

# 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.9342 (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  
barbakov Aleksey G  Female

Street  
50 woodside plz #458

City Redwood city State Ca Zip 94061

Social Security Number 103-74-7668 Occupation self

Birthplace Kiev Birthdate 04-03-1977 Driver's License # f3231888

Home Phone (408) 642-7971 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 \$4000000

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: na

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 #  
103-74-7668

Primary Beneficiary (name, relationship and percentage)  
cindy barbakov wife 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) San Jose, California

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 Holtz 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@seemaholtz.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. In this form, family means the Owner or Insured's spouse and anyone who is related to the Owner or Insured or the Owner's or Insured's spouse by the following degree by blood, marriage, divorce, adoption or operation of law: parents, in-laws, grandparents, siblings, children, grandchildren, aunts, uncles, nephews and nieces.

Print Name of Proposed Insured(s): aleksey Barbakov

For any policy to be issued as a result of this application:

- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (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?<br>If Yes, complete the "Statement of Owner Intent" (Application Supplement - Part II) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (2) Will any portion of the initial or future premiums be borrowed, loaned or otherwise financed?<br>If Yes, complete the "Premium Financing Disclosure" (Disclosure and Acknowledgement)  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (3) Will a trust, including family trust, own this policy?<br>If Yes, complete the "Trust Certification" (Application Supplement - Part III)   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (4) Is the Proposed Insured age 65 or older AND total coverage applied for across all Protective companies \$1,000,000 or more?<br>If Yes, complete the "Statement of Owner Intent" (Application Supplement - Part II)   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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. I (We) understand that the information being provided in this Supplement is being relied upon in considering the application for life insurance.

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<sup>th</sup> day of 12 (Month), 2020 (Year)

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

X \_\_\_\_\_ SIGN HERE

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

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 (City and State) 12/9/20 Date A308313 Florida Agent License Number

X [Signature] SIGN HERE 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" 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

\_\_\_\_\_  
 Agent's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

Eric Holtz  
 Agent's Name (Printed or Typed)

301 Yamato RD 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:** Aleksey Barbakov

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

**Initial Lump Sum (if any):**      \$ 4,000,000.00

**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.

3. 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
cindy barbakov	wife	100	
Contingent	Relationship	% of Initial Lump Sum ( if any)	% of Benefit Installment Amount
bella barbakov	daughter	100	

**Signed at:** redwood city California  
 \_\_\_\_\_  
 (City/State)

**Signature of Proposed Insured** \_\_\_\_\_ **Date** 12/9/20

**Signature of Owner** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Agent** \_\_\_\_\_ **Date** 12/9/20



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](http://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.

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

lex@drastikplastix.com

Email Address for Proposed Insured

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Email Address for Owner

(If the owner is other than the proposed insured)