

EZ-AppSM guide: simplified issue term

Submitting an electronic application for Protective Series PassportSM simplified issue term is easy with the EZ-AppSM system. Follow this guide to ensure you don't miss any steps.

1. Getting started

Navigate to the EZ-App 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.

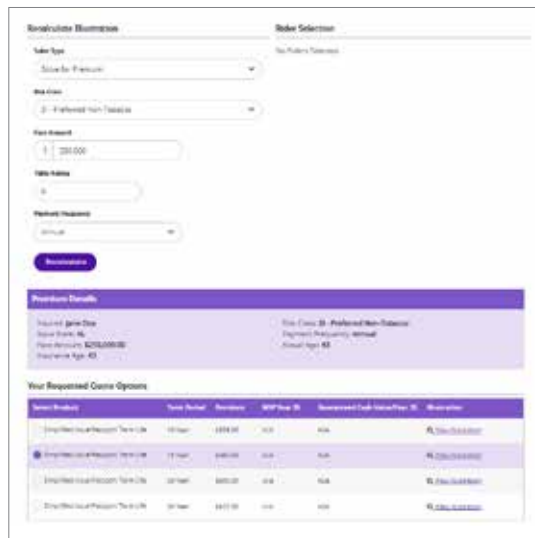
Tip:

Consider a standalone Protective Indexed ChoiceSM UL policy to cover the child, in place of the Child Term Rider.

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**.



Quote Option	Face Amount	Rate	APR Rate	Recommended Cash Value/Plan	Buyer
EmpireLifePersonalTermLife	10 Year	1.00%	1.00%	100%	Buyer
EmpireLifePersonalTermLife	15 Year	1.00%	1.00%	100%	Buyer
EmpireLifePersonalTermLife	20 Year	1.00%	1.00%	100%	Buyer
EmpireLifePersonalTermLife	30 Year	1.00%	1.00%	100%	Buyer

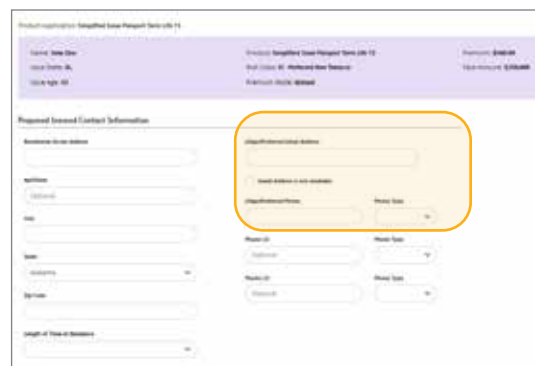
4. Insured/owner details

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.



Additional information on next page.

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5. 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.

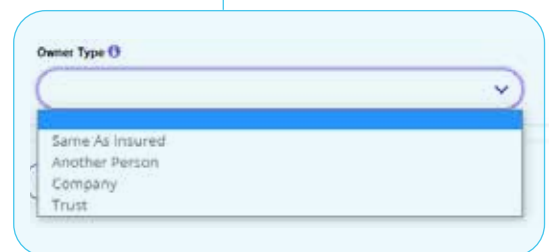
If the owner is different from the insured, verify that the e-sign/Preferred email address and e-sign/Preferred phone number fields are correct.

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.



The screenshot shows the 'Proposed Insured Contact Information' and 'Proposed Insured Employment Information' sections of the EZ-App. The 'Proposed Insured Contact Information' section includes fields for Name, Address, City, State, Zip, Phone, and Email. The 'Proposed Insured Employment Information' section includes fields for Employer Name, Address, City, State, Zip, and Phone. A red circle highlights the 'Owner Type' dropdown menu, which is currently set to 'Same As Insured'.



The close-up shows the 'Owner Type' dropdown menu with the following options: Same As Insured, Another Person, Company, and Trust. The 'Same As Insured' option is currently selected.

Additional information on next page.

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6. 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**.

7. 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.

Additional information on next page.

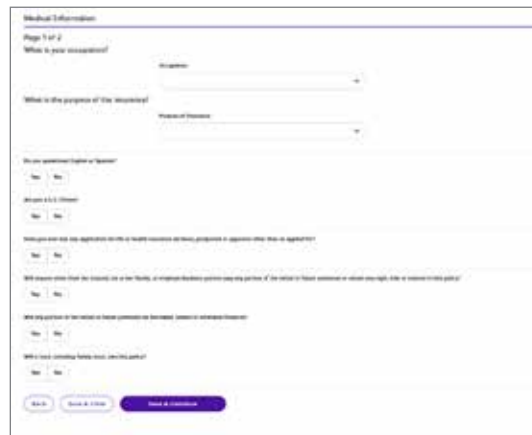
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8. Medical information — page 1

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.



