

**PRE-AUTHORIZED WITHDRAWAL PLAN AGREEMENT**

(This agreement must be executed by the person paying the premium, and if such person is not the Owner of each policy it must also be executed by the Insured, or the Owner if the Insured is not the Owner)

Name of Bank \_\_\_\_\_

Street Address or P. O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Protective Life Insurance Company is hereby requested and authorized by the undersigned Premium Payor to draw against the account indicated below to pay premiums under the policies listed.

Policy No.	Name of Insured	Policy No.	Name of Insured

You are authorized to make withdrawal on the \_\_\_\_\_ of each month. For the purpose of this Agreement "Policy" shall mean each above numbered Policy, and shall mean "Policies" where the use of the plural is appropriate, and "Insured" shall mean the owner of the Policy if the Insured is not the Owner.

Nothing herein contained shall have the effect of altering the anniversary date of the Policy.

The undersigned Premium Payer (or the undersigned Insured if other than the Premium Payer) warrants that he is the Owner of each said Policy and that same is in his possession.

_____	_____
Date	Premium Payer-Depositor (Please Print)
_____	_____
Signature of the Insured or Owner (If other than the Depositor)	Signature
_____	_____
Address of Insured or Owner	Account Number

**PLEASE ATTACH A VOIDED CHECK**

**PRE-AUTHORIZED WITHDRAWAL PLAN AGREEMENT  
PROTECTIVE LIFE INSURANCE COMPANY  
P. O. BOX 12687 • BIRMINGHAM, AL 35202-2687**

To:  
Name of Bank \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

As a convenience to me, I hereby request and authorize you to pay and charge to my checking account checks, drafts or other paper instruments drawn and/or electronic debits initiated by and payable to the order of Protective Life Insurance Company. I agree that your treatment of and rights in respect to each such charge shall be the same as if each check, draft or other paper instrument were signed or electronic debit were initiated by me personally. This Agreement is to remain in effect until revoked by me in writing and until you actually receive such notice of revocation. I agree that you shall be fully protected in honoring any such charge.

You are also authorized (but not required) to initiate any electronic or paper debit or credit entries necessary to correct any incorrect charges made hereunder. I further agree that if any such check, draft or other paper instrument or electronic debit be dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

I also authorize you to furnish Protective Life with any new mailing address at which I may be reached.

_____	<input type="checkbox"/> <b>Checking Account</b>	<input type="checkbox"/> <b>Savings Account</b>
Date		
_____	_____	
Premium Payor-Depositor Signature	Account Number	

If notice of any premium due under the Policy is required by law, such notice is hereby expressly waived by the Insured for the period that this Agreement remains in effect.

If and when you draw the first check and/or initiate the first electronic debit entry on said bank account and mail to the Insured a Rider setting forth the provisions hereof and the amount and due date of the monthly premium, this Agreement will be accepted by you and the terms of said Rider will be a mutual agreement between us constituting a part of the Policy and modifying same as therein provided, and the Insured agree(s) to attach said Rider to the Policy immediately upon its receipt.

The Premium Payer has authorized said bank to pay and charge to his account checks drawn and/or electronic debits initiated by you each month, and payment thereof by the bank to you in cash or solvent credits within the days of grace shall constitute payment of the premium.

Failure to pay any monthly premium when due, or within one month (not less than 31 days) thereafter, whether or not such failure is due to the dishonor by said bank of any check or electronic debit as provided herein, shall cause the Policy to terminate except as otherwise provided in the Policy.

If while the Policy is in force the Insured (or either of them if more than one) shall (a) give to you at your Home Office written notice terminating this Agreement, or (b) revoke the Agreement to said bank to pay such checks or electronic debits this Agreement and said Rider shall terminate and the method of paying premiums shall revert to the method of payment in effect prior to the execution of this Agreement, provided, however, that monthly premiums will continue to be payable until the premium payable in such other manner is due, and provided that you shall incur no liability from the drawing of any check or initiation of an electronic debit on said account after the revocation of the Agreement given to you or to said bank which is done before you receive at your Home Office written notice of such revocation.

## INDEMNIFICATION AGREEMENT

TO: The Bank named on the reverse side.

So that you may comply with your depositor's request Protective Life Insurance Company, hereinafter call "Company," agrees:

1. To indemnify and save harmless you, your successors and assigns from and against any and all liability, loss, damage, expenses, suits, judgments, executions, attorney's fees and cost which may or shall arise or be incurred by you, by reason of the payment by you of any check drawn or electronic debit initiated by and payable to Company, provided that Company be promptly notified of any claim against you with respect to the same, and provided that you will not settle or pay or agree to settle or pay any such claim without the written permission of the Company.
2. In the event that any such check or electronic debit shall be dishonored by you whether with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in a forfeiture of the insurance, provided that Company is given notice of claim and opportunity to defend as herein provided.
3. To refund to you any amount erroneously paid by you to Company on any such check or electronic debit if claim for the amount of such erroneous payment is made by you within thirty-six months from the date on which such erroneous payment was made.
4. To defend at our own cost and expense any action which might be brought by any depositor or any other person 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 collections, provided that the Company shall be promptly notified of any such litigation, which it may defend in your name, if deemed by the Company to be necessary or desirable.

Authorized in a resolution adopted by the  
Executive Committee of the Board of  
Directors of Protective Life Insurance  
Company

PROTECTIVE LIFE INSURANCE COMPANY

  
Secretary