

**PRE-AUTHORIZED WITHDRAWAL AGREEMENT (PAW) - FOR DRAFTING OF PREMIUM PAYMENTS
 and ELECTRONIC BILLING OPTIONS**

TU3147794 757

(1) AUTO-PAY OPTION

The person paying the premium on the life insurance policy listed below must complete the Auto-Pay section of this agreement. If choosing to allow Protective Life to draft the initial and/or subsequent premiums you:

- authorize Protective Life Insurance Company to draft the account listed below to pay premiums;
- understand that no coverage exists until all outstanding requirements are received by the Home Office.

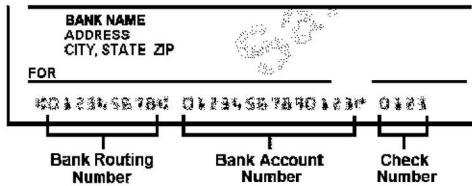
Policy Number	Name of Insured	Name of Policy Owner
TU3147794	Mary E. Compton	Mary E. Compton Irrevocable Trust dated October 2, 2007 (Tiffany O'Connell, trustee)

Type of Account: Checking Savings

Name of Bank: _____

Routing Number: _____

Account Number: _____



← This sample check illustrates the location of routing and account numbers

Premium Frequency: Monthly (Only available by PAW) Quarterly Semi-Annual Annual

INITIAL PREMIUM

- DRAFT IMMEDIATELY
 PAY BY CHECK

FUTURE PREMIUMS

- DRAFT DATE _____ (Must be 1st - 28th)
 BILL FOR FUTURE PREMIUMS

(2) ELECTRONIC BILLING OPTION (not available on Monthly premiums)

By checking this box, I confirm that I am electing to OPT-in for Electronic billing. I consent to the paperless delivery of my documents. I understand by selecting this option that I will not receive paper copies of my billing statements, unless I make a request for them or withdraw this consent.

↓

 Email Address

↓

 Date

Tiffany O'Connell

 Premium Payor - Depositor (Please Print)

↓

 Payor Signature

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AMENDMENT TO APPLICATION WITH HEALTH STATEMENT

DCLCI

NAME OF INSURED MARY E COMPTON

POLICY TU3147794

The application to PROTECTIVE LIFE INSURANCE COMPANY for the policy named above is hereby amended by the undersigned to conform in every respect to any and all changes indicated below:

Amount of Insurance: \$100,000	Plan of Insurance: PROTECTIVE LIFETIME ASSURANCE UL 3/2023	Premium Payable: \$1,473.60 ANN PAW
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Other Changes:

Mode of Payment shall be Annual.

Owner's Tax ID Number shall read as follows: 26-6157882.

The Owner trust shall be Mary E. Compton Irrevocable Trust 2007 and dated October 02, 2007.

HEALTH STATEMENT: I represent that I have not consulted any physician or other practitioner since the date of my medical examination (or date I signed the last application with Protective Life Insurance Company, if no medical examination was required). It is further agreed that, except as stated above, all insured persons are in the same health as that stated in the last application, or medical examination with Protective Life Insurance Company.

It is agreed by the undersigned that the changes shown above shall be an amendment to and form a part of the application and the policy, and that the changes shall be binding on any person who shall have or claim any interest in the policy. A copy of this form shall be as valid as the original.

Signed at _____ this _____ day of _____, 20 _____
City State

X _____
Witness to Signature(s)

X _____

X _____
Signature of The Insured(s)
(Not required for ages under 18)

X _____

X _____
Signature of Adult Applicant/Owner(s)
(if other than insured)

If Corporation - full name of Corporation and
Signature of officer other than the insured.

By: X _____

COPY TO BE RETURNED TO COMPANY AFTER COMPLETION

IMPORTANT NOTICE

If any change is incorrect or incomplete, correct information should be written on this form. If any change is made, the policy and this form must be returned to the Company. No insurance will take effect until such changes have been reviewed and accepted by the Company.

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