

Velocity drop ticket guide

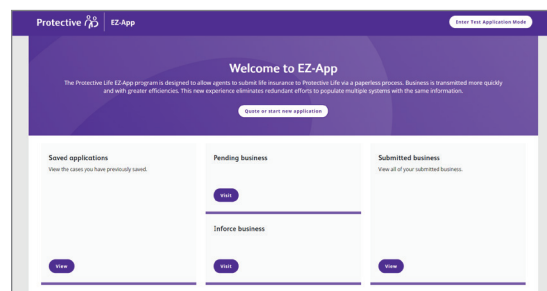
Submitting electronic applications for new Protective Series PassportSM simplified issue term policies or for converting eligible policies to permanent life insurance is easy with the Velocity drop ticket (EZ-AppSM) system. Follow this guide to ensure you don't miss any steps.

1. Getting started

Navigate to the platform from our secure site. To start a new application, click the **Quote or Start a New Application** button.

Note:

Your saved applications, pending, and submitted business is accessible from the dashboard.



Additional information on next page.

Protective refers to Protective Life Insurance Company and Protective Life and Annuity Insurance Company.

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2. Create application

Proposed insured

Use the drop-down to select a household member to quote.

Product selection

Under the **Product Selection** section, choose the **Issue State**, **Issue Type**, **Plan Type**, and **Product Type**. The quote will display the premium amount for each duration available based on the plan type and product type selected.

Illustration information

Choose the **Solve Type**. Use **Solve for Premium** to quote a certain face amount. Use **Solve for Face** to calculate how much death benefit will be generated by a certain premium. Next choose the **Recurring Premium Mode**, and the **Risk Class**.

Riders and benefits

Here you can customize the product by adding riders and benefits based on the proposed insured's needs. After adding any applicable riders, click the **Continue to Quote Output** button.

Tip:

For applications to convert an existing term policy to a new permanent policy, select the checkboxes to move forward.

Create Application

Insured / Annuitant

First Name

Jane

Middle Initial

Last Name

Doe

Suffix

Gender

Female

Date Of Birth

09/28/1979

Actual Age

43

Product Selection

Issue State

Alabama

Issue Type

New Business

Plan Type

Simplified Issue Term Life

Product Type

Simplified Issue Passport Term Life

Protective Series Simplified Issue Passport Term Life

- Streamlined, inexpensive protection available for term periods of 10, 15, 20 and 30 years.
- Tailored for clients who may be starting out or just want solid coverage, affordable coverage.
- Guaranteed death benefit with level premiums during the selected term period.
- Critical Term Rider requires medical questionnaire be printed, completed and submitted manually. [Click here for the form](#).
- Please consider a stand alone whole life policy to cover the child in place of Child Term Rider.

Illustration Information

Solve Type

Solve for Premium

Face Amount

\$ 250,000

Recurring Premium Mode

Annual

Risk Class

SI - Preferred Non-Tobacco

Rated?

Yes

No

Riders and Benefits

Widow Of Premium

Accidental Death Benefit

Children's Term Rider

Agent Contract Number Selection

Agent Contract Number

The information collected in this form by Protective will be used to offer you services that meet your needs and for other business purposes. Please [visit our Privacy Policy](#) for more information about our information practices, including information about your privacy choices.

Back

Cancel

Continue to Quote Output

Tip for conversion applications

Product Selection

Issue State

Alabama

Issue Type

Conversion

☒ I understand the product being applied for may not be available based on the conversion guidelines outlined in the conversion memo.

☒ I agree I have read the conversion memo booklet and/or called the Sales Desk to confirm the products available as the applied in face coverage prior to submission.

Select the originating Company of the infers policy you are converting

Protective

Plan Type

Universal Life

Product Type

Protective Lifetime Assurance UL

Protective Lifetime Assurance UL (Conversion)

- Guaranteed universal life policy that provides straightforward long term guaranteed coverage.
- Customizable guarantees that ensure clients are protected for their desired years of coverage.
- Predictable level-pay premiums so clients always know what to expect from their policy.
- Access to optional riders and endorsements for tailored coverage.

