

Presidential Life Insurance Co.  
69 Lydecker Street  
Nyack, New York 10960



**DEFERRED ANNUITY APPLICATION**

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

**Part A – General Information**

1. Name (Annuitant) (First, middle, last).

2. Date of Birth .  
(mm/dd/yy)  
\_\_\_\_/\_\_\_\_/\_\_\_\_

3. Age Nearest Birthday .

Resident's Home Address

4. Gender.  
(check one)  
 Male  Female

5. SS# (Annuitant).

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Part B – Annuity Product Information**

6. Guarantee Period (if any)  
 1 Year  2 Year  3 Year  4 Year  
 5 Year  6 Year  Flexible  
 Other \_\_\_\_\_

8. Billing Information (Flexible contracts only)  
Amount \$ \_\_\_\_\_  
Mode:  Monthly  Quarterly  Semi-Annual  Annual  
Remarks \_\_\_\_\_  
Type:  Direct Bill  List Bill  
 ABC (Automatic Bank Check) \_\_\_\_\_

7. Tax Qualification Status of Annuity Applied For .  
 IRA  Roth IRA  Non-Qualified  
 SEP  TSA – 403(b)  Profit Sharing  
 IRA Rollover  
 Other \_\_\_\_\_

9. Payment 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  
 1035 Rollover / Transfer (Paper work submitted and attached.)

**Part C – Beneficiary and Owner Information**

10. Policy Owner (If different from annuitant) (First, middle, last).

11. Fed. ID or SS#.

12. Date of Birth.  
(mm/dd/yy)  
\_\_\_\_/\_\_\_\_/\_\_\_\_

13. Gender.  
(check one)  
 M  F

Resident's Home Address

14. Successor Contingent Owner (This is not a co-owner).  
This owner assumes ownership in the event the policy owner dies  
before the Annuitant.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

15. Joint Spousal Owner WROS (First, middle, last).

16. Date of Birth..  
(mm/dd/yy)  
\_\_\_\_/\_\_\_\_/\_\_\_\_

17. Fed. ID or SS#.

18. 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#

19. Contingent Beneficiary(ies) of the Annuitant.  
(Add separate sheet signed by policy owner for additional names.)  
Full Name(s) Relationship to Annuitant Social Security#

*continued on back page*

Part D – Certification

20. 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)).

21. Remarks.

22. 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 a policy is delivered to the owner and the first premium paid while the annuitant is alive. If question #20 is answered "Yes", I confirm receipt of "Notice of Applicant" and/or other forms required by law.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

W9: I (We) certify, under the penalties of perjury, that the Social Security No.(s) or Tax ID(s) furnished on this form is true and correct.

Dated at \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_\_

Signature of Proposed Annuitant or Payee

Witness

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

(For Internal Use Only) Agent's Certificate

Agent (print name) \_\_\_\_\_

Florida License Identification Number \_\_\_\_\_

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

This application was solicited and written by a licensed agent of my agency.

GA's Signature \_\_\_\_\_ Code # 1538 Phone # 800-509-0661



**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 totaling \$, 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

**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

**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.

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

<b>From:</b>	<b>To:</b>
<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 _____	

**9. REQUIRED MINIMUM DISTRIBUTION (RMD) INFORMATION FOR QUALIFIED PLANS ONLY:**

A) Have you reached age 70½ 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.

**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

\_\_\_\_\_  
Signature Guarantee (For transfers from mutual funds and/or other securities.)

X \_\_\_\_\_  
Signature of Policy Owner(s) (Assignor)

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.**

*Donna M. Jones*

\_\_\_\_\_  
PLIC Policy Number      Authorized Signature/Vice President - Donna M. Jones      Date

Transfer/Excng 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

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### **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 \_\_\_\_\_

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**PRESIDENTIAL LIFE INSURANCE COMPANY**  
**NYACK, NEW YORK 10960**

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

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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

<b>Individual(s) Owned Contracts/Policies</b>	
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). <b>In addition, competent individuals who grant POA authority are also subject to ID requirements.</b> Maintain copies in Selling Agent file, document copies must be submitted with the application.

<b>Non-Natural Person/Entity Owned Contracts/Policies</b>	
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.

