


Presidential Life Insurance Company 69 Lydecker Street Nyack, New York 10960		IMMEDIATE ANNUITY / FUNDING AGREEMENT APPLICATION	Phone: 800-926-7599 www.presidentiallife.com
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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. The reason I/We selected a Life only immediate annuity is: <input type="checkbox"/> Estate Planning <input type="checkbox"/> Other _____ <input type="checkbox"/> Increased Income Need _____ <input type="checkbox"/> Diversification Strategy _____ Owner/Annuitant initials _____
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)	

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.

Pursuant to the Federal Defense of Marriage Act, same-sex marriages are not recognized for purposes of federal law. Therefore, the favorable tax treatment provided by federal tax law to an opposite-sex spouse is NOT available to a same-sex spouse. Same-sex spouses should consult a tax advisor prior to purchasing annuity products that provide benefits based upon status as a spouse, and prior to exercising any spousal rights under an annuity.

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

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

 Witness

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) Nestegg Builders Corp This application was solicited and written by a licensed agent of my agency.

GA's Signature _____ Code # 1538 Phone # 845-592-4064

PRESIDENTIAL LIFE INSURANCE COMPANY
NYACK, NEW YORK 10960

The USA Patriot Act
Anti-Money Laundering (AML) Program
Customer Notification

As result of the USA Patriot Act, signed into law on October 26, 2001 and effective after May 2, 2006, insurance companies that issue life insurance and annuity products which present a heightened risk of money laundering, terrorist financing or other illicit activity are required to establish anti-money laundering (AML) programs. The Financial Crimes Enforcement Network (FinCen), a division of the US Department of the Treasury, issued these requirements.

Under the USA Patriot Act's Customer Identification Program (CIP), we are required to verify identity of the parties to an annuity contract or a life insurance policy. Formal identifying documents such as a State driver's license or other identifying documents that confirm party identity will be examined. All selling agents must complete the (CIP) form and know the customer with whom they are dealing with, when transacting in Presidential Life Insurance Company (PLIC) life and annuity products.

Under this Act and it's AML provisions, Presidential Life Corporation and its wholly owned subsidiary Presidential Life Insurance Company ("The Companies"), may prohibit or limit certain forms of customer identification and premium payment(s). The Companies' reserve the right to reject customer identification and premium payment(s). Rejected premiums will be returned to the premium payer.

The Companies and its agents share an important responsibility to comply with the USA Patriot Act and its applicable anti-money laundering rules. Under Federal law, violation of anti-money laundering laws can expose those responsible to substantial civil and criminal penalties including, but not limited to fines and imprisonment.

Agency

PRESIDENTIAL LIFE INSURANCE COMPANY
 NYACK, NEW YORK 10960

USA Patriot Act
Customer Identification Program (CIP)
 (Agent Certification Form)

Customer/Owner Photo Identification (ID)

Customer/Owner Name: _____

Natural Person(s)

U.S. Driver's License Passport Green Card Other _____

Identification (Current)

Issuer _____ Number _____

Date _____ Expiration Date _____

Non-Natural Person/Entity (Trust, Business, Retirement Plan, Estate, etc.)

Non-Natural Person/Entity _____

Entity Legal Representative(s) _____ (Photo ID – see above)

Selling Agents must review Natural Persons and Non-Natural Person/Entity identity documentation, and documentation granting legal authority to the representative(s) listed above (trust instrument, articles of incorporation, business license, letters of testamentary, power of attorney, etc.), retain copies in their files, and be able to produce them on request (see required documentation list and treatment – Reverse Side).

