

Pre-Authorized Checking (PAC) Agreement

101

Protective Life Insurance Company (PLICO/"the Company")

Owner _____

Joint Owner _____

Contract Number _____

Daytime Phone Number _____

Administrative Offices:
1707 N. Randall Rd.
Elgin, IL 60123-9409
877/280-5102

This form is being submitted due to:

- Premium PAC Set Up
- Loan Repayment PAC Set Up
- Changes to Existing PAC

Section 1: General Information

Premium Pre-Authorized Checking Agreement (IRA and Non-Qualified contracts only)

Assets transferred to your account via check/electronic debit will be allocated according to the existing subaccount/general account designations.

Loan Repayment Pre-Authorized Checking Agreement

Loan Repayments transferred to your account via check/electronic debit will be used to reduce your loan balance on all active outstanding loans.

Any defaulted loan or loan beyond its term will not have payments allocated to them via Loan Repayment PAC. In these instances, a check must be mailed with specific instructions to pay off these loans.

Section 2: Dollar Amount & Frequency Options

Premium Pre-Authorized Checking Agreement

Initial Premium: _____ Subject to Product Requirements

Subsequent Premium: \$100.00

Enter the dollar amount to be drafted from your account and the frequency with which drafts will be made.

Debit my account for \$ _____ Date of first debit _____

Frequency: Monthly Quarterly Semi-Annually Annually

Loan Repayment Pre-Authorized Checking Agreement

Minimum Quarterly Loan Repayment: _____ Equal to the sum of quarterly loan repayment amounts of all active loans.

Enter the dollar amount to be drafted from your account and the frequency with which drafts will be made.

Debit my account by the minimum quarterly loan repayment allowed

Debit my account for \$ _____ Date of first debit _____

Unless otherwise instructed, the Company will draft the minimum loan repayment amount from your account.

Frequency: Monthly* Quarterly

*Minimum monthly amounts are 1/3 of minimum quarterly amounts.

Please note – If a loan status changes on your policy, such as an additional loan or a loan payoff, the Company will automatically update your draft amount based on the amount of the change.

Section 3: Financial Institution Information (attach a voided check, no deposit slips please)

Name of Financial Institution

Phone Number

Street Address

Account Number

Street Address

City

State

Zip

Section 4: Signatures

I hereby request and authorize the Financial Institution designated above to pay and debit my account for checks/electronic debits drawn on my account by the Company to its own order. This authorization will remain in effect until revoked by me in writing and until you receive such notice. I agree that you shall be fully protected in honoring any such check/electronic debit and that I will be responsible for losses due to Non-Sufficient Funds in my account at the time a check/electronic debit is drawn from my account.

I agree that your treatment of each check/electronic debit, and your rights in respect to it, shall be the same as if it were signed by me personally. I further agree that if any such check/electronic debit be dishonored, whether with or without cause, you shall be under no liability.

The Company is instructed to forward this authorization to you.

_____	_____	_____
Name of Depositor	Signature of Depositor	Date
_____	_____	_____
Name of Joint Depositor (if any)	Signature of Joint Depositor	Date

Section 5: Indemnification of the Financial Institution

So that you may comply with your depositor's request, the Company agrees:

1. To indemnify and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution and issuance of any check/electronic debit or order, whether or not genuine, purporting to be executed by the undersigned and received by you in the regular course of business for the purpose of payment, including any costs or expenses reasonable incurred in connection therewith.
2. In the event that any such check/electronic debit or order shall be dishonored whether with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in loss of insurance.
3. To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing requests, or in any manner arising by reason of your participation in the foregoing plan of premium collection.