Consumer Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Owner(s)) \_\_\_\_\_ Date \_\_\_\_\_

Consumer Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Annuitant, if other than Owner)

General Information		
1. Owner's Name: _____	2. Owner Age: _____	
3. Joint Owner's Name: _____	4. Premium Amount: _____	
Financial Information		
5. Annual Income: <input type="checkbox"/> \$0-\$24,999 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000+		
6. Please list the amount of each current investable asset listed below. This should exclude home, automobile and personal property.		
Variable Annuities \$ _____	Certificates of Deposit \$ _____	
Fixed Annuities \$ _____	Stocks/Bonds/Mutual Funds \$ _____	
Cash \$ _____	Retirement Plan Assets \$ _____	
Other \$ _____		
7. Net Worth <sup>1</sup> :		
<input type="checkbox"/> \$0-\$49,999	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$100,000-\$149,999
<input type="checkbox"/> \$150,000-\$199,999	<input type="checkbox"/> \$200,000-\$249,999	<input type="checkbox"/> \$250,000-\$399,999
<input type="checkbox"/> \$400,000-\$549,999	<input type="checkbox"/> \$550,000-\$699,999	<input type="checkbox"/> \$700,000-\$849,999
<input type="checkbox"/> \$850,000-\$999,999	<input type="checkbox"/> \$1,000,000+	
<sup>1</sup> Net Worth is your total assets (excluding home and automobile) less total debts.		
Federal Tax Bracket		
8. <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 25% <input type="checkbox"/> 28% <input type="checkbox"/> 33% <input type="checkbox"/> 35% <input type="checkbox"/> Other: _____		

**Financial Situation and Needs**

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

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

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

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

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

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

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. Why? (Check all that apply)

- Interest Rates
- Guaranteed Lifetime Income
- Policy Guarantees
- Other: \_\_\_\_\_

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

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

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

NYACK, NEW YORK 10960

## IMPORTANT NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate space below.

[ ] Yes      [ ] No

**DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT TO BE ACCEPTABLE.**

I have received and read a copy of this notice.

\_\_\_\_\_  
*Applicant's Signature*                      *Date*                      *Agent's Signature*                      *Date*

\_\_\_\_\_  
*Agent's Name (Printed or Typed)*                      *Agent's Company (Printed or Typed)*

\_\_\_\_\_  
*Agent's Address (Printed or Typed)*

Information on Policies which may be replaced:

\_\_\_\_\_  
Company Name                      Policy Number                      Name of Insured

Original to Applicant

Copy to Home Office

Copy to Agent

## **POLICY DISCLOSURE FORM AND INSTRUCTIONS**

COMPLETE ONE FORM FOR EACH PREVIOUSLY ISSUED POLICY.

ANY REQUIRED REPLACEMENT AND SALES FORMS MUST ALSO BE COMPLETED.

ONE COPY IS DELIVERED TO THE POLICYOWNER AND ONE COPY MAINTAINED BY THE INSURER.

Any and all information applicable to the transaction shall be fully and completely disclosed on Form DI4-1180. If the information requested does not apply to the transaction, the words "not applicable" or "N/A" shall be entered.

### PART A

The information to be disclosed in Part A of Form DI4-1180 shall apply to the current, in-force policy for which policy values are being utilized as a source of funding for the purchase of additional insurance contract(s). For purposes of this form, "current death benefit" is defined as the sum of the death benefit payable under the base policy, all life insurance riders covering the principal insured (other than special contingency death riders), paid-up additional insurance and dividends, minus outstanding indebtedness. The term "cash surrender value" is defined as the cash value of the policy or contract net of any outstanding indebtedness and surrender charges, and less any dividend value. The term "paid-up addition value" is defined as the cash value of additional insurance purchased with policy dividends. The term "dividend value" is defined as the total cash value of all policy dividends left on deposit with the company to accumulate at interest.

### PART B

The information to be disclosed in Part B of Form DI4-1180 shall apply to the proposed additional insurance contract(s) being funded by policy values in a current, in-force policy. For purposes of this form, "proposed premium amount" is defined as any recurring payment which is planned to be paid or which is required to be paid under the proposed policy.

### PART C

The information to be disclosed in Part C of Form DI4-1180 shall apply to the current, in force- policy, and shall indicate the manner in which the policy values are being used to fund the purchase of the proposed policy. Part C is not to be completed if the current policy is totally surrendered. However, in the event of a total surrender of the current policy, Parts A, B, D, and the signature block of this form must still be completed.