Other Information

	Never Met (Personally)	Recently Met (Personally)	Know Well (yrs.)	Know Slightly (yrs)	Relative (relationship)
Owner(s)					
Annuitant(s)/Insured					
Beneficiary(s)					
Annuity Payee(s)					
Premium Payer					

How was customer referred to agent: _____

Natural Owner(s)

- I certify that I personally met with the Owner(s) and reviewed their identification documents. To the best of my knowledge the documents accurately reflect the identity of the Owner(s).
- I did not meet in person with Owner(s) or, I was otherwise unable to personally review the owner(s) identification documents. I certify that, to the best of my knowledge, the identification information provided by the Owner(s) either by mail or phone is accurate.

Non-Natural Person/Entity

- I certify that I personally met the legal representative(s) of the Non-Natural Person/Entity and reviewed the representative(s) and Non-Natural Person/Entity identification documents. To the best of my knowledge the documents accurately reflect their identities and the legal authority of the representative.
- I did not meet the legal representative(s) of the Non-Natural Person/Entity or I was otherwise unable to personally review the representative(s) and Non-Natural Person/Entity identification documents. I certify that, to the best of my knowledge, their identification information and the representative's legal authority provided by the representative either by mail or phone is accurate.

Selling Agent _____ # _____ Date _____

Note: Failure to complete this form in it's entirety or outright refusal by the prospective customer to consider completing this form may cause the customer to become the subject of a Suspicious Activity Report (SAR) filed with the US Treasury's Financial Crimes Enforcement Network (FinCEN) whether they purchase a contract/policy or not.

PRESIDENTIAL LIFE INSURANCE COMPANY

NYACK, NEW YORK 10960

Required Documentation List For Identity Verification of Owners

Individual(s) Owned Contracts/Policies	
US Persons: US Citizens or Non-US Citizens that are legal residents of the US	Copy of State-issued unexpired driver's license, passport or any other unexpired government-issued identification evidencing nationality or residence and bearing a photograph. Maintain in Selling Agent file and carrier reserves right to receive a copy of identification if deemed necessary.
Non-US Persons: Persons who are not US Citizens and not legally residing in the US	Copy of unexpired foreign passport, Employment Authorization Card, any other foreign government issued ID evidencing nationality or residence and bearing a photograph. Maintain in Selling Agent file and carrier reserves right to receive a copy of identification if deemed necessary.
Custodial, Guardianship Persons, or Power of Attorney (POA)	If product is purchased under a custodial, guardianship or power of attorney arrangement, the ID of the custodian/guardian/power of attorney (POA) must be documented and verified (See above: for US Persons and Non-US Persons). In addition, competent individuals who grant POA authority are also subject to ID requirements. Maintain copies in Selling Agent file, document copies must be submitted with the application.

Non-Natural Person/Entity Owned Contracts/Policies	
Domestic Trust	The first and last pages of trust indicating trust's name and current trustee(s) and tax identification number (TIN). Maintain copies in Selling Agent file and submitted copies with the application. Carrier reserves right to receive a complete copy of the trust instrument if deemed necessary.
Offshore Trust	A complete copy of the trust document must be submitted with the application.
Privately-Held Corporation or S-Corporation	Copy of any one of the following: Articles of Incorporation, Certificate of Incorporation, State-issued Business License or Receipt of State Filing (documents must bear the state stamp but a raised seal is not required). Maintain in Selling Agent file and carrier reserves right to receive a copy of the documents if deemed necessary.
General Partnership, Limited Partnership and Limited Liability Partnership	Copy of fully executed partnership agreement. Maintain in Selling Agent file and carrier reserves right to receive a copy of the agreement if deemed necessary.
Limited Liability Company (LLC)	Copy of Limited Liability Company (LLC) Operating Agreement and/or certificate evidencing filing with state government. Maintain in Selling Agent file and carrier reserves right to receive a copy of Operating Agreement or certificate if deemed necessary.
Sole Proprietorship	See individually owned contracts/policies
Schools, Churches and Charities	An IRS letter evidencing the tax-exempt status of the school, church or charity, a copy of the 501(c) and a copy of the organizational documents required for that particular entity. Maintain in Selling Agent file and carrier reserves right to receive a copy of documents if deemed necessary.
Other Foreign Business	Copy of the government-issued documentation that certifies the existence of the business. Maintain in Selling Agent file and carrier reserves right to receive a copy of documents if deemed necessary.
Qualified Retirement Plans	Copy of trust agreement and or plan documents. Maintain in Selling Agent file and carrier reserves right to receive a copy of documents if deemed necessary.