Additional information on next page.

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3. Select quote

On this screen you can view each of the illustrations based on the plan and premium, save the illustration or recalculate the illustration. Select a plan to view the illustration.

Once the proposed insured decides on a plan, select the chosen plan and then click **Save & Continue**.

Tip:

After selecting a quote for a term conversion application, complete the fields in the **Conversion Information** section and then click **Save & Continue**.

Recalculate Illustration

Solve Type
Solve for Premium

Risk Class
SI - Preferred Non-Tobacco

Face Amount
\$ 250,000

Table Rating
0

Payment Frequency
Annual

Recalculate

Rider Selection

No Riders Selected

Premium Details

Insured: Jane Doe
Issue State: AL
Face Amount: \$250,000.00
Insurance Age: 43

Risk Class: SI - Preferred Non-Tobacco
Payment Frequency: Annual
Actual Age: 43

Your Requested Quote Options

Select Product	Term Period	Premium	ROP Year 25	Guaranteed Cash Value/Year 25	Illustration
☐ Simplified Issue Passport Term Life	10 Year	\$335.00	N/A	N/A	View Illustration
☒ Simplified Issue Passport Term Life	15 Year	\$460.00	N/A	N/A	View Illustration
☐ Simplified Issue Passport Term Life	20 Year	\$605.00	N/A	N/A	View Illustration
☐ Simplified Issue Passport Term Life	30 Year	\$937.50	N/A	N/A	View Illustration

Tip for conversion applications

Conversion Information

Current Policy Number

Amount Authorized for Initial Payment

Carry over Premium Payment Information from existing Bank Account?

What is being converted (submit to policy contracted provisions)?

Is this a partial conversion?

Back Save & Close Save & Continue

4. Insured/owner details

Proposed insured contact information

Choose an address from the drop-down menu to populate the fields. Complete any missing information that may be needed.

Important:

Verify that you have the correct e-sign/Preferred email address and e-sign/Preferred phone number. Incorrect information will delay the process.

Product Application: Simplified Issue Passport Term Life 15

Name: Jane Doe
Issue State: AL
Issue Age: 43

Product: Simplified Issue Passport Term Life 15
Risk Class: SI - Preferred Non-Tobacco
Premium Mode: Annual

Premium: \$460.00
Face Amount: \$250,000

Proposed Insured Contact Information

Residential Street Address

Appt/Unit

City

State

Zip Code

Length of Time at Residence

eSign/Preferred Email Address

eSign/Preferred Phone

Phone (1)

Phone (2)

Phone Type

Additional information on next page.

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4. Insured/owner details — continued

Proposed insured details

Complete any missing information in the Proposed Insured Details section.

Note:

Enter unknown in the Driver's License field if the proposed insured or doesn't have a driver's license, or other form of ID.

Proposed insured employment information

Complete the **Employment Information** fields. The information fields will change depending on the employment type chosen.

