number (Tax ID Number) provided is correct. I also certify that I am not subject to backup withholding because I have never been notified that I am subject to backup withholding or because the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
- **Persons and Organizations Authorized to Release and Disclose Information:** I authorize the Company and its subsidiaries to release health/medical information such as information about the usage of drugs, alcohol, nicotine, physical disease/illness and mental disease to other insurance companies, MIB Claim Activity Index and employers. (Authorization valid for 24 months from date of signature may be revoked at any time.)
- Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

By my signature below, I acknowledge that I have read, understand, and agree to the conditions described above and in the enclosed Fraudulent Claim Warnings.

Beneficiary Signature (as you would sign a check)	Print Beneficiary Name	Date
--	-------------------------------	-------------

Witness must be unrelated and of legal age.

Witness Signature (as you would sign a check)	Witness Name	Date
--	---------------------	-------------

Witness Mailing Address	City	State	Zip Code
--------------------------------	-------------	--------------	-----------------

NOTE: Please complete SECTION F on the following page if the deceased died within 2 years of the policy's Issue Date.

If you have any questions or need additional information, please call 1-800-424-1592.

SECTION F - Complete this section if the deceased died within 2 years of the policy's Issue Date.

List all known life insurance policies for the Deceased			
Company Name	Policy Dates	Amounts of Insurance	
When did the deceased first complain or give other indication of the illness which caused his/her death?			
When did the deceased first consult a physician or other practitioner for the illness which caused his/her death?			
When did the deceased last attend to his/her usual work?			
Name and address of all physicians who attended the deceased during the last illness and during the three years prior:			
Name	Address	Date of Attendance	Disease or Condition

If you have any questions or need additional information, please call 1-800-424-1592.

Fraudulent Claim Warnings

- Any person with intent to defraud who files an application or a claim containing false or misleading information is guilty of insurance fraud. Anyone who knows that someone is committing fraud against an insurer is guilty as well.
- Some states require that we provide specific fraud claim warning language. Before signing the claim form, please read the warning for the state where you live and the state where the insurance policy was issued.

Arkansas, Louisiana, Rhode Island, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents a false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form: Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to civil and criminal penalties.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, and denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Washington DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false incomplete, or misleading information is guilty of a felony in the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company of other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: "Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly **or** willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison." MD code Ann. Ins. HB 301' 27-805.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer makes any claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing materially false information or conceals for the purpose of misleading, information concerning any fact thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

Puerto Rico: Any person who, knowingly and with intention of defrauding presents false information in an insurance application, or presents, helps or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia, Washington: It is a crime to knowingly present false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

All Other States: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. (NAIC Model)

SETTLEMENT OPTIONS

If you don't have an immediate need for your funds, you may want to consider a payment option. You can typically choose from four different types:

- 1) Payments for a Fixed Period,
- 2) Payments for Life with a Guaranteed Fixed Period,
- 3) Interest Income
- 4) Payments of a Fixed Amount.

For more details, please contact us at 1-800-424-1592.

Option 1: Payments for a Fixed Period

We will make equal monthly payments on the same day of each month for up to 30 years. The amount of each payment depends upon the amount applied to the settlement option, the period selected, and the interest rate in effect at the time the payments are determined.

Option 2: Payments for Life with a Guaranteed Fixed Period

We will make equal monthly payments on the same day of each month for the life of a designated person with payments guaranteed for either 10 or 20 years. Payments stop at the end of the guaranteed period or when the designated person dies, whichever is later. .

Option 3: Interest Income

We make payments according to written instructions we receive and credit interest on the unpaid balance. We, in our sole discretion, establish the current interest rate on settlement option 3 from time to time, but will not declare an annual effective interest rate less than the rate guaranteed in the policy for this option.

Option 4: Payments of a Fixed Amount

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

Q&A Immediate Benefit Account

What is the Immediate Benefit Account?

A Protective Life Immediate Benefit Account ("Account") is a free, convenient, stress-free way to access your life insurance or annuity death benefits. Rather than receive your benefit in a single, lump-sum check, the money gets deposited into a draft account (which is similar to an interest-bearing checking account). Payment of the death benefit is satisfied by the deposit of the funds into the Account. You can use the money as you see fit and take your time deciding how to invest it. You may write drafts ("checks") as needed or write one check for the entire balance including interest.