When completing Part C of this form, each and every source of funding for the proposed policy must be identified, i.e., whether a policy loan, partial surrender, or dividend withdrawal or any combination thereof is being utilized. If more than one source of funding will be utilized to fund the initial and/or future premiums for the proposed policy, all applicable sections of Part C shall be completed.

For purposes of this form, a "partial surrender" is defined as any amount taken from the value of the current policy which is less than the total cash value available under such policy. The term "mode" is defined as the frequency upon which a policy loan, partial surrender or dividend withdrawal will be taken from the value of the current policy. In the event of a single loan, surrender or withdrawal, the words "one time only" shall be entered in the space provided. The term "loan interest rate" is defined as the rate of interest in effect on the date that this form is completed, as specified in the current policy contract.

### PART D

The information to be disclosed in Part D of Form DI4-1180 shall apply to the current, in-force policy and the proposed additional policy, respectively.

### SIGNATURES

In order to evidence that the required disclosure has been made, Form DI4-1180 shall be signed and dated by the soliciting agent or by a Corporate Officer, as well as by the policyowner. For identification purposes, the agent or Corporate Officer shall enter his or her Florida License Number or Corporate title, respectively, in the space provided.

# Presidential Life Insurance Company Nyack, New York

PLEASE READ CAREFULLY. This information has been prepared for you so that you may make an informed decision on the use of any of your policy values to fund the purchase of a new policy. Please see the reverse side of this form for explanatory notes and instructions as to how this form has been completed.

## PART A - CURRENT POLICY INFORMATION      LIFE      ANNUITY

Policyowner's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Current Death Benefit:\$ \_\_\_\_\_ Current Premium Amount:\$ \_\_\_\_\_ Mode of Payment: \_\_\_\_\_

Cash Surrender Value:\$ \_\_\_\_\_ Paid-up Addition Value:\$ \_\_\_\_\_ Dividend Value:\$ \_\_\_\_\_

[The BENEFIT and VALUES stated above will be reduced as funds are used to purchase the policy proposed in Part B, below.]

## PART B - PROPOSED POLICY INFORMATION      LIFE      ANNUITY

Initial Death Benefit:\$ \_\_\_\_\_ Proposed Premium Amount:\$ \_\_\_\_\_ Mode of Payment: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_ Premium Payable to Age \_\_\_\_ or for \_\_\_\_\_ Years

**NOTE:** If you are replacing your current policy, or using 25% or more of your policy values, you may request a **WRITTEN** comparison between your current policy and the proposed policy. The comparison is to illustrate the policy values for both policies.

## PART C - SOURCE OF FUNDING FOR THE PROPOSED POLICY

A loan in the amount of \$ \_\_\_\_\_ will be taken from the value of your CURRENT POLICY each \_\_\_\_\_ (mode), bearing a current loan interest rate of \_\_\_\_\_ %.

A partial surrender in the amount of \$ \_\_\_\_\_ will be taken from the value of your CURRENT POLICY each \_\_\_\_\_ (mode).

A dividend withdrawal in the amount of \$ \_\_\_\_\_ will be taken from the value of your CURRENT POLICY each \_\_\_\_\_ (mode).

## PART D - YOUR CURRENT POLICY COULD TERMINATE

If the policy values of your CURRENT POLICY are used as a source of funding for the purchase of an additional policy, it is estimated that your CURRENT POLICY will terminate on \_\_\_\_\_ (date).

It is estimated that you will begin making premium payments for the PROPOSED POLICY from your own funds on \_\_\_\_\_ (date) in the amount of \$ \_\_\_\_\_ to be paid each \_\_\_\_\_ (mode).

**NOTE:** Since the values and premiums stated on this form may change over time, the estimated date upon which you will need to begin making premium payments from your own funds for the PROPOSED POLICY may also change. Estimates as to dates when policies will terminate or payments must begin assume the continuation of current (or guaranteed) factors, and such calculations are based upon the assumption that any premiums or interest due on loans are paid when due.

Policyowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent or Company Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Florida Licensed Agent ID No. Or Corporate Title: \_\_\_\_\_

**INSTRUCTIONAL NOTES FOR COMPLETION OF COMPARATIVE INFORMATION FORM**

1. Existing life insurance must be identified by name of insurer and the policy number. In the event that a policy number has not been assigned by the existing insurer, an alternative identification form such as an application or receipt number must be shown.
2. If more than one existing life insurance policy is to be replaced, a separate Comparative Information Form is to be provided for each policy.
3. In the disclosure of values premiums shall be shown only if they increase the cash value or death benefits for the primary insured.
4. Any benefits for secondary insureds shall be shown on a supplementary exhibit.
5. Values will be shown for each year in which either an initial change in face value or premium payment occurs.
6. Values will be shown in the disclosure for the maximum duration policy guarantees permit. If this benefit extension requires that guaranteed policy options be utilized, the option to be used will be that (those) automatically utilized by the issuing insurer. However, if the policy application provides for applicant election, then the extension of benefits will employ the option actually elected by the applicant. Any option utilized for extension of benefits must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form.
7. The dividend option elected-by an insured or applicant must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form. The dividend option elected by the insured or applicant must be employed in completing the disclosure of values.

**COMPARATIVE INFORMATION FORM  
FOR PROPOSED INSURANCE**

\_\_\_\_\_  
(Proposed Insurer)

\_\_\_\_\_  
(Insurer's Address)

\_\_\_\_\_  
(Replacement Agent's Name)

Applicant Information

Policy Information

Name \_\_\_\_\_

Policy Generic Name \_\_\_\_\_

Address \_\_\_\_\_

Policy Number \_\_\_\_\_

Date of Issue \_\_\_\_\_ Issue Age \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Contestable Period Expires \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Suicide Period Expires \_\_\_\_\_

Policy Loan Rate \_\_\_\_\_

Policy / Rider Description

<u>Policy</u>	<u>Initial /</u>	<u>Renewable Annual (Age) Payable</u>
<u>Rider Name</u>	<u>Continuing (Age) Benefit</u>	<u>From To</u>
	<u>Benefit From To</u>	<u>Premium From To</u>

Total Initial Annual Premium \$ \_\_\_\_\_ Mode of Payment \_\_\_\_\_ Amount \$ \_\_\_\_\_

Total Renewal Annual Premium \$ \_\_\_\_\_ Amount \$ \_\_\_\_\_

**COMPOSITE DISCLOSURE OF PROPOSED INSURANCE FOR PRIMARY INSURED**

Year Age	Guarantees				Projections *			
	Annual Premium	Cumltv Premium	Cash Value	Death Benef.	Annual Premium	Cumltv Premium	Cash Value	Death Benef.
Current								
2nd								
3rd								
4th								
5th								
6th								
7th								
8th								
9th								
10th								
11th								
12th								
13th								
14th								
15th								
16th								
17th								
18th								
19th								
20th								
55								
60								
65								
75								
85								
95								

\*Projections include dividends and current interest rates which are not guaranteed.

**IMPORTANT NOTICE:**

**The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advise should be secured to clarify income tax implication.**

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Rev. 1/91

**COMPARATIVE INFORMATION FORM  
FOR PROPOSED INSURANCE**

\_\_\_\_\_  
(Existing Insurer)

\_\_\_\_\_  
(Insurer's Address)

**Applicant Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**Policy Information**

Policy Generic Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Date of Issue \_\_\_\_\_ Issue Age \_\_\_\_\_

Contestable Period Expires \_\_\_\_\_

Suicide Period Expires \_\_\_\_\_

Policy Loan Rate \_\_\_\_\_

**Policy / Rider Description**

<u>Policy Rider Name</u>	<u>Initial / Continuing (Age) Benefit</u>	<u>Renewable Annual (Age) Payable</u>
	<u>Benefit From _____ To _____</u>	<u>Premium From _____ To _____</u>

Total Initial Annual Premium \$ \_\_\_\_\_ Mode of Payment \_\_\_\_\_ Amount \$ \_\_\_\_\_

Total Renewal Annual Premium \$ \_\_\_\_\_ Amount \$ \_\_\_\_\_

**COMPOSITE DISCLOSURE OF PROPOSED INSURANCE FOR PRIMARY INSURED**

Year Age	Guarantees				Projections *			
	Annual Premium	Cumltv Premium	Cash Value	Death Benef.	Annual Premium	Cumltv Premium	Cash Value	Death Benef.
Current								
2nd								
3rd								
4th								
5th								
6th								
7th								
8th								
9th								
10th								
11th								
12th								
13th								
14th								
15th								
16th								
17th								
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19th								
20th								
55								
60								
65								
75								
85								
95								

\*Projections include dividends and current interest rates which are not guaranteed.