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)

NOTE: Consumers with \$500,000 (aggregate) Premium must complete this form.

- 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 and the NAIC or my State approved Annuity Buyer's Guide.

Your election to not complete this annuity purchase suitability questionnaire may limit your rights to consumer protections afforded by your resident State regarding annuity contract purchasing. Electing to not complete this questionnaire results in the Company's official recommendation to not purchase this specific annuity in satisfaction of the NAIC 275 - 1 rule (as amended) or other applicable State requirement alleviating the Company from determining annuity purchase suitability.

In the cases of annuity contract/life insurance policy replacement transactions, to enable my Presidential Life Annuity purchase, I consent to all necessary and reasonable disclosures by the replaced company regarding my current or former annuity contract or life insurance policy, deemed necessary by Presidential Life Insurance Company to determine annuity purchase suitability on a current or prospective basis, respectively.

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

General Information

1. Owner's Name: _____ 2. Owner Age: _____
3. Joint Owner's Name: _____ 4. Premium Amount: _____

Financial Information

5. Annual Income: \$0-\$24,999 \$25,000-\$49,999 \$50,000-\$99,999 \$100,000+
6. Please list the amount of each current investable asset listed below. This should exclude home, automobile and personal property (Not including the amount of this annuity purchase).
- | | |
|-----------------------------|------------------------------------|
| Variable Annuities \$ _____ | Certificates of Deposit \$ _____ |
| Fixed Annuities \$ _____ | Stocks/Bonds/Mutual Funds \$ _____ |
| Cash \$ _____ | Retirement Plan Assets \$ _____ |
| Other \$ _____ | |
7. Net Worth¹: \$0-\$49,999 \$50,000-\$99,999 \$100,000-\$149,999
 \$150,000-\$199,999 \$200,000-\$249,999 \$250,000-\$399,999
 \$400,000-\$549,999 \$550,000-\$699,999 \$700,000-\$849,999
 \$850,000-\$999,999 \$1,000,000+

¹Net Worth is your total assets (excluding home and automobile) less total debts.

Federal Tax Bracket

8. 10% 15% 25% 28% 33% 35% Other: _____

Financial Situation and Needs

9. Have you ever owned any of the following? (Check all that apply)

- Fixed Annuities
- Variable Annuities
- Certificates of Deposit
- Stocks/Bonds/Mutual Funds

10. In purchasing this product, what are your financial objectives? (Check all that apply)

- Immediate Income
- Future Income
- Tax Deferral
- Growth with income later
- Growth with possible income later
- Pass on to beneficiaries
- Guarantees provided
- Other: _____

11. What source will you use for this annuity's premiums? (Check all that apply)

- Annuity
- Life Insurance
- Current Income
- Cash
- Certificates of Deposit
- Bank Account
- Other: _____

12. Other than the money you will use to purchase this annuity contract, do you have sufficient available cash, assets, or other sources of income for your monthly living expenses and possible emergencies for a period of 6 months? Yes No If no, please explain: _____

13. How would you describe your risk tolerance for this annuity purchase?

- Conservative
- Moderate
- Aggressive

14. Are you replacing a current contract or policy? Yes No

If Yes:

a. Estimated Replacement/Surrender costs: Cash Value \$ _____, Death Benefit \$ _____

b. Replacement reason (Check all that apply)

- Interest Rates
- Guaranteed Lifetime Income
- Policy Guarantees
- Other: _____

c. Have you exchanged another annuity within the last 36 months? Yes No

d. As a result of this replacement, will you be subject to any of the following? (Check all that apply)

