

**Schedule of Commissions**  
**Protective Life Insurance Company Effective September 14, 2010**

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**COMMISSION PERCENTAGES**

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**Single Premium Immediate Annuity Plan**

ProPayer Income Annuity 3.00

*Single Premium Immediate annuities premiums of \$1 million or more require prior company approval.*

<b>Future Saver II</b>	<b>Ages</b>	
Future Saver II 2	0-75	1.00
Future Saver II 2	76+	0.50
Future Saver II 3	0-75	1.00
Future Saver II 3	76+	0.75
Future Saver II 4	0-75	1.50
Future Saver II 4	76+	1.00
Future Saver II 5	0-75	2.00
Future Saver II 5	76+	1.00
Future Saver II 6	0-75	2.25
Future Saver II 6	76+	1.00
Future Saver II 7-10	0-75	2.50
Future Saver II 7-10	76+	1.00

**Future Saver II Renewal Commission**

Renewal Option Selected at Maturity of Existing Guarantee Period  
 Premium renewed or transferred into Guarantee Period(s) 2-10 years – 50% of the commission rate offered by the company at the time of renewal based on the clients actual age at the time of renewal  
**Premium transferred to the 1 Year Guarantee Period – Not Commissionable**

<b>ProSaver Secure II</b>	<b>Ages</b>	
	0-75	3.00
	76-80	1.50
	81-85	0.50

**COMPENSATION**

Annuity deposits in years 2+ do not count for any applicable distributor bonus

**CHARGEBACK**

A full chargeback of all commissions will be made for any free-looks. For contracts that are surrendered within 12 months of a premium payment, 100% of the commission paid on premiums received within 6 months and 50% for those premiums received over 6 months from the date of surrender will be charged back.

Type of Contract: (choose one)

- Business
- Business with Soliciting Principal
- Individual
- Solicitor



### Agent Application

First Name/Middle Name/Last Name	Preferred Name	Birth Date (mm/dd/yyyy)	Place of Birth
Social Security No. ____ - ____ - _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
If this application is for a Corporation, please supply Tax ID: ____ - _____		Spouse	
Email Address (Mandatory)		Designations: <input type="checkbox"/> CLU <input type="checkbox"/> ChFC <input type="checkbox"/> CFP <input type="checkbox"/> MDRT <input type="checkbox"/> NQA <input type="checkbox"/> Other	
If Soliciting Agent, Pay Commissions To: _____			
Business Name (If Applicable)		Business Type (Inc., Sole Proprietor, Partnership):	
Business Mailing Address		Business Street Address (If Different)	
Street / P.O. Box		Street / P.O. Box	
Suite		Suite	
City State Zip		City State Zip	
Residence		Residence Phone ____ - ____ - _____	
Street / P.O. Box		Business Phone ____ - ____ - _____	
Suite		Business 800 Number ____ - ____ - _____	
City State Zip		Business Fax Number ____ - ____ - _____	
What is your target market? <input type="checkbox"/> Middle <input type="checkbox"/> Upper Middle <input type="checkbox"/> Other		Business Fax Number ____ - ____ - _____	
How many years have you been licensed? _____			

**Read carefully and please answer the following:**

**If any changes occur after the date of this application, please notify Protective Life immediately.**

I agree

1. Have you ever been or are you currently contracted with Protective Life Insurance Company?

Yes     No

2. Do you hold a Securities license?

Yes     No

*If "Yes", please provide your Broker/Dealer name.*

3. May Protective Life publicize your name and photo in Company publications?

Yes     No

4. Is your agency owned by a bank or credit union or will sales of the life or annuity products be transacted in a bank or credit union?

Yes     No

*If "Yes", please explain.*

5. Are you currently, or have you ever been a party to a lawsuit, arbitration or other legal or judicial proceeding?

Yes     No

*If "Yes", please explain.*

6. Have you ever had an insurance license denied, revoked or suspended?

Yes     No

*If "Yes", please explain.*

7. Are you currently being investigated or have you ever had any disciplinary action taken against you or terminated other than for lack of production by another insurance company, a state insurance department, the NASD, SEC or any other regulatory authority?

Yes     No

*If "Yes", please explain.*

8. Have you ever filed for bankruptcy or do you currently owe any money to or have a debit balance with another insurance company?

Yes  No

*If "Yes", please explain.*

9. Have you ever been convicted of (or plead no contest to) a felony or misdemeanor?

*\*The Federal Violent Crime Control & Law Enforcement Act of 1994 prevents people who have been convicted of a felony from participating in the business of insurance.*

Yes  No

*If "Yes", please explain.*

10. Have you ever had a claim against your errors and omissions policy?

Yes  No

*If "Yes", please explain.*

11. Have you had a complaint filed against you in the past ten years that resulted in a fine or penalty, censure, cease and desist order, or consent order?