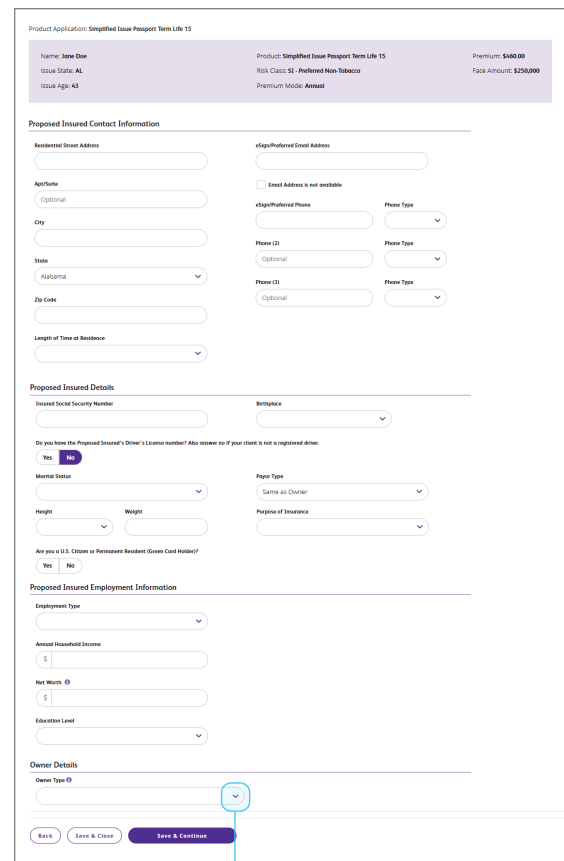
Owner details

Choose the **Owner Type**. Additional fields may appear based on the owner type chosen. Complete any missing information.

If the owner is different from the insured, verify that the e-sign/ Preferred email address and e-sign/Preferred phone number fields are correct.

Tip:

If the owner is different from the insured, and is a person, both parties can e-sign the application. Owner signature is not available for companies or trusts.



Product Application: Simplified Issue Permanent Term Life TS

Name: Jane Doe	Product: Simplified Issue Permanent Term Life TS	Premium: \$400.00
Issue State: AL	Risk Class: SE - Preferred Non-Tobacco	Face Amount: \$250,000
Issue Age: 43	Premium Mode: Annual	

Proposed Insured Contact Information

Residential Street Address:

eSign/Preferred Email Address:

Appt/State:

Optional:

City:

State:

Zip Code:

Length of Time at Residence:

eSign/Preferred Phone:

Phone Type:

Phone (2):

Phone Type:

Phone (3):

Phone Type:

Proposed Insured Details

Insured Social Security Number:

Birthdate:

Do you have the Proposed Insured's Driver's License number? Also answer no if your client is not a registered driver.

Yes ☐ No ☐

Marital Status:

Height:

Weight:

Are you a U.S. Citizen or Permanent Resident (Green Card Holder)?

Yes ☐ No ☐

Paper Type:

Purpose of Insurance:

Proposed Insured Employment Information

Employment Type:

Annual Household Income:

Net Worth:

Education Level:

Owner Details

Owner Type:

Back Save & Close Save & Continue

Owner Type

Same As Insured
Another Person
Company
Trust

Additional information on next page.

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5. Other coverage/replacement information

Answer the questions about **Other Coverage/Replacement Information** and **Pending Coverage Information**. Additional fields will present for a "YES" answer to either question.

Complete the applicable information and then click **Save & Continue**.

Tip:

For a term conversion application, complete the fields in the **1035 Exchange** section and then click **Save & Continue**.

Other Coverage / Replacement Information

Is there any life insurance or annuity applied for or in force, other than group insurance, for the Proposed Insured?

Yes No

Pending Coverage Information

Is there any application for any other life insurance on your life now pending or being considered with this or any other company?

Yes No

Back Save & Close Save & Continue

Tip for conversion applications

1035 Exchange Section

Will the purchase of the policy being applied for cause a replacement which includes liquidation, modification or 1035 exchange of a permanent cash value life insurance policy or an annuity?

Yes No

1035 Loan Transfer?

Yes No

Back Save & Close Save & Continue

6. Beneficiary information

Complete the **Primary Beneficiary** fields and add a **Contingent Beneficiary**, if applicable. Not all fields are required. Required fields include Name, Relationship, and Percentage.

Click on **Save & Continue** to **Medical Info**.

Tip:

You can move forward without all of the non-required Beneficiary information. Inform the policy holder to contact Customer Service at a later date to update the beneficiary information.

Primary Beneficiary Information

Primary Beneficiary (1)

Beneficiary Type

Person

Address same as primary insured

Relationship

Percentage

First Name

Middle Initial

Last Name

Suffix

Date of Birth

MM/DD/YYYY

Social Security Number

Save

If provided, please click 'Save' to retain your entry.

Mailing Street Address

App/State

City

State

Zip Code

Phone Number

Phone Type

(999) 999-9999

Primary Beneficiary Total: 0%

Combined % must equal 100%

Add another primary beneficiary

Contingent Beneficiary Information (Optional)

No contingent beneficiaries have been added. If you wish to add a contingent beneficiary, click the 'Add a contingent beneficiary' button below.