9. 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.



Additional information on next page.

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10. 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**.

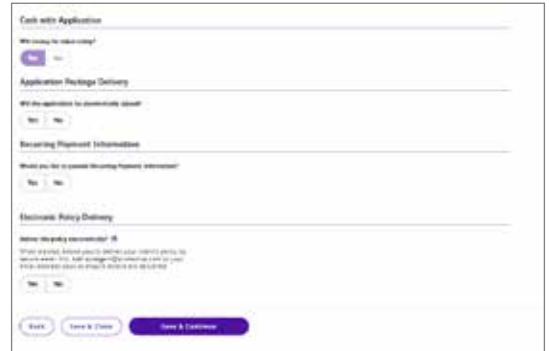
Note:

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.



Additional information on next page.

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11. 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**.

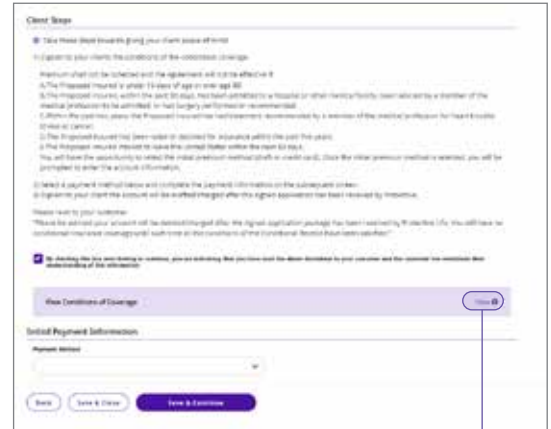
Payment information

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 to verify that you have verbal consent

1) Explain to your client the conditions of the conditional coverage

Maximum shall not be exceeded and the agreement will be effective 90 days after the date of application.

2) The Proposed Insured is under 18 years of age or over age 65

3) The Proposed Insured, with the parent or legal guardian or trustee or other medical proxy, is not a member of the medical profession to be admitted to full surgery and anesthesia

4) Obtain the written consent of the Proposed Insured's representative, demonstrated by a witness of the medical profession for legal health services (witness)

5) The Proposed Insured has been asked to describe the insurance within the past 30 days

6) The Proposed Insured is required to complete a signed form within the next 30 days

You will have the opportunity to verify the initial premium method with a credit card. Once the initial premium method is verified, you will be prompted to enter the account information.

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

8) If your client reports the amount will be waived through other signed agreement has been received by insurance

Please note to your customer:
"This is not your account will be automatically after the signed application package has been received by Protective Life. You will have to conditional insurance coverage" such step on the conditions of the Conditional Coverage from later section"

We already have been talking to customer, you are indicating that you have read the above described by your customer and the customer has provided their understanding of the information

View Conditions of Coverage View

Conditional Payment Information

Payment Method:

View Conditions of Coverage

When each step is completed below, you must fulfill every step. Coverage will commence when the price is policy delivery to the Client

9) on the Effective Date the Proposed Insured is associated with us as defined by under the Company's printed underwriting rules for this class, amount and payment and risk applicable to the

10) that the amount paid with this application shall remain subject to the full and final premium for the premium when it is applied for

11) the Proposed Insured is not a member of the medical profession and is not a member of the legal health services

12) the Proposed Insured is not a member of the medical profession and is not a member of the legal health services

13) the Proposed Insured is not a member of the medical profession and is not a member of the legal health services

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12. 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 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.

If you do not know the split agent’s Protective assigned contract number, please have that agent access this information through MyProtective. After logging into myprotective.com, the agent should select the profile icon beside the search box in the header. Then select the “Change Default Agent Number” link in the menu. The agent number(s) will be displayed on this screen.

Note:

This will include all agent numbers associated with the agent’s Social Security number. If an agent has active contracts with other institutions, those numbers will show as well.

Additional information on next page.

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13. 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.



14. 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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15. 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.



16. 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.

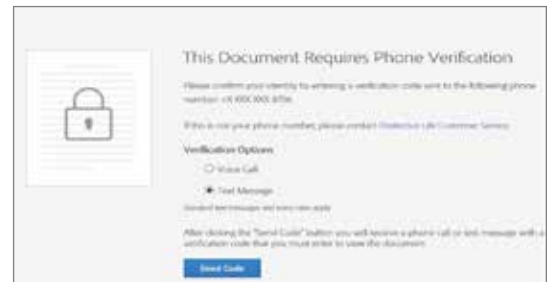
Once the customer clicks **Review and sign** they will receive an authentication message.



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

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Not Insured By Any Federal Government Agency		May Lose Value