Is the Immediate Benefit Account Insured?

The Account is not insured or guaranteed by the FDIC or any other government agency, but it is guaranteed by your State Guaranty Association. A lengthy delay is possible before you can get the proceeds if insolvency occurs. Contact the National Organization of Life and Health Insurance Guaranty Associations (www.nolhga.com) to learn more about coverage limitations. **YOU CAN ALSO CONTACT YOUR STATE DEPARTMENT OF INSURANCE** (www.naic.org/state_web_map.htm).

The Account is backed by the claims-paying ability of the company (or its successor) that issued your contract. Funds are held within Protective Life's general account. We may receive income from the amounts held in the Account.

Who is eligible for an Immediate Benefit Account?

A beneficiary receiving a death benefit payment or an annuity payment that exceeds \$10,000.

Can I deposit additional money into the Immediate Benefit Account?

No. Protective Life is not a bank and cannot accept deposits into the Account. We provide this free service for your convenience.

When is the Immediate Benefit Account available?

The day your claim is processed, Protective Life establishes an interest-bearing draft account on behalf of each beneficiary. The Account begins earning interest the following day. Each beneficiary receives a "checkbook" to write checks.

Is the Immediate Benefit Account better than receiving a single check?

For many people, making a large financial decision is difficult, particularly during a time of mourning. The Account provides you time, and allows you to earn interest on the insurance proceeds while you're deciding how to invest them. The Account also provides a convenient way to pay for funeral, household and other expenses.

How an Immediate Benefit Account Works

- You write checks just as you would with a personal checking account. Checks may be written for any purpose, at any time and in any amount up to the remaining Account balance. (Checks should be written for a minimum amount of \$250.)
- If you decide to invest or use all of the money, you may write a check for the entire balance including interest and the Account will automatically close. In addition other available settlement options are preserved and may be used until the entire balance is withdrawn or the balance falls below \$2000.
- Your Account will earn interest that compounds daily and helps your money to work for you. The interest rate will be adjusted periodically. It will be no less than the monthly U.S. Money Market Accounts national average as reported on www.Bankrate.com. The interest rate you receive is not related to the rate of return on the funds in Protective's general account. All drafts are payable through Bank of New York Mellon.

See additional information on reverse side.

How an Immediate Benefit Account Works

- You may order additional checks at no cost.
- You will receive a quarterly statement by postal mail (monthly when there is activity in the Account) with details about checks written, your remaining balance, the interest rate, and any changes to the interest rate.
- You will not be charged any fees or service charges. We do not anticipate any delays or limitations in processing your transactions.
- The account will stay open as long as you maintain a minimum balance of \$2,000. Once the balance drops below \$2,000, the account will automatically close, and we will forward any remaining funds plus interest earnings to you.
- There may be tax implications on the interest earned on your Account; please consult your tax advisor.
- If there is no activity (i.e., withdrawals) on your Account within any one (1) year period, we will attempt to contact you at your last known address to discuss your Account and any options available to you. If we are unable to contact you, the funds may be escheated to the state based on the state unclaimed property requirements.

Questions about the Immediate Benefit Account?

If you have questions, please call the Immediate Benefit Account Services at 1-866-412-2071. We will be happy to help you.

IMPORTANT PRIVACY CHOICES FOR CONSUMERS

Protective Life Insurance Company

P.O. Box 2606

Birmingham, Alabama 35202

Protecting the privacy of information about our customers is important. This notice tells you how we treat information about our customers. We treat information about our former customers the same as we treat information about our current customers. **We do not sell information about our customers.**

We get most of the information we need from customer applications and other forms. If a customer authorizes it, we may get information from other sources. For example, when a person applies for life insurance we may ask for permission to get information from

- Insurance support organizations such as the Medical Information Bureau and
- Consumer reporting agencies.

We also get information as we process customer transactions. The information we may have includes

Identifying Information such as

- Name,
- Address,
- Telephone Number,
- Demographic Data;

Financial Information such as

- Credit History,
- Income,
- Assets,
- Other Insurance Products; and

Health Information such as

- Medical history and
- Other factors affecting insurability.