Add a contingent beneficiary

Back Save & Close Save & Continue to Medical Info

Additional information on next page.

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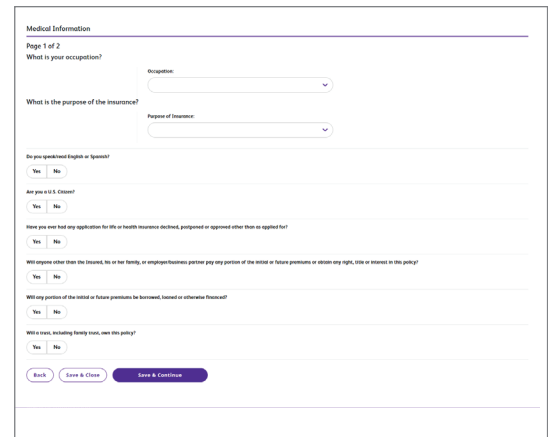
7. Medical information — page 1

Ask the customer the qualifying questions on the screen and record their answers.

Click **Save & Continue**.

Note:

A detail screen will open for each "YES" answer. Complete the details screen with the relevant information.



Medical Information
Page 1 of 2

What is your occupation?

Occupation:

What is the purpose of the insurance?

Purpose of Insurance:

Do you speak English or Spanish?

Yes ☐ No ☐

Are you a U.S. Citizen?

Yes ☐ No ☐

Have you ever had any application for life or health insurance declined, postponed or approved other than as applied for?

Yes ☐ No ☐

Will anyone other than the insured, his or her family, or employer/business person pay any portion of the initial or future premiums or obtain any right, title or interest in this policy?

Yes ☐ No ☐

Will any portion of the initial or future premiums be borrowed, loaned or otherwise received?

Yes ☐ No ☐

Will any event, including family event, over this policy?

Yes ☐ No ☐

[Back](#) [Save & Close](#) [Save & Continue](#)

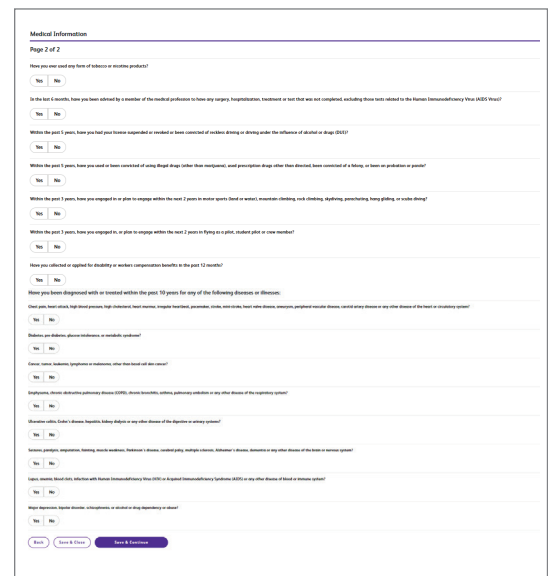
8. Medical information — page 2

Continue asking the customer the qualifying questions on the screen and record their answers.

Click **Save & Continue** when finished.

Note:

A detail screen will open for each "YES" answer. Complete the details screen with the relevant information.



Medical Information
Page 2 of 2

Have you ever used any form of tobacco or nicotine product?

Yes ☐ No ☐

In the last 6 months, have you been advised by a member of the medical profession to have any surgery, hospitalization, treatment or test that was not completed, excluding those tests related to the Human Immunodeficiency Virus (HIV) test?

Yes ☐ No ☐

Within the past 6 months, have you had your driver suspended or revoked or been convicted of reckless driving or driving under the influence of alcohol or drugs (DUI)?

Yes ☐ No ☐

Within the past 6 months, have you been convicted of using illegal drugs (other than marijuana), and prescription drugs other than those prescribed, been convicted of a felony, or been in probation or parole?

