

Presidential Life Insurance Company
69 Lydecker Street
Nyack, New York 10960



**IMMEDIATE ANNUITY / FUNDING
AGREEMENT APPLICATION**

Phone: 800-926-7599
www.presidentiallife.com

Part A – Annuitant Information

1. Annuitant (first, middle, last). _____ Home Address _____ _____ City _____ State _____ Zip _____	2. Age Nearest Birthday. _____	3. SS# (Annuitant). _____
	4. Date of Birth (mm/dd/yy). ____/____/____	5. Gender (check one). <input type="checkbox"/> Male <input type="checkbox"/> Female
	6. Rated Age _____	

Part B – Annuity Product Information

7. Premium. \$ _____ Single Premium Paid with Application Payment must be made by check or money order payable only to: PRESIDENTIAL LIFE INSURANCE COMPANY \$ _____ ESTIMATED PREMIUM FROM <input type="checkbox"/> 1035 ROLLOVER / TRANSFER (Paper work submitted/ attached.)	9b. If there is no Joint Annuitant (Skip to item 10). <input type="checkbox"/> Joint Annuitant Name _____ <input type="checkbox"/> M <input type="checkbox"/> F Birth date (mm/dd/yy) ____/____/____ SS# _____ If Primary Annuitant dies, percent going to Joint Annuitant: ____% If Joint Annuitant dies, percent going to Primary Annuitant: ____% <input type="checkbox"/> Joint Life _____ yrs Certain
8. Tax Qualification Status of Annuity Applied for <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Non-Qualified <input type="checkbox"/> IRA Rollover <input type="checkbox"/> SEP <input type="checkbox"/> TSA – 403(b) <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Other _____	10. Acknowledgement of Lifetime or Temporary Life Annuity: I/We understand the annuity applied for provides payments to me/us, while living, only. There is no death benefit, premium refund or policy beneficiary. Annuity payments will be made as per the annuity contract and will cease at my/our death. If death occurs after the contract “free-look” period, but before any annuity benefits are paid, there will be no annuity payments and no premium refund. <i>The reason I/We selected a Life only immediate annuity is:</i> <input type="checkbox"/> Estate Planning <input type="checkbox"/> Other _____ <input type="checkbox"/> Increased Income Need <input type="checkbox"/> Diversification Strategy _____
9a. Immediate Annuity Payout Option: <input type="checkbox"/> Amount of Payment _____ Payment Mode: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual SUBMIT COPY OF ILLUSTRATION. SUBMIT PROOF OF BIRTH IF LIFE CONTINGENCY IS SELECTED. <input type="checkbox"/> Period Certain _____ yrs <input type="checkbox"/> Without Life <input type="checkbox"/> With Life <input type="checkbox"/> Installment Refund with Life <input type="checkbox"/> Temporary Life Annuity for ____ yrs or until Death of Annuitant, whichever occurs first. (Do Not Name Beneficiary. Go to item 10) <input type="checkbox"/> Life Only Income (DO NOT Name Beneficiary. Go to item 10)	Owner/Annuitant initials _____

Part C – Owner/ Information (If other than Annuitant)

11. Owner (first, middle, last) (Annuity payments are made and taxed to the Owner.) _____ Resident's Home Address _____ _____ City _____ State _____ Zip _____	12. Date of Birth (mm/dd/yy). ____/____/____	13. Fed ID or SS#. _____
	14. Gender (check one). <input type="checkbox"/> Male <input type="checkbox"/> Female	
15. Successor Contingent Owner (first, middle, last). (This is not a co-owner.) Successor contingent owner, to assume ownership in the event the above owner dies before the Annuitant: _____ _____	Home Address _____ _____ City _____ State _____ Zip _____	

continued on back page

Part D – Beneficiary Information

16. Primary Beneficiary(ies) of the Annuitant.

Unless otherwise provided, the beneficiaries in a class will share equally. (Add sheet signed by policy owner for additional names.)

Full Name(s)	Relationship to Annuitant	Social Security#
_____	_____	_____
_____	_____	_____

17. Contingent Beneficiary(ies) of the Annuitant.

(Add sheet signed by policy owner for additional names.)