**IMPORTANT NOTICE:**

The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advise should be secured to clarify income tax implication.

D14-313  
Rev. 1/91



PRESIDENTIAL LIFE INSURANCE COMPANY

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



**DEPARTMENT OF FINANCIAL SERVICES**

Division of Agent & Agency Services - Bureau of Investigation

**ANNUITY SUITABILITY QUESTIONNAIRE**

	APPLICANT	JOINT ANNUITANT
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:		
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain:		
Why are you purchasing this annuity? _____		

What are your investment objectives? (Check all that apply)

- Income  Growth (long term)  Safety of Principal and Income
- Safety of Principal and Growth  Pass assets to a beneficiary or beneficiaries at death
- Other: \_\_\_\_\_

Describe your risk tolerance: (Check all that apply)

- Conservative  Moderately conservative  Moderate  Moderately aggressive
- Aggressive  Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Describe your investment experience by type and length of time: \_\_\_\_\_

What is the source of the funds for the purchase of the proposed annuity? \_\_\_\_\_

How long do you plan to keep the proposed annuity? \_\_\_\_\_

Will the proposed annuity replace any product?  Yes  No

If yes, will you pay a penalty or other charge to obtain these funds?  Yes  No

If yes, the amount of the charge or penalty \$ \_\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature                      Date                      Joint Applicant's Signature                      Date



**DEPARTMENT OF FINANCIAL SERVICES**

Division of Agent & Agency Services - Bureau of Investigation

**ANNUITY SUITABILITY QUESTIONNAIRE**

**Note:**

This section to be completed by the agent, insurer, or Managing General Agent proposing purchase

**Advantages of purchasing the proposed annuity:** \_\_\_\_\_

**Disadvantages of purchasing the proposed annuity:** \_\_\_\_\_

**The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):** \_\_\_\_\_

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date Signed

**Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.**

**ACKNOWLEDGEMENTS AND SIGNATURES**

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I have chosen **NOT** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.

**APPLICANT:**

**DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

**THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.**

\_\_\_\_\_  
Applicant or Owner Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Joint Applicant or Owner Signature

\_\_\_\_\_  
Date Signed



**DEPARTMENT OF FINANCIAL SERVICES**

Division of Agent & Agency Services - Bureau of Investigation

**ANNUITY SUITABILITY QUESTIONNAIRE**

**EXPLANATION OF TERMS**

**"Age"** is the natural person's attained age on the day the form is completed.

**"Annual household income"** is the combined annual income received by all household members each calendar year.

**"Annual income"** is income received during a calendar year, whether earned or unearned.

**"Form of Ownership"** is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

**"Intended use of the annuity"** means the purpose for which the senior consumer is considering the recommended purchase or exchange. This may include the following: (1) Immediate income (within 60 days or less), (2) Tax Shelter (protection from taxation of all types while in force), (3) Interest earnings, (4) Income stream at a stated age, (5) Creditor Protection (a desire to protect assets from attachment by any legal process), (6) Other, as stated by the Senior Consumer.

**"Investment Objectives"** are the senior consumer's stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

**"Liquid Assets"** are financial holdings that can readily be converted into their cash equivalent, without loss of principal.

**"Risk Tolerance"** means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

**"Source of annual income"** is the income-generating source, such as pension income, dividends, or earned income etc.

**"Source of the funds"** to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

**"Supporting documents"** are the documents that provide a basis for the relationship between the Proposed Annuitant, Joint Annuitant if applicable, and the Applicant/Owner as it may exist.

**"Tax Status"** is the senior consumer's Federal Income Tax filing status such as "single" or "married filing jointly"; if "Exempt", so state.

**"Total Net Worth"** is the senior consumer's total assets minus total liabilities or encumbrances applicable to those assets.