Yes ☐ No ☐

Within the past 3 years, have you engaged in or plan to engage within the next 3 years in motor sports (such as water ski, water skiing, skydiving, hang gliding, or roller skiing)?

Yes ☐ No ☐

Within the past 3 years, have you engaged in, or plan to engage within the next 3 years in flying in a private, student pilot or crew member?

Yes ☐ No ☐

Have you collected or applied for disability or workers' compensation benefits in the past 12 months?

Yes ☐ No ☐

Have you been diagnosed with or treated within the past 12 months for any of the following diseases or disorders:

(List your heart attack, high blood pressure, high cholesterol, heart disease, kidney disease, prostate disease, stroke, mental illness, heart valve disease, emphysema, peripheral vascular disease, central sleep apnea or any other disease of the heart or circulatory system)

Yes ☐ No ☐

Do you have diabetes, glucose intolerance or metabolic syndrome?

Yes ☐ No ☐

Have you ever had surgery or treatment for endocrine or other hormonal disorder?

Yes ☐ No ☐

Do you have, or have you ever had, any of the following conditions or any other disease of the respiratory system?

Yes ☐ No ☐

Do you have, or have you ever had, any of the following conditions or any other disease of the digestive or urinary system?

Yes ☐ No ☐

Do you have, or have you ever had, any of the following conditions or any other disease of the reproductive system?

Yes ☐ No ☐

Do you have, or have you ever had, any of the following conditions or any other disease of the nervous system?

Yes ☐ No ☐

Do you have, or have you ever had, any of the following conditions or any other disease of the immune system?

Yes ☐ No ☐

Do you have, or have you ever had, any of the following conditions or any other disease of the skin or integumentary system?

Yes ☐ No ☐

Do you have, or have you ever had, any of the following conditions or any other disease of the musculoskeletal system?

Yes ☐ No ☐

Do you have, or have you ever had, any of the following conditions or any other disease of the sensory system?

Yes ☐ No ☐

[Back](#) [Save & Close](#) [Save & Continue](#)

Additional information on next page.

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9. Cash with application

The initial premium may be collected by electronic funds transfer or credit card and the button will automatically default to "Yes." This information will be collected in a future section. There may be some circumstances where you may not want to collect premium at the time of the application. Refer to the Conditions of Coverage under Client Steps for more information. For KS & CA additional questions will need to be completed.

eSign detail

If the application will be electronically signed, choose "Yes", and then choose the e-sign Method.

Note:

If the insured and owner are different parties, both can e-sign the application. Each party will receive an e-sign ceremony email. If the insured is a minor, the legal guardian will e-sign on behalf of the insured.

Electronic policy delivery

Check the box if the policy will be delivered electronically. Click **Save & Continue**.

Note:

Electronic policy delivery is not available in New York.

The customer will receive an email to set up an eService account at myaccount.protective.com. The eService account will allow them to view and accept their policy, set up recurring payments, and manage other aspects of their account. If the Insured and Owner are different parties, they will each need their own unique email address to register for the eService account.

Tip:

Review the EPD Guide on allstate.protective.com for details on how to walk your customer through the registration process.

Cash with Application

Will money be taken today?

Yes No

Application Package Delivery

Will the application be electronically signed?

Yes No

Recurring Payment Information

Would you like to provide Recurring Payment information?

Yes No

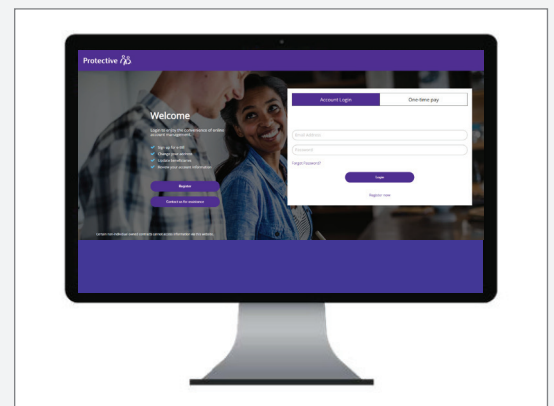
Electronic Policy Delivery

Deliver the policy electronically?

