

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



**IMMEDIATE ANNUITY / FUNDING
AGREEMENT APPLICATION**

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

Part A - Annuitant Information

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

Part B - Annuity Product Information

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

Part C - Owner Information (If other than Annuitant)

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

continued on back page

Part D – Beneficiary Information

<p>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.)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Full Name(s)</td> <td style="width:33%;">Relationship to Annuitant</td> <td style="width:33%;">Social Security#</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Full Name(s)	Relationship to Annuitant	Social Security#							<p>17. Contingent Beneficiary(ies) of the Annuitant. (Add sheet signed by policy owner for additional names.)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Full Name(s)</td> <td style="width:33%;">Relationship to Annuitant</td> <td style="width:33%;">Social Security#</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Full Name(s)	Relationship to Annuitant	Social Security#						
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Part E – Certification

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

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

19. Remarks.

20. Signature Agreement.

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

ANY PERSON WHO KNOWINGLY 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.

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

Dated at _____ on _____ 20____

Signature of Proposed Annuitant or Payee

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

Agent's Certificate

Agent (print name) _____ 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

PRESIDENTIAL LIFE INSURANCE COMPANY



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

NOTICE OF WITHHOLDING ON PERIODIC PAYMENTS

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

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

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

Special State Tax Withholding Information:

CA, DE, GA, IA, KS, MA, ME, NC, 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.

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.

IMMEDIATE ANNUITIES ONLY
RPM EOW 9/28/06

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

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

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

FEDERAL INCOME TAX WITHHOLDING

- A. I **do not want** to have Federal income tax withheld from my annuity payments.
- B. I **want** to have Federal income tax withheld from my annuity payments in the amount of _____ per payment. (Indicate amount or % to be withheld). If you reside in **CA, DE, GA, IA, KS, ME, MA, NC, 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

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 (PLIC)
In Texas Doing Business As: Rockland Life Insurance Company

69 Lydecker Street • Nyack, NY 10960
800-926-7599 • FAX 845-353-0273
www.PresidentialLife.com

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

1. Current Trustee/Insurance Company/Financial Institution ("FI")	2. Policy Owner/Account Owner Name(s)
Street Address of Current Trustee/Ins. Co./FI	Additional Owner Name
Address line 2	Policy/Account Number(s)
City State Zip of Current Trustee/Ins. Co./FI	Owner Social Security Number(s) or Tax I.D. Number(s)
Telephone Number of Current Trustee/Ins. Co./FI	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)

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

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 _____	

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.

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	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 _____

PLIC - Annuity & Life Transfer Form (05-07-07) Transfr-Exchig

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 _____

**Request for Taxpayer
 Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Name (as shown on your Income tax return)

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.) Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
OR
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification Instructions. You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the Instructions on page 4.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

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) _____ Date _____

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 ¹ :	<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+	
¹ 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
- 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. 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
- 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
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

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: _____