We use the information for business and marketing purposes, such as

- Processing applications, claims, and transactions,
- Servicing your business, and
- Offering you other products and services.

We share the information with affiliates and others who provide services to help us process or administer our business. For example, we may share information with others who:

- Print our customer statements,
- Help us underwrite life insurance applications,
- Help us process claims, and
- Conducts surveys, analyze information, or help us market our own products to you.

Protective Life Insurance Company
West Coast Life Insurance Company
Protective Life and Annuity Insurance Co.
ProEquities, Inc.
First Protective Insurance Group, Inc.
Lyndon Property Insurance Company
Western Diversified Services, Inc.

The Advantage Warranty Corporation
First Protection Corporation
Protective Administrative Services, Inc.
Western General Dealer Services, Inc.
First Protection Corporation of Florida
National Warranty of Florida, Inc.
Western General Warranty Corporation

RESTRICT INFORMATION SHARING WITH COMPANIES WE OWN OR CONTROL (AFFILIATES) AND RESTRICT INFORMATION SHARING WITH OTHER COMPANIES WE DO BUSINESS WITH TO PROVIDE FINANCIAL PRODUCTS AND SERVICES

Unless you opt out, our affiliates (including the list below) may use the information we share with them to market to you. We may also share information with other companies so that we can jointly market a product or service to you.

You can opt out by calling the toll-free number 1-855-907-6137. Even if you don't opt out, your information will not be sold to third parties for marketing purposes.

ADDITIONAL INFORMATION

We will not share information with anyone else unless we have your permission, or we are allowed or required by law to disclose it.

We maintain physical, electronic and procedural safeguards to protect it. Access to customer information is limited to people who need access to it in order to do their jobs.

We require that our service providers limit their use of the information we share and keep it confidential.

You should know that your insurance sales agent is independent. The use and security of information an agent gets is his or her responsibility. Please contact your agent if you have questions about his or her privacy policy.

We have the right to change our Privacy Policy. If we make a material change to our Privacy Policy, we will notify you before we put it into effect.

CONTACT INFORMATION

If you have questions about our privacy policy, please call us at 1-855-907-6137 or write us at:

Protective Life Insurance Company
P.O. Box 2606
Birmingham, Alabama 35202

Western General Warranty, Inc.
Lyndon-DFS Administrative Services Inc.
Acceleration National Service Corporation
Warranty Business Services Corporation
PLICO Privacy Notice 1-2013

An Immediate Benefit Account

Gives you access to your funds while earning a competitive interest rate.

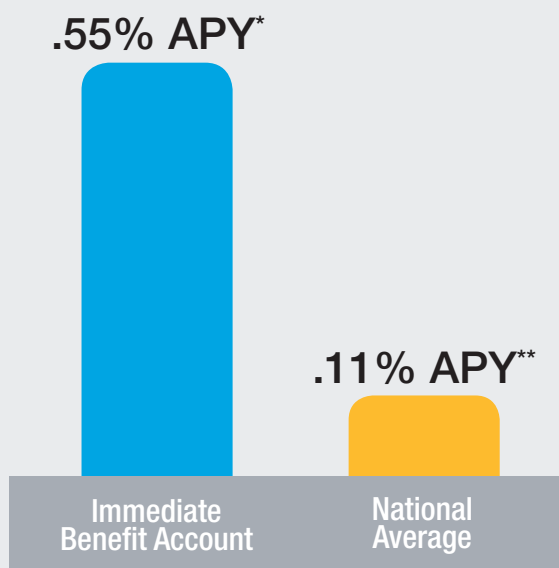


Give yourself flexibility, time to decide, while earning interest.

We understand that losing someone dear brings an array of challenges, from emotional to financial. Making a decision about what to do with your benefit funds can be overwhelming at a time like this. Our Immediate Benefit Account can help make life easier.

The Immediate Benefit Account offers the convenience of an interest-bearing draft account (similar to a checking account) for your funds instead of a one-time, lump-sum check. If your benefit amount is \$10,000 or higher, you can receive a personal checkbook and write checks to third parties, including individuals, stores, creditors, banks, brokerage firms and other financial institutions. You can also write a check to withdraw your entire balance and close your account at any time.

