

TELELIFE

It's as Easy as 1-2-3!


Protective.

- Complete the pre-application.
- Agent signature required on **all forms**
(applicant's signature is optional at time of sale).
- For expedited handling fax to TeleLife® at **1-888-615-9619**

Tips:

- Obtain owner's signature, if other than proposed insured, for faster policy delivery.
- Prepare your client for the telephone interview by using the Applicant's Checklist.
- Binding coverage options are bank draft or credit card
(credit card information will be collected during the phone interview)
- Do not order the paramedical exam. TeleLife will order upon completion of the interview.
- Always fax with a cover sheet in order to receive a confirmation and the assigned policy number.
- Prevent delays by including all state required forms.

Birmingham, Alabama

PLAG.934Z (04.11)

For Agent Information Only. Not For Consumer Use.

Protective Life Insurance Company
2801 Highway 280 South
Birmingham, AL 35223
(888) 800-6608



Fax to: **1-888-615-9619** (TeleLife – Elgin, IL)

Date: _____

Applicant's Name: _____

Number of Pages: _____

Policy Number: (to be provided by TeleLife)

Agent Name: _____

Agent Number: _____

Companion Name: _____

BGA Number: _____

Companion Policy Number: (to be provided by TeleLife)

Fax: _____

Regional Sales Manager: _____

BGA Sales Rep: (If other than BGA Contact)

Agent / BGA Contact Name: _____

Contact Information: _____

► Check all included forms; Note that all forms listed may not be applicable. Make sure to provide any state required forms that were included in the TeleLife Fax Application Package signed [at least] by the agent.

- | | | |
|--------------------------------|--------------------------|-------|
| 1) Pre-Application | <input type="checkbox"/> | _____ |
| 2) Supplement I (required) | <input type="checkbox"/> | _____ |
| 3) Replacement Form | <input type="checkbox"/> | _____ |
| 4) Pre-Auth Withdrawal | <input type="checkbox"/> | _____ |
| 5) Conditional Receipt | <input type="checkbox"/> | _____ |
| 6) TIADB | <input type="checkbox"/> | _____ |
| 7) Additional (Please Specify) | <input type="checkbox"/> | _____ |
| 8) Full Illustration, UL Only | <input type="checkbox"/> | _____ |

Special Instructions:

Policy Number



TeleLife®
FAX # 1-888-615-9619

APPLICATION FOR INDIVIDUAL LIFE INSURANCE

Proposed Primary Insured Proposed Other Insured

Name Last First MI Male Female
BARBAKOV CINDY

Street
50 WOODSIDE PLAZA #458

City REDWOOD CITY State CA Zip 94061

Social Security Number 609-16-0781 Occupation SELF

Birthplace THAILAND Birthdate 01-10-1985 Driver's License # D3351177

Home Phone (415) 684-2973 Cell Phone () Business Phone ()

Where do you wish to be reached for additional information?
 Home Work Cell Best times: a.m. p.m.

Annual Income 260,000.00 Net Worth 2,000,000.00

Initial Death Benefit \$2,000,000.00

Plan of Insurance: 30YR

Riders: WP ADB CTR Other: _____
Indicate Amount for Riders: \$ _____

Mode of Premium Payment: Annual SA Qtrly PAC
Rate Class Quoted: Preferred Premium Quoted: N/A

Amount remitted with this application, in exchange for this Company receipt: \$ NA

Owner, if other than proposed insured
Owner's Address
50 Woodside Plaza #458
Redwood City, CA 94061

Relationship to Proposed Insured
Self
Social Security or Tax ID #
609-16-0781

Primary Beneficiary (name, relationship and percentage)
Aleksey Barbakov Husband 100%

Contingent Beneficiary (name, relationship and percentage)
BELLA BARBAKOV 100%

Will this policy replace or change any existing life insurance or annuity in force? Yes No

Does the applicant have existing life insurance policies or annuity contracts other than group insurance in force? Yes No
If yes, list below:

Company Names	Face Amount	Year Issued	To Be Replaced?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have an application pending in another company? Yes No

Have you ever had any life or health insurance declined, postponed or offered other than as applied for? Yes No

Is Proposed Insured a U.S. Citizen? Yes No

Has Proposed Insured used tobacco in any form in the past 12 months? Yes No 36 months? Yes No 60 months? Yes No

Special Request: NA

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

Authorization To Obtain And Disclose Information: I (we) hereby authorize: any licensed physician or medical practitioner; any hospital, clinic or other medical or medically related facility; any insurance company; the Medical Information Bureau; and any other organization, institution or person that has any records or knowledge of me or my health, to give Protective Life Insurance Company, its affiliates, or their reinsurers or the Medical Information Bureau, any such information. This authorization is valid for two years from the date this form is signed. An exact copy of this authorization is as valid as the original. I (we) have read all the questions and answers in the application. All responses are true and complete to the best of my (our) knowledge and belief. I (we) have received the notification about the Federal Fair Credit Reporting Act and the Medical Information Bureau. No coverage will be in effect until: a full application has been signed by the proposed insured; and a policy has been issued; and the full first premium has been received by the company; and any amendments are signed. Any coverage will be subject to the terms and conditions of the policy.