When elected, allow you to deliver your client's policy by secure email link. Add epdagent@protective.com to your email address book to ensure emails are delivered.

Yes No

Back Save & Close Save & Continue



Additional information on next page.

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10. Conditional coverage/payment information

Client steps

Follow the steps listed to address conditional coverage. Once you have verbal understanding from the customer, check the box indicating verbal communication has been received.

Tip:

To view the Conditions of Coverage, click **View**.

Payment information

Use the drop-down to choose the payment method and complete the required fields based on the payment method chosen. The payment method chosen here is only for the initial payment. Payment at the time of application much be the exact required amount.

Click **Save & Continue**.

Note:

Recurring premiums are determined during policy delivery.

A credit card can only be used for the initial payment.
New Jersey, New York and Alaska do not allow credit cards for the initial payment.

Client Steps

Take these steps towards giving your client peace of mind:

1) Explain to your clients the conditions of the conditional coverage.

Premium shall not be collected and the Agreement will not be effective if:

A. The Proposed Insured is under 15 days of age or over age 80;

B. The Proposed Insured, within the past 60 days, has been admitted to a hospital or other medical facility, been advised by a member of the medical profession to be admitted, or had surgery performed or recommended;

C. Within the past two years, the Proposed Insured has had treatment recommended by a member of the medical profession for heart trouble, stroke or cancer;

D. The Proposed Insured has been rated or declined for insurance within the past five years;

E. The Proposed Insured intends to leave the United States within the next 60 days.

You will have the opportunity to select the initial premium method (draft or credit card). Once the initial premium method is selected, you will be prompted to enter the account information.

2) Select a payment method below and complete the payment information on the subsequent screen.

3) Explain to your client the account will be debited/charged after the signed application has been received by Protective.

Please read to your customer:

"Please be advised your account will be debited/charged after the signed application package has been received by Protective Life. You will have no conditional insurance coverage until such time all the conditions of the Conditional Receipt have been satisfied."

☒ By checking this box and clicking to continue, you are indicating that you have read the above disclaimer to your customer and the customer has verbalized their understanding of this information.

View Conditions of Coverage

View D

Initial Payment Information

Payment Method

Back

Save & Close

Save & Continue

View Conditions of Coverage

HIDE

Unless each and every condition below has been fulfilled exactly, no insurance will become effective prior to policy delivery to the Client:

(A) on the Effective Date the Proposed Insured is insurable exactly as applied for under the Company's printed underwriting rules for the plan, amount and premium rate class applied for; and

(B) that the amount paid with the application and shown above is equal to the first full modal premium for the premium rate class applied for; and

(C) the Proposed Insured has completed all examinations and/or tests requested by the Company; and

(D) the Proposed Insured's age (nearest birthday) must be between 15 days and 80 years old; and

(E) Premium may not be collected where the face amount applied for plus any in force life insurance and accidental death benefits (including those applied for) on the Proposed Insured with the Company and its affiliates exceeds \$1,000,000; and

(F) for cases in which the Proposed Insured intends to leave the United States within the next 60 days.

Additional information on next page.

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11. Agent information

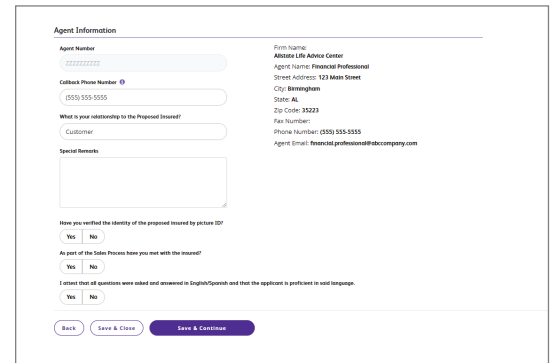
Agent information will pre-populate. Confirm the information is correct. Answer the questions at the bottom of the screen. Click **Save & Continue**.

Tip:

If the issue state doesn't match the owner resident state an additional field will appear to add the reason why they are not the same.