- Surrender charge
- Loss of living benefit
- Additional rider charges
- New surrender period
- Loss of other benefit
- Additional advisory fees
- Loss of death benefit
- Increased fees
- Other: _____

Financial - Objectives Statement (check all that apply A or B)

15. A. Deferred cash value annuity

- Capital preservation
- Federal & State Income Tax deferral
- Access to cash value
- Other: _____

B. Immediate non-cash value annuity

- Guaranteed life-time income
- Retirement income supplement
- Tax advantaged income (non-qualified annuities only)
- Estate transition planning
- Other: _____

16. Additional Agent comments regarding annuity purchase suitability:

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.

I delivered the NAIC Annuity Buyer's Guide or other State required Annuity Buyer's Guide to the Annuitant.

Agent's Signature _____

Date _____

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 Annuity contracts 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 contract applied for provides the schedule payments to me/us while living, only and, there is no death benefit, nor contract beneficiary. I/We understand that scheduled annuity payments will be made as per the annuity payment 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, income source safety, etc.)

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



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:

AR, CA, DE, GA, IA, KS, MA, ME, MS, NC, NE, OK, OR, VA * 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. (Some exceptions may apply see below)

*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.

MS – Mandatory state withholding applies only to premature distributions. 5% will apply on taxable income in excess of \$10,000.

DE, KS, ME, NC, OR, VA, 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

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

IA, MA, OK – You cannot opt out of State Tax Withholding 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.

WE DO NOT ACCEPT FAXED DOCUMENTS

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 AR, CA, DE, GA, IA, KS, MA, ME, MS, NC, NE, 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

WE DO NOT ACCEPT FAXED DOCUMENTS

Presidential Life Insurance Company

In Texas doing business as
Rockland Life Insurance Company



Guidelines For Annuity/Life Exchanges And Other Asset Transfers

Annuity/life exchanges and other asset transfers can be accomplished quickly and easily by following the instructions below. First, contact the existing carrier or other financial institution to determine if they have any special requirements of their own. For annuity/life transfers you will also want to be sure that the owner and annuitant/insured on the old contract remain the same on the new application as differences may result in adverse tax consequences for your client.

When Presidential receives the completed paperwork, we will forward the necessary documents to the existing insurance carrier or financial institution. Turnaround times vary, but most exchanges and transfers are received within two to six weeks of funds request. Presidential will follow-up to keep funding delays to a minimum.

Instructions

The following steps and forms are required to complete a 1035 exchange or other transfer:

1. Application (show in "remarks" section that new application is a 1035 exchange/transfer)
2. 1035 Exchange/Transfer form #Transfr-Exchg
3. Original Annuity/Life policy or affidavit of lost policy (if required by the surrendering carrier) or other financial statements
4. State replacement forms (In New York: Definition Of Replacement - cash sale or completed Appendix 10A or 10B and 10C.)
5. Two copies of transfer documents should be made, one for the agent and one for the client
6. Mail all originals and correspondence to:

**Annuity or Life New Business (depending on the case)
69 Lydecker Street
Nyack, NY. 10960**



Request for Policy/Account Transfer or Exchange of Assets (ANNUITY AND LIFE USE ONLY)

1. Current Trustee/Insurance Company/Financial Institution ("FI")

Street Address of Current Trustee/Ins. Co./FI

Address line 2

City State Zip of Current Trustee/Ins. Co./FI

Telephone Number of Current Trustee/Ins. Co./FI

2. Policy Owner/Account Owner Name(s)

Additional Owner Name

Policy/Account Number(s)

Owner Social Security Number(s) or Tax I.D. Number(s)

Annuitant/Insured Name(s) (if other than owner)