See How Our Immediate Benefit Account Compares to the National Savings Average**



* The Annual Percentage Yield (APY) as advertised is accurate as of April 4, 2013. Interest rate and APY are subject to change without notice at any time before and after an Immediate Benefit Account is opened.

** The National Average APY is the Money Market Account (MMA) & Savings Bankrate.com National Average reported by Bankrate.com as of April 4, 2013. The Bankrate.com National APY Average is only available for MMA products in any denomination exclusively. For MMA & Savings products in any denomination, the presented Bankrate.com National APY Average are averages of the MMA products only, and are not inclusive of Savings products APY rates.

The account is free. The interest is competitive. The convenience is priceless.

The Immediate Benefit Account provides you:

Convenient access to your money

Your funds are available immediately, so there's no need to wait for a lump-sum check to clear your bank.

A competitive interest rate

Your **Immediate Benefit Account** balance earns interest¹. What's more:

- The interest rate is consistently higher than the average rates paid by banks and money market mutual funds for similar accounts. The rate is adjusted periodically according to market conditions.
- You earn continuous interest from the moment the claim is approved, until the last dollar is withdrawn.
- The interest compounds daily, so your money works for you.

The convenience of a draft account

The **Immediate Benefit Account** works similar to a personal checking account². You receive a personalized checkbook for the account where the death benefit check has been deposited. You can then write checks to pay bills, make investments, or make purchases. Here's how it works:

- Write checks for any purpose, \$250 or higher, up to the remaining balance in your account.
- View your account any time online.
- Order additional checks at no cost.
- Keep the account open as long as you like by maintaining a minimum balance of \$2000³.
- Receive quarterly statements by postal mail showing your account activities.
- Pay no monthly fees or service charges.

Flexibility... and time to make comfortable financial decisions

During a time of grief, making serious financial decisions can add to the stress. The **Immediate Benefit Account** gives you time to heal and plan, so that you are comfortable in how to utilize your funds. In the meantime, you enjoy full access to the money and earn interest too. The account is designed to:

- Eliminate the need for critical financial decisions during a difficult time.
- Provide money for any need, including funeral costs, household bills and urgent expenses.
- Allow you a comfortable way to manage your benefits, with interest.



This brochure is intended to introduce you to the Immediate Benefit Account and how it can work for you. Please see the Immediate Benefit Account Q&A for more important details.

¹ There may be tax implications on the interest earned on the Immediate Benefit Account; please consult your tax advisor.

² The Immediate Benefit Account is for the death benefit funds only. Additional money cannot be deposited.

³ Once the balance in the Immediate Benefit Account becomes less than \$2000, the account will automatically close, and we will forward any remaining funds plus interest earnings to you. In addition, other available settlement options are preserved and may be used until the entire balance is withdrawn or the balance falls below \$2000.

Under the Immediate Benefit Account, the Account balance will earn interest that compounds daily and helps your money work for you. The interest rate will be adjusted periodically and will be no less than the monthly average of the Bankrate.com U.S. Money Market Accounts national average, as reported on Bankrate.com. The interest rate credited to your Account is not related to the rate of return on the assets of Protective's general account. The Account will be backed by the claims-paying ability of the company (or its successor) that issued your contract.

The Account is not insured or guaranteed by the FDIC or any other government agency, but is guaranteed by your State Guaranty Association. Contact the National Organization of Life and Health Insurance Guaranty Associations (www.nolhga.com) to learn more about coverage limitations applicable to your Account. For further information, please contact your State Department of Insurance (www.naic.org/state_web_map.htm).

In the event there is no activity (i.e., withdrawals) on your Account within any one (1) year period, we will attempt to contact you at your last known address in order to discuss the Account and any options available to you.

A spouse, and other similar terms, will include a bona fide domestic partner in states that afford legal recognition to same-sex Civil Unions.

Protective refers to Protective Life Insurance Company and its affiliates, including West Coast Life Insurance Company and Protective Life Insurance Company providing administrative services for Zurich American Life Insurance Company. All Protective Life companies located in Birmingham, AL; and, each is solely responsible for the financial obligations accruing under the products it issues.