Full Name(s)	Relationship to Annuitant	Social Security#
_____	_____	_____
_____	_____	_____

Part E – Certification

18. Replacement.

Does the Applicant or proposed annuitant have any other life insurance policies or annuity contracts *inforce*? Yes No

Is the policy applied for to replace or change any existing life insurance or annuity contract? Yes No (if “yes” attach state replacement form(s) and exchange transfer form(s).)

19. Remarks.

20. Signature Agreement.

(1) It is hereby represented that the above statements are complete and true to the best of my belief and knowledge. They should be part of the contract if one is issued. The applicant, if someone other than the proposed annuitant, agrees to be bound by all statements and answers made by the proposed annuitant on this application. (2) The agent taking this application has no authority to make, modify, alter or discharge any contract applied for. The agent cannot extend credit on behalf of the Company. (3) The Company shall incur no liability under any policy issued as a result of this application unless and until such policy is delivered to the owner and the premium paid while the annuitant is alive. If question #18 is answered “Yes”, I **confirm receipt** of “Notice to Applicant” and/or other forms required by law.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

This annuity is irrevocable, non-commutable, and has NO CASH VALUE.

Dated at _____ on _____ 20_____

Signature of Proposed Annuitant or Payee

Witness

Signature of Applicant or Owner (if other than proposed annuitant or payee)

Agent’s Certificate

Agent (print name) _____

Agent, do you have any reason to believe that the Proposed Annuitant intends to drop or change any existing policy on his/her life in favor of the policy applied for? Yes No

I HEREBY CERTIFY that I personally solicited this application. I certify to the best of my knowledge: the Annuitant and Owner signed this Application and I have explained the terms of this policy.

Agent’s signature _____ Code # _____ Phone # _____

GA’S CERTIFICATE

GA’s Name (print name) _____ *This application was solicited and written by a licensed agent of my agency.*

GA’s Signature _____ Code # _____ Phone # _____

PRESIDENTIAL LIFE INSURANCE COMPANY



69 LYDECKER STREET
NYACK, NEW YORK 10960
(845) 358-2300

NOTICE OF WITHHOLDING ON PERIODIC PAYMENTS

The annuity payments you receive from Presidential Life Insurance Company will be subject to Federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your annuity payment that is already included in your income subject to Federal income tax and will be like wage withholding. Thus, there will be no withholding on the return of your own nondeductible contributions to the contract.

You may elect not to have withholding apply to your annuity payments by returning the signed and dated election on the reverse side of this notice to Presidential Life Insurance Co., 69 Lydecker St., Nyack, NY 10960. Your election will remain in effect until you revoke it. You may revoke your election at any time by returning the signed and dated revocation to the address above. Any election or revocation will be effective no later than the January 1, May 1, July 1, or October 1 after it is received, so long as it is received at least 30 days before that date. You may make and revoke elections not to have withholding apply as often as you wish. Additional elections may be obtained from us upon request.

If you elect not to have withholding apply to your annuity payments, or if you do not have enough Federal income tax withheld from your annuity payments, you may be responsible for payments of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. **PLEASE CONSULT YOUR ACCOUNTANT OR TAX ADVISOR FOR FURTHER ADVICE.**

Special State Tax Withholding Information:

CA, DE, GA, IA, KS, MA, ME, NC, OK, OR, and VT require that if you elect to have Federal Income Tax withheld from your annuity payments, then we must automatically deduct State income tax also.

VA – if you elect to or are required to have Federal Income Tax withheld from your annuity payments, then we must automatically deduct State income tax also, unless the distributions are from an IRA or SEP. You may however, elect to have **VA** income tax withheld on any payment on which **VA** withholding is not mandatory.

DE, KS, ME, NC, OR, VT – if the annuity is subject to 20% mandatory withholding on TSA or other Qualified Plan Distributions then State Income Tax is also required. Otherwise you may opt out of State Tax Income withholding

GA, IA, MA, OK - You cannot opt out of State Tax Withholding if you elect to have Federal Tax withholding.

CA - You may opt out of State Tax Withholding even if you elect to have Federal Income Tax withheld on payments.

