

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

THIS APPLICATION IS TO BE ATTACHED TO AND MADE A PART OF THE POLICY

Proposed Insured \_\_\_\_\_  
Print Name in Full

Address \_\_\_\_\_  
Street

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

1. Date of Birth \_\_\_\_\_ Age Nearest Birthday \_\_\_\_\_ Sex  Male  Female  
Month Day Year

2. Plan of Insurance -- Graded Benefit Life Policy Amount of Insurance \$ \_\_\_\_\_

3. Beneficiary - Print Full Name and Relationship

Primary \_\_\_\_\_

Contingent \_\_\_\_\_

Unless otherwise specified under remarks the interest of beneficiaries and owners are to be governed by the company's standard policy provisions.

4. Applicant/Owner if other than Proposed Insured \_\_\_\_\_

Address \_\_\_\_\_  
Street

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

5. Premiums are to be paid Annually  Semi Annually  Quarterly  ABC

Amount paid with this application \$ \_\_\_\_\_

6. Is there any other life insurance in force on a guaranteed issue basis? Yes  No   
(If "Yes," list name of insurance company and amount of insurance.)

7. Does Applicant intend to drop or change any existing individual life insurance policy or annuity on your life in favor of the insurance now applied for? Yes  No   
(If "Yes," list, by insurance company & policy number, the policy or policies to be dropped or changed.)

8. The applicant understands that the policy has a reduced death benefit for \_\_\_\_\_ years.

9. Remarks \_\_\_\_\_

Any person who, knowingly and with intent to defraud, submits an application containing false, incomplete or misleading information is guilty of the crime of insurance fraud.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_  
City and State

Proposed Insured \_\_\_\_\_ Applicant/Owner \_\_\_\_\_  
Sign name in full If other than the Proposed Insured-Sign name in full

Licensed Agent \_\_\_\_\_  
Sign name in full

**AGENT'S CERTIFICATE**

Is this insurance intended to replace other insurance? Yes  No

I HEREBY CERTIFY that I personally solicited and secured this application and except as indicated above, no one else is to have any share in the agent's commission thereon.

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

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

Code No. \_\_\_\_\_ Code No. \_\_\_\_\_



A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

**PREMIUMS:** Are they affordable?  
Could they change?  
You're older -- are premiums higher for the proposed new policy?  
How long will you have to pay premiums on the new policy? On the old policy?

**POLICY VALUES:** New policies usually take longer to build cash values and to pay dividends.  
Acquisition costs for the old policy may have been paid; you will incur costs for the new one.  
What surrender charges do the policies have?  
What expense and sales charges will you pay on the new policy?  
Does the new policy provide more insurance coverage?

**INSURABILITY:** If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.  
You may need a medical exam for a new policy.  
Claims on most new policies for up to the first two years can be denied based on inaccurate statements.  
Suicide imitations may begin anew on the new coverage.

**IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:**

How are premiums for both policies being paid?  
How will the premiums on your existing policy be affected?  
Will a loan be deducted from death benefits?  
What values from the old policy are being used to pay premiums?

**IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:**

Will you pay surrender charges on your old contract?  
What are the interest rate guarantees for the new contract?  
Have you compared the contract charges or other policy expenses?

**OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:**

What are the tax consequences of buying the new policy?  
Is this a tax-free exchange? (See your tax advisor.)  
Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?  
Will the existing insurer be willing to modify the old policy?  
How does the quality and financial stability of the new company compare with your existing company?

**SECTION "A"** (For completion by Applicant(s) and Agent(s))

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

If the answer is "NO", the remainder of this form does not apply to you or your Agent, but your Agent is required to submit this form to Presidential Life Insurance Company with your application.

If the answer is "YES", a Replacement Notice must be completed whether or not the existing policy(s) is being replaced.

In addition, if a replacement is involved in this transaction, the remainder of this form must be completed and signed by the Agent.

**SECTION "B"** *(for completion by agent(s) if a replacement is involved with this transaction)*

**SALES MATERIAL:**

1. I certify that I used insurer-approved sales materials with this application and that an original or copy of all sales materials was left with the applicant.
2. I certify that a printed copy of electronically presented sales material shall be provided to the applicant no later than at the time of policy or contract delivery.
3. I certify that this sale is not in conflict with Presidential Life Insurance Company's policy and guidelines with respect to the acceptability of replacement.

**The above certifications are, to the best of my knowledge, accurate.**

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# PRESIDENTIAL LIFE INSURANCE COMPANY



## DIRECT DEBIT AUTHORIZATION

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I hereby authorize Presidential Life Insurance Company, ID Number 132570714 to initiate debit entries from the account named below to pay premiums on the policy number below. Presidential Life Insurance Company is also authorized to initiate, if necessary, adjustments to the account for any debit or credit entries made by the company in error.

POLICY # \_\_\_\_\_ INSURED \_\_\_\_\_

FINANCIAL INSTITUTION NAME \_\_\_\_\_

BRANCH \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TRANSIT/ABA # \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

Select one:  Checking  Savings

NAME(s) on account \_\_\_\_\_

This authority is to remain in full force and effect until Presidential Life receives written notice of its termination signed by the account holder(s) in such time and in such manner as to afford the company and the depository a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature of account holder \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of joint account holder (if applicable) \_\_\_\_\_  
Date

**PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNT  
OR  
DEPOSIT SLIP FOR SAVINGS ACCOUNT**

**◆◆◆ PLEASE VERIFY