3. TRANSFER INSTRUCTIONS:
Please transfer the policy/account values indicated below:
 Partial: Transfer policy/account value totalling \$, or % _____
 Complete: Transfer all policy/account values. Surrender if an annuity/life policy.
FOR FULL 1035 EXCHANGES: I, the owner, absolutely assign and transfer to PLIC all rights and interest in the above noted policy/certificate for the sole purpose of effecting a transfer exchange under Section 1035 of the Internal Revenue Code.
When should the transfer occur?
 Transfer policy/account values immediately.
 Transfer policy/upon maturity date
(If transferring Annuity policy go to #4. If transferring Life policy go to #7)

6. RETIREMENT PLAN TO AN IRA: *(To be completed only if rolling a Retirement Plan to an IRA)*
 Plan Termination Death Disability
 Separation from Service Over Age 59 1/2 Divorce
(Skip #7 and #8, proceed to #9)

7. TRANSFER FROM: *(To be completed for Life policy transfer)*
 Life Policy Mutual Fund Bank CD Other Non-Qualified Asset

8. ELECTION DISCLOSURE: *(To be completed for Life policy transfer)*
If funds are being exchanged, rolled over, or transferred into a new PLIC Life policy and the application is approved, I select the following coverage option (check one, and initial):
 (initial) _____ I want my PLIC coverage to begin at the date my application is approved by the PLIC Home Office. I have paid at least two monthly premiums with my application, or I have paid at least one monthly premium and have authorized PAC draft from my financial institution account to pay monthly premiums.
 (initial) _____ I want my PLIC coverage to begin as of the date both my application is approved by the PLIC Home Office, and the PLIC Home Office receives the surrendered/transferred funds from the current custodian. I agree PLIC will provide no coverage until that date.

4. NON-QUALIFIED TYPE OF TRANSFER:
 Non-Qualified Policy/Account Values, 1035 Exchange
 Non-Qualified Funds, Non-1035 Exchange from:
 Mutual Fund Bank CD Other Non-Qualified Asset

9. REQUIRED MINIMUM DISTRIBUTION (RMD) INFORMATION FOR QUALIFIED PLANS ONLY:
A) Have you reached age 70 1/2 or older in this calendar year?
 YES NO *(If the Answer to A, is NO, Disregard B & C.)*
B) Have you satisfied your RMD for this taxable year from the distributing plan?
 YES NO *(If the Answer to B is YES, Disregard C.)*
C) I direct the present custodian/trustee/insurer to: Distribute my RMD to me before transferring my Qualified funds or Transfer the entire amount. The RMD has been or will be made from another account or Retain RMD amount for later distribution.

5. QUALIFIED TYPE OF TRANSFER:
Year first Roth contribution or conversion was made for: _____

From:	To:
<input type="checkbox"/> IRA, SEP	<input type="checkbox"/> IRA, SEP
<input type="checkbox"/> Tax-Sheltered Annuity (403(b))	<input type="checkbox"/> Roth IRA
<input type="checkbox"/> 401(k) Qualified Savings Plan	<input type="checkbox"/> Other
<input type="checkbox"/> Roth IRA	
<input type="checkbox"/> Sec - 457 Plan	
<input type="checkbox"/> Pension	
<input type="checkbox"/> Other _____	

NOTICE REGARDING REPLACEMENT OF AN ANNUITY OR LIFE INSURANCE POLICY: In regards to the Replacement of an Annuity or Life Insurance Policy. You should make a careful comparison of your existing policy and the proposed benefits. To make certain you understand the facts, ask the company or agent that sold you your existing policy to give you information about it. Then you can be sure you are making a wise decision.

FOR ALL TRANSFERS: As the owner of the account indicated above, I request the above transfer to PLIC. I represent and warrant that said policy/account has not been assigned or pledged as collateral and is not subject to any lien, encumbrance, or legal proceedings of any kind, including bankruptcy. I am responsible for continuing any premium payment for my current policy/account (if necessary to keep the policy/account in force) until the surrendering company mails the policy/account proceeds to PLIC. I further agree that PLIC is not responsible for the tax effect of this transfer. I am responsible for all surrender charges and/or fees that result from this transfer. Please do not withhold any amount for taxes from the proceeds unless requested by me to do so or as otherwise required by law.