Signed at: (city and state) REDWOOD CITY, CA

Date signed: (month/day/year) 12/9/20

Signature of Proposed Insured (if age 18 or over)

Signature of Owner/Applicant, if other than Proposed Insured

Agent: To the best of your knowledge will this policy replace or change any existing life insurance or annuity policy(ies)? Yes No
(If "Yes," complete any required replacement forms.)
Has the Owner been provided an illustration which conforms to this application? Yes No
If "no," agent hereby certifies that no illustration was used in connection with the solicitation of the policy applied for.
Is there any third party other than the proposed insured that will obtain any ownership rights on any policy issued as a result of this application? Yes No

Eric Heltz TOGR674
Print Agent's Name/Social Security Number or Agent Code
800-325-8907 A308313
Agent's Telephone Number and Florida License ID #

Agent's Signature
eric@seemannholtz.com
Agent's Email Address

Date 12/9/20



Protective Life Insurance Company
P.O. Box 830619
Birmingham, AL 35283-0619

SUPPLEMENT TO LIFE INSURANCE APPLICATION

APPLICATION SUPPLEMENT - PART I

The statements and answers to the questions listed below shall become a part of the attached application; shall be subject to the terms of the attached application; and shall become a part of any policy based on this application.

Print Name of Proposed Insured(s): CINDY BARBAKOV

- For any policy to be issued as a result of this application:
(1) Will anyone other than the Insured, his or her family, or employer/business partner pay any portion of the initial or future premiums or obtain any right, title or interest in this policy within 2 years of the effective date of coverage?
(2) Will any portion of the initial or future premiums be borrowed, loaned or otherwise financed?
(3) Will a trust, including family trust, own this policy?
(4) Is the Proposed Insured age 65 or older AND total coverage applied for across all Protective companies \$1,000,000 or more?

SIGNATURES

I (We) have read or have had read to me (us) the completed Supplement before signing below. All statements and answers in the Supplement are correctly recorded and are full, complete and true.

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

Signed in CA this 9 day of 12, 2020 (State) (Month) (Year)

Signature(s) of Proposed Insured(s): X [Signature] SIGN HERE

X SIGN HERE

Signature(s) of Owner(s)/Trustee(s): X [Signature] SIGN HERE
(provide officer's title if policy is owned by a corporation)

Signature of Witness: X [Signature] SIGN HERE

AGENT CERTIFICATION

By signing below, I hereby certify that to the best of my knowledge and belief, the information provided herein is complete, accurate, and correct and that the life insurance being applied for conforms to the Company's guidelines.

Signed at: Boca Raton Florida Date: 12/9/20 Florida Agent License Number: A308313

X [Signature] Agent Signature Eric Holtz Agent Name (Print)

PROTECTIVE LIFE INSURANCE COMPANY
P.O. Box 830619
BIRMINGHAM, ALABAMA 35283-0619
(205) 879-9230

NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your **initials** in the appropriate space below.

_____ or _____
Applicant - Insert Initials for "Yes"

_____ or C.M
Applicant - Insert Initials for "No"

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

I have read this notice and received a copy of it.

Applicant's Signature

12/9/20

Date

Agent's Signature

12/9/20

Date

Eric Holtz

Agent's Name (Printed or Typed)

301 Yamato Road Suite 2222 Boca Raton FL 33431

Agent's Address (Printed or Typed)

Seeman Holtz

Agent's Company (Printed or Typed)

Information on Policies which may be replaced:

<u>Company Name</u>	<u>Policy Number</u>	<u>Name of Insured</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Protective Life Insurance Company
P.O. Box 830619 • Birmingham, Alabama 35283-0619

Supplemental Application - Pre-Determined Death Benefit Payout Endorsement

Proposed Insured: CINDY BARBAKOV

- I wish to elect the Pre-Determined Death Benefit Payout Endorsement.
- Please indicate the desired Death Benefit Payment Schedule:

Initial Lump Sum (if any): \$ 2,000,000.00

Benefit Installment Mode / Amount / Duration: ___ Annual \$ _____ for _____ Years
(please select either annual or monthly mode) ___ Monthly \$ _____ for _____ Years

For Annual, would you like to specify the date the beneficiary receives benefit? Yes ___ No ___
If Yes, what date? _____ (MM/DD). If no date chosen, beneficiary will receive benefit on the anniversary of the original claim processing date.

For Monthly, would you like to specify the day of the month the beneficiary receives benefit? Yes ___ No ___
If Yes, what day? _____ (1-28). If no day chosen, beneficiary will receive benefit on the day of the month of the original claim processing date.

- Beneficiary:** If multiple beneficiaries named, shares of both the initial lump sum and each installment will be equally divided among the surviving beneficiaries, unless otherwise specified.

Primary	Relationship	% of Initial Lump Sum (if any)	% of Benefit Installment Amount
ALEKSEY BARBAKOV	SPOUSE	100	
Contingent	Relationship	% of Initial Lump Sum (if any)	% of Benefit Installment Amount
BELLA BARBAKOV	DAUGHTER	100	

Signed at: REDWOOD CITY, CA
(City/State)

Signature of Proposed Insured

12/9/20
Date

Signature of Owner

Date

[Signature]
Signature of Agent

12/9/20
Date



Protective Life and Annuity Insurance Company
Protective Life Insurance Company
P.O. Box 830619
Birmingham, AL 35283-0619

ELECTRONIC POLICY DELIVERY ELECTION FORM

Protective Life offers Electronic Policy Delivery (EPD), the option to receive your policy in an electronic printable format instead of paper. The policy will be electronically sent to you by email and stored on our secure Customer Service website, www.myaccount.protective.com, which is available 24 hours a day.

How Electronic Policy Delivery will work for you:

- The EPD process is quick, easy and safe.
- You can save, print, and review your policy online 24 hours a day, 7 days a week.
- Your policy will be safely stored on our secure website for convenient easy access.
- You can make your initial payment online by bank draft or credit card.

How to sign up for Electronic Policy Delivery:

1. Provide your email address below.
2. Return this form with your application for life insurance.

By providing my email address, I am requesting my policy to be delivered through Electronic Policy Delivery.

CINDY@CYNPRODUCTION.COM

Email Address for Proposed Insured

Email Address for Owner

(If the owner is other than the proposed insured)