Note:

Enter any relevant notes such as conversations with Underwriting in the Special Remarks box.



Agent Information

Agent Number:

Callback Phone Number:

What is your relationship to the Proposed Insured?
☐ Customer

Special Remarks:

Have you verified the identity of the proposed insured by picture ID?
☐ Yes ☐ No

As part of the Sales Process have you met with the insured?
☐ Yes ☐ No

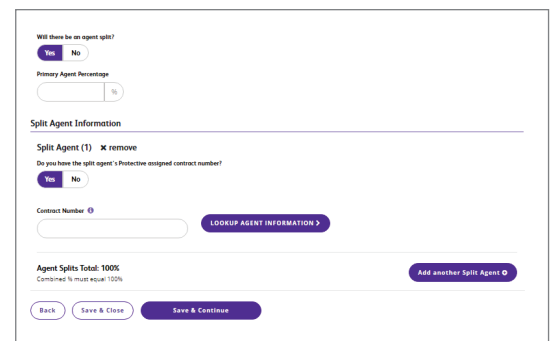
I attest that all questions were asked and answered in English/Spanish and that the applicant is proficient in said language.
☐ Yes ☐ No

Buttons: [Back](#) [Save & Close](#) [Save & Continue](#)

Firm Name: Allstate Life Advice Center
Agent Name: Financial Professional
Street Address: 123 Main Street
City: Birmingham
State: AL
Zip Code: 35223
Fax Number:
Phone Number: (555) 555-5555
Agent Email: financial.professional@allstatecompany.com

Agent splits

For cases where an agent split is occurring, please select "Yes" and indicate the split percentage. When asked if you have the split agent's Protective assigned contract number, select "Yes." Input the contract number in the Contract number field. Please add the split agent's Allstate Agent ID within the Special Remarks Section of the Agent Information page.



Will there be an agent split?
☒ Yes ☐ No

Primary Agent Percentage: %

Split Agent Information

Split Agent (1) [✕ remove](#)

Do you have the split agent's Protective assigned contract number?
☒ Yes ☐ No

Contract Number:

[LOOKUP AGENT INFORMATION >](#)

Agent Splits Total: 100%
 Combined % must equal 100%

[Add another Split Agent >](#)

Buttons: [Back](#) [Save & Close](#) [Save & Continue](#)

Additional information on next page.

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12. Application review

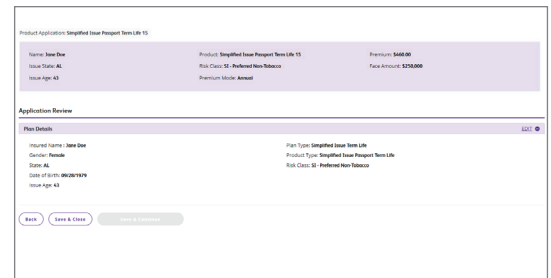
Review the application to ensure information is accurate.

Validation errors will display as soon as the page loads. The **Continue** button will be grayed out until the errors are corrected. Click the items underlined or click **Edit** to make changes.

After reviewing the information, click **Save & Continue**.

Tip:

Confirm the customer's e-sign method, authentication phone number, and email address are correct. If the information is incorrect after submitting the application, you will need to contact the Resource Center.



Application Validation Errors

There are errors on the following pages:

[Agent Info](#)

[Current list of validation errors](#)

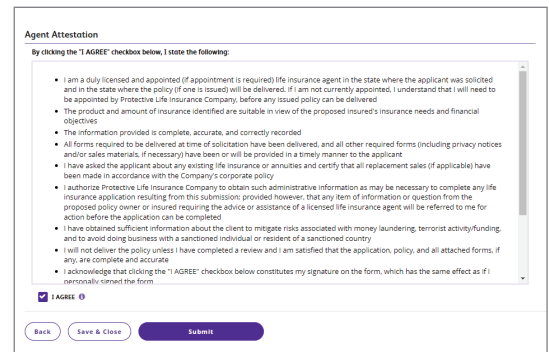
[Agent Relationship to Insured](#)

13. Agent attestation

As the Agent you will e-sign the application by checking the **I Agree** box at the bottom of the attestation form, when finished click the **Submit** button.