Yes  No

*If "Yes", please explain.*

12. Have you completed Anti-Money Laundering in the past 24 months?

Yes  No

*If Yes, with whom? Please attach certificate if other than LIMRA.*

**Weekly Direct Deposit for Commissions: (Preferred method) Yes \_\_\_ No \_\_\_. If Yes, complete the PL-DIR-DEP 08/2011 form and attach. (Producers not on Direct Deposit will be sent a check only at month end. A minimum commissions payable amount of \$100 is required before a check will be sent.)**

**Errors & Omissions Coverage**

Carrier Name: \_\_\_\_\_

Liability Amount: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Effective Date: \_\_\_\_\_ Policy Expiration Date: \_\_\_\_\_

***I attest I will maintain Errors and Omissions insurance with a liability limit of \$1,000,000 or greater. I also agree to provide evidence of such coverage to the Company when requested. Failure to maintain adequate Errors and Omissions coverage may result in the suspension or termination of this Agreement.***



## COMMISSION DIRECT DEPOSIT

**For Business or Individuals receiving commission, please complete this form.**

*With Protective Life's Commission Direct Deposit, your commission earnings will be deposited directly into the account specified below.*

This authority will remain in effect until Protective Life Insurance Company has received written notification from me that I wish to discontinue participation in the Commission Direct Deposit program.

Please complete this form and return it to the following address:

***(Soliciting Agents should not complete this form.)***

Protective Life Insurance Company  
Commission Service Department  
E-mail: plbcontracting@protective.com  
Fax: (205) 268-3169

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### Commission Direct Deposit Authorization

I authorize Protective Life Insurance Company to initiate entries and to initiate, if necessary, a debit entry for any credit entry made in error to the account listed below.

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Financial Institution Name

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Account Number

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Routing Number

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Your Signature

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Print Name

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Date



**Protective ACCELERATORseries COMMISSION SCHEDULE  
WHOLE LIFE AND TERM LIFE PLANS  
For Policies With Application Signed Date On Or After May 1, 2006**

All Commissions, Renewal Commissions and Service Fees are subject to the provisions and terms of your Independent Producer Agreement.

**NEW SALES**

BASE PLAN/BAND	FIRST YEAR	RENEWAL COMMISSION 2ND-10 <sup>TH</sup> POLICY YEAR	SERVICE FEE 11TH POLICY YEAR & AFTER
Protective MultiTerm <sup>SM</sup> 10 (Heaped)	70% of Premium	N/A	N/A
Protective MultiTerm <sup>SM</sup> 15 (Heaped)	75% of Premium	N/A	N/A
Protective MultiTerm <sup>SM</sup> 20 (Heaped)	85% of Premium	N/A	N/A
Protective MultiTerm <sup>SM</sup> 30 (Heaped)	95% of Premium	N/A	N/A
Non-Par Whole Life	100% of Premium	5% of Premium	2% of Premium
Protective CRITICALanswer <sup>SM</sup>	75% of Premium	6% of Initial Premium	3% of Initial Premium
Protective LIFEnavigator	75% of Premium	5% of Premium	2% of Premium

**SPECIAL RULES**

1. No commission is paid on Permanent or Temporary Flat Extra Premiums.
2. First year commissions will be paid on the premium charged for a Table Rating at the same rate as the policy to which it is attached. Renewal commissions will be paid at the same rate and on the same basis as the policy to which it is attached.
3. The policy fee is not commissionable for the Protective MultiTerm<sup>SM</sup> or the Protective CRITICALanswer<sup>SM</sup> products.
4. No commission is paid on Guaranteed Insurability Riders (GIR) or Flexible Coverage Rider (FCR) premiums.

**RIDERS AND BENEFITS**

First year commissions on riders (Family Term, Children's Term) and benefits (WP, ADB) will be paid at the same rate as the policy to which they are attached and will be paid on the premium charged for each rider or benefit. Renewal commissions will be paid at the same rate and on the same basis as the policy to which they are attached.

When these riders or benefits are added to a policy already in force, the same rate of commission as is then being paid on the policy to which they are attached will apply to the premium for the additional rider or benefit. (For example, if a Waiver of Premium or Family Term Rider is added after the first policy year, only renewal commissions will be paid.)

**COMMISSION CHARGEBACKS**

If a policy is terminated as a result of the "free look" provision, 100% of any commissions paid will be charged back.

In the event a fixed life insurance policy shall terminate within six months from the date of issue, the full compensation paid thereon shall be charged back. In the event a termination takes place after the sixth month and before the thirteenth month after the date of issue, fifty percent of the compensation will be charged back.

If a face amount or rider benefit is decreased or discontinued within six months from the date of issue or increase, 100% of the commissions attributable to that decrease or discontinuation will be charged back. If a face amount or rider benefit is decreased or discontinued after the sixth month and before the thirteenth month from the date of issue or increase, 50% of the commissions attributable to that decrease or discontinuation will be charged back.

**GENERAL PROVISIONS**

1. Commissions on policy changes, exchanges, term conversions, PIR/GIR options, or similar activities will be paid in accordance with Company rules and procedures in effect at the time the transaction occurs.
2. Term Conversion Commissions will be paid on net premiums which must be paid by new money in order to be commissioned.

3. An agent who causes an orphan policyholder to convert a term policy to a permanent policy will receive commissions for the new permanent policy in accordance with Provision #2.
4. An agent who causes an orphan policyholder to reinstate a lapsed policy will receive the renewal commissions and any first year commissions to which any agent would have been entitled. (However, where annualization of first year commissions has already occurred, we will not pay two first year commissions. Therefore, the only commissions to which the reinstating agent would be entitled would be renewal commissions.)
5. The Company has the right to modify the commission which otherwise would be payable on any portions of insurance reinsured.
6. First year, renewal, or service commissions are not payable on any policy in effect under one of the nonforfeiture options.
7. For any policy not included in this Schedule, the commission will be as determined by the Company.

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									
				-			-		

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
				-					

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.