If you do not withhold for Federal Income Tax, you still may elect state withholding even if you opt out of Federal Income Tax withholding except for the states listed below:

AK, FL, HI, NH, NV, SD, TN, TX, WA, WY -State Income Tax Withholding is not allowed. State tax withholding may not be elected. Do not complete the State Tax Withholding Section.

If you reside in any other state, the state tax withholding election is voluntary. State Income Tax will be withheld only if you instruct us to do so.

ELECTION FOR RECIPIENTS OF PERIODIC PAYMENTS AND CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER

IF YOU ARE NOT A U.S. PERSON YOU MUST COMPLETE A FORM W-8- CERTIFICATE OF FOREIGN STATUS OF BENEFICIAL OWNER FOR UNITED STATES TAX WITHHOLDING AND A W7 – APPLICATION FOR IRS INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER

- Instructions:
1. Check Box A or B to indicate whether or not you want Federal income tax withheld.
 2. Check Box C or D, to indicate your State tax withholding preference. **See special state tax information on reverse side of this form.**
 3. Fill in Social Security Number or Federal Taxpayer Identification Number
 4. Read and follow Certification Instructions

FEDERAL INCOME TAX WITHHOLDING

- A. I **do not want** to have Federal income tax withheld from my annuity payments.
- B. I **want** to have Federal income tax withheld from my annuity payments in the amount of _____ per payment. (Indicate amount or % to be withheld). If you reside in **CA, DE, GA, IA, KS, ME, MA, NC, OK, OR, VT, or VA** and you elect Federal income tax withholding we may have to automatically withhold for state tax. **See the reverse side of this form.**

STATE INCOME TAX WITHHOLDING (See special state tax information on the reverse side of this form.) State withholding does not apply to states not having State income taxes.

- C. I do not want to have State income tax withheld from my annuity payments.
- D. I want to have State income tax withheld from my annuity payments in the amount of _____ per payment. (Indicate amount or % to be withheld).

Name of Taxpayer: _____ Policy # _____

Address: _____

City, State, & Zip Code: _____ Daytime Telephone#: _____

Social Security Number or Taxpayer Identification Number: _____

Certification - Under penalty of perjury, I certify that:

- (1) The number shown on this form is my correct Social Security Number or Taxpayer Identification Number, and
- (2) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

(3) I am a U.S. person (including a resident alien)

Certification Instructions - You must cross out item (2) above if you have been notified by IRS that you are subject to withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

Signature: _____ Date: _____
(If signing on behalf of a corporation, please indicate your title.)

Return your completed election to: Presidential Life Insurance Company-69 Lydecker Street-Nyack, NY 10960

IMMEDIATE ANNUITIES ONLY

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PRESIDENTIAL LIFE INSURANCE COMPANY

In Texas doing business as Rockland Life Insurance Company

69 LYDECKER STREET
NYACK, NEW YORK 10960

Acknowledgement of Annuity Purchase (Lifetime or Temporary Life only Annuity)

To be submitted with all applications for Immediate Annuities providing payments for the LIFETIME or the TEMPORARY LIFE TIME stated period of the annuitant(s), only.

Annuitant/Owner's Acknowledgement

I/(We in the case of a joint survivor annuity) _____, understand that the annuity policy applied for provides the schedule payments to me/us while living, only and, there is no death benefit, nor policy beneficiary. I/We understand that scheduled annuity payments will be made as per the annuity schedule and will cease at my death (or the death of the last surviving annuitant if there is more than one annuitant), even if no payments have yet been made.

The reason I/We have selected an annuity that provides lifetime or temporary life only payments for _____ years is:

(Example: estate planning purposes in conjunction with life insurance purchase or to meet need for increased income)

Signature of Annuitant/Owner Signature of 2nd Annuitant (if applicable) Date

Signature of Owner's Spouse (If no spouse write: "No Spouse") Date

Agent's Acknowledgement

I, _____ represent the client(s) indicated above, with respect to the purchase of an annuity which makes payments during the lifetime or for the temporary life stated period of the annuitant(s), only. This is to confirm that:

1. I used my best professional effort to convey the terms and conditions of the annuity payment schedule to all the above parties.
2. All the above parties are in agreement that this annuity is appropriate for their financial need.

Signature of Agent CLU/ChFC CFP CPA CEBS Attorney Other _____
Agent's Professional Credentials (Circle all that apply)

PRESIDENTIAL LIFE INSURANCE COMPANY

NYACK, NEW YORK 10960

(800-926-7599)

Annuity Purchase Suitability

This questionnaire is designed to help determine if your purchase of a Presidential Life Insurance Company fixed deferred or immediate annuity contract is suitable for your individual financial circumstances. The questionnaire is merely an aid and not intended to be a statement as to the determination of your final suitability. You have a legal right to not answer questions pertaining to your suitability (see consumer applicant's acknowledgement). However, the Company may elect not to issue the annuity contract being applied for.

Consumer Applicant's Acknowledgement (Check one)

I elect to **complete** the annuity suitability questionnaire. I believe the Presidential Life Insurance Company annuity contract is suitable for my financial circumstances and I acknowledge receipt of the appropriate annuity product brochure.

I elect to **not complete** the annuity suitability questionnaire. However, I believe the Presidential Life Insurance Company annuity contract is suitable for my financial circumstances. I also acknowledge receipt of the appropriate annuity product brochure.

Consumer Applicant's Signature _____ Date _____
(Owner(s))

Consumer Applicant's Signature _____ Date _____
(Annuitant other than Owner)

Suitability Questionnaire

Net Worth Statement (use approximations)

1. My net worth exclusive of my personal residence and automobile is \$_____ Refused
 - (a) I have assets or, the ability to convert assets within 30 days, to fund 6 months of living expenses Yes No
 - (b) My combined Federal & State Income tax bracket is _____%
 - (c) Percent of my annual retirement income current or projected from Social Security, employer sponsored defined benefit pension plans and other non-cash value, *illiquid* annuity sources is _____%

Objectives Statement (check all that apply)

2. Deferred cash value annuity
 - Capital preservation
 - Federal & State Income Tax deferral
 - Access to cash value
 - Other _____
3. Immediate non-cash value annuity
 - Guaranteed life-time income
 - Retirement income supplement for a term of years
 - Tax advantaged income (non-qualified annuities only)
 - Estate transition planning
 - Other _____

Agent's Statement

I certify; (a) I provided the consumer applicant a copy of the appropriate annuity product brochure and, (b) I made no representations that conflict with the annuity product brochure nor made promises regarding the future value of the annuity contract. Based on the information disclosed above and my best professional effort, I determine that the purchase of the annuity is suitable to meet the consumer applicant's objectives and needs.

Agent's Signature _____ Date _____



Presidential Life Insurance Company

“Impaired Risk” Immediate Annuity Illness and Injury Guidelines

This guide has been developed as an aid to better help field agents understand the type of illnesses and/or injuries that may qualify for “impaired risk” underwriting of life contingent immediate annuities. Life contingent annuities consist of: life-only, period certain and life and temporary life contracts.

Keep in mind, the illness and/or injury needs to be significant enough to classify the annuitant as table 4 or higher in order for medical underwriting to impact your case. Below, is a partial list of illnesses and injuries that may help qualify your case.

For the purposes of obtaining an underwriting decision, attending physician statements (APS), hospital discharge summaries, illness diagnosis and recent medical examinations conducted by a physician must be sent to the Home Office Underwriter. No insurance company medical examiners gather information or physical specimens from the annuitant (insured). A letter of determination outlining the underwriting decision is sent to the agent.

Please note: Presidential Life does not front or reimburse the cost of medical document gathering for annuity underwriting.

A “good order submission” consists of medical documents/records and the appropriate immediate annuity application for your state.

Illnesses

Cancer – Metastazise (other than skin cancer) History
Heart Disease (bi-pass/valve replacement)
Renal Failure
Brain Tumor
Mental Retardation
Diabetes with complications
HIV/AIDS
Cystic Fibrosis

Injury

Paraplegia
Brain Injury (cognitive diminishment)
Spinal injury
Significant Burns (lung damage)

Premium Maximum: \$2 million aggregate premium on any single substandard life

Age Rating Maximum: Age 90

What medical condition affects this annuitant make him/her a good subject for “substandard” annuity underwriting?