	/		/	
Applicant's Signature		Date		Joint Applicant's Signature
				Date

PRESIDENTIAL LIFE INSURANCE COMPANY

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



**DEPARTMENT OF FINANCIAL SERVICES**

Division of Agent & Agency Services - Bureau of Investigation

**DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS**

EXISTING ANNUITY CONTRACT

PROPOSED ANNUITY CONTRACT

Annuitant(s) \_\_\_\_\_  
 Insurer \_\_\_\_\_  
 Contract # \_\_\_\_\_

Annuitant(s): \_\_\_\_\_  
 Insurer: \_\_\_\_\_  
 Application #: \_\_\_\_\_

	EXISTING ANNUITY CONTRACT			REPLACEMENT ANNUITY			
Contract Issue Date	Mo	Day	Yr	Mo	Day	Yr	(Est)
Generic Contract Type							
Marketing Name							
Initial Premium							
Source of Initial Premium				N/A			
Qualified Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Annuity Maturity Date							
Death Benefit Amount							
Change of Annuitant upon Death Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Surrender Charge Period in Years							
First Year Surrender Charge Percentage Rate	%			%			
Surrender Charge Schedule for Remaining Years							
Free Withdrawals Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Annual Free Withdrawal Percentage Rate	%			%			
Waiver of Surrender Charge Benefit or Similar Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Minimum Guaranteed Interest Rate	%			%			
Market Value Adjustment?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Asset Fees							
Initial Bonus Percentage or Amount							
Potential Loss of Bonus if Exchanged?	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Limits and Exclusions for Bonuses that may be Payable							
Interest Rate Cap							
Participation Rate							
Index Type							
Administrative Fees or Margins							
(List limitations, requirements, exclusions of the benefit)							
Other:							

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Applicant's Signature                      Date                      Joint Applicant's Signature                      Date



**DEPARTMENT OF FINANCIAL SERVICES**

Division of Agent & Agency Services - Bureau of Investigation

**DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS**

**DISCLOSURE OF SURRENDER CHARGES IF EXISTING ANNUITY IS REPLACED OR EXCHANGED**

EXISTING ANNUITY CONTRACT NO. \_\_\_\_\_

Annuity Total Value<sup>i</sup> \$ \_\_\_\_\_ Annuity Surrender Value<sup>ii</sup> \$ \_\_\_\_\_

Surrender Charges<sup>iii</sup> Applicable at exchange \$ \_\_\_\_\_ ~ this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

**ACKNOWLEDGEMENTS AND SIGNATURES**

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

\_\_\_\_\_  
Agent's Name (please print)

\_\_\_\_\_  
Florida License No.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date Signed

**NOTE: NO QUESTIONS OR RESPONSE AREAS ARE TO BE LEFT BLANK WHEN OFFERED TO THE ANNUITANT AND/OR APPLICANT FOR SIGNATURE. IF ANY INFORMATION REQUESTED IS UNAVAILABLE, NOT APPLICABLE OR UNKNOWN, THE INSURANCE AGENT OR INSURER MUST INDICATE THAT.**

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

**APPLICANT: DO NOT SIGN THIS FORM IF:**

1. ANY ITEM HAS BEEN LEFT BLANK;
2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED; OR
3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Joint Applicant's Name (please print)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Joint Applicant's Signature



**DEPARTMENT OF FINANCIAL SERVICES**

Division of Agent & Agency Services - Bureau of Investigation

**DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS**

**EXPLANATION OF TERMS**

**“Administrative Fees or Margins”** are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

**“Annual Free Withdrawal Percentage Rate”** is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

**“Annuity Maturity Date”** is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

**“Asset Fees”** are the fees the insurer charges that are a percentage of the value of the annuity contract.

**“Change of Annuitant upon Death”** is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

**“Death Benefit Amount”** is the net amount that would be paid to the annuitant’s designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

**“Free Withdrawals”** are the withdrawals that may be taken from an annuity’s values that are not subject to surrender or other charges and are a provision of the annuity contract.

**“Generic Contract Type”** is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).

**“Index Type”** is the financial measurement used by the insurer to make certain calculations within an annuity contract. Examples of such indices include Standard and Poor’s 500 and the Russell 2000.

**“Initial Bonus Percentage or Amount”** is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

**“Initial Surrender Charge Percentage Rate”** is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

	/		/		/	
<b>Applicant’s Signature</b>		<b>Date</b>		<b>Joint Applicant’s Signature</b>		<b>Date</b>