Note:

Once you check **I Agree**, and click Submit you're done signing the application.



Additional information on next page.

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14. Start customer eSign process

Each signer will receive an email to start their e-sign process. Click **Continue to Dashboard** to return to the EZ-App Dashboard.

Note:

If you selected "in person" for the e-sign method, there will be a button to launch the insured's e-signature packet. If the owner is another person, there will be a separate button to launch the owner's e-signature packet.

Tip:

You can retrieve the face to face or wet signed application packages from the Submitted Dashboard in the event you navigate away from the confirmation page before printing or initiating the e-sign process.

Success! The application has been submitted and is ready for signature.
The insured will receive an email to electronically sign their application package.

Submitted Application Information

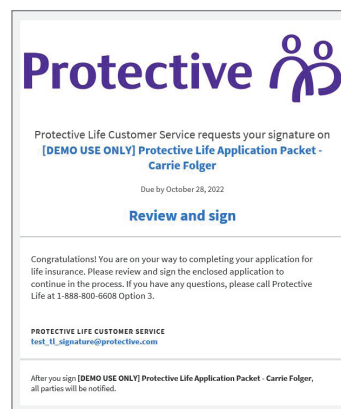
Policy Number: TEST00001
Product Application: Simplified Issue Passport Term Life 15

Name: Jane Doe	Product: Simplified Issue Passport Term Life 15	Premium: \$460.00
Issue State: AL	Risk Class: S1 - Preferred Non-Tobacco	Face Amount: \$250,000
Issue Age: 43	Premium Mode: Annual	

15. Customer eSign notification/verification

The customer will receive an email with the electronic application package. The package will include any additional applicable forms that the client needs to sign.

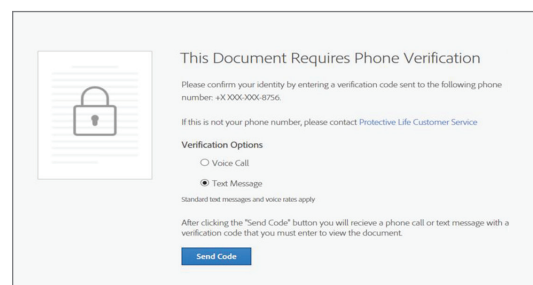
Once the customer clicks **Review and sign** they will receive an authentication message.



They will then choose a verification option and click **Send Code**.

They will receive an immediate phone call or text message with a verification code. Once they enter the code, they can review and e-sign the document.

If these are multiple signers, both parties must e-sign before the policy will submit. The e-sign ceremony will remain open for 25 days. The customer will receive daily email reminders.



Note:

There's an electronic signature job aid on allstate.protective.com that walks through the e-sign process from the customer's perspective.



For additional support, contact the Internal Wholesaler Desk at:
877-905-3078

Protective refers to Protective Life Insurance Company (PLICO), Omaha, NE, and Protective Life and Annuity Insurance Company (PLAIC), Birmingham, AL.

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Protective Series Passport (ICC18-TL22/TL-22) is a term life insurance policy issued by PLICO in all states except New York where it is issued under (TL-22-NY 8-18) by PLAIC. Premiums increase annually after the initial guaranteed premium period. Policy form numbers, product features and availability may vary by state. Consult the policy for benefits, riders, limitations and exclusions. Up to a two-year contestable and suicide period. Benefits adjusted for misstatements of age or sex.

All payments and guarantees are subject to the claims-paying ability of the issuing company.

Protective is registered trademark and Protective Series Passport and EZApp are trademarks of PLICO.

Protective and Allstate are separate independent entities and are not responsible for the legal, financial or business obligations of the other.

Investment and insurance products are:	• Not FDIC insured • Not insured by any federal government agency • Not a deposit or other obligation of, or guaranteed by, the bank or any of its affiliates • Subject to investment risks, including possible loss of the principal amount invested
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protective.com

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