W9: I (We) certify, under the penalties of perjury, that the Social Security Number(s) or Tax ID(s) furnished on this form is true and correct.
My Annuity Life policy is: Enclosed Lost / Destroyed: I certify the above policy is lost or destroyed

Signed this _____ day of _____, 20____ at _____

_____ Signature of Agent	X _____ Signature of Policy Owner(s) (Assignor)
_____ Signature Guarantee (For transfers from mutual funds and/or other securities.)	X _____ Signature of Joint Owner
	X _____ Signature of Insured (Life policy only)

ACCEPTANCE BY HOME OFFICE: Presidential Life Insurance Company (PLIC) acknowledges that an application has been received from the Owner to establish an account for this transaction to the extent shown above. PLIC will accept the 1035 exchange, transfer or rollover shown to be credited to the account of the Owner. When the Section 1035(a) exchange is completed, please provide us with pre- and post-TEFRA cost basis in the policy. For 403(b), please provide year-end account balances for 1986 _____ and 1988 _____ by copy of this letter.

Make check payable to: **PRESIDENTIAL LIFE INSURANCE COMPANY** • 69 Lydecker Street • Nyack, NY 10960 • FBO the owner(s) noted above.

PLIC Policy Number

Authorized Signature/Vice President - Donna M. Jones

Date

Transfer/Exchg PLIC - Annuity & Life Transfer Form (09-07-07)

PRESIDENTIAL LIFE INSURANCE COMPANY



69 LYDECKER STREET
NYACK, NEW YORK 10960
(845) 358-2300
(800) 926-7599

Partial 1035 Exchanges to Divide Existing Annuity Contracts

Important Notice (Non-qualified Annuity Contracts)

Generally, the Internal Revenue Code (IRC) permits a taxpayer to fully or partially transfer an annuity contract's cash value from one insurance company to another without recognizing a taxable event.

However, the IRS issued Internal Revenue Bulletin (I.R.B.) 2008-13 containing Revenue Procedure (Rev. Proc.) 2008-24, and it became effective for partial 1035 exchange transactions after June 30, 2008. Rev. Proc. 2008-24 modified the IRC 1035 exchange rules for partial exchanges involving non-qualified annuity contracts.

Rev. Proc. 2008-24 states in general: Subsequently annuity surrenders or annuitization requests from/of either contract, the partially replaced contract or the new contract, that occur within the 12 month period following the exchange transaction date, may cause a taxable event to occur on the amount so exchanged, to the extent of interest earnings in the original contract.

We strongly encourage anyone who wishes to make a partial 1035 exchange, and who is contemplating a partial surrender or an annuitization from/of either contract, within the 12 month period following the exchange transaction date, to consult with a tax professional of their choice, to review their particular situation and determine if this partial 1035 exchange is appropriate for their individual needs. By signing this form, you agree and understand that Presidential Life Insurance Company and its affiliates shall not be held responsible for any adverse tax consequences or rulings resulting from such a partial 1035 exchange.

Contract Owner's Signature _____ Date _____

Joint Owners Signature (if applicable) _____ Date _____

APPENDIX 11

INSURANCE DEPARTMENT OF THE STATE OF NEW YORK

DEFINITION OF REPLACEMENT

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE OR ANNUITY CONTRACT, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT OR BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND:

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

- (1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED. FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED? YES ___ NO ___
(2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE, CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT, OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES? YES ___ NO ___
(3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE? YES ___ NO ___
(4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES? YES ___ NO ___
(5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES? YES ___ NO ___
(6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID? YES ___ NO ___

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE DEPARTMENT REGULATION NO. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant: _____

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION: YES ___ NO ___

Date: _____ Signature of Agent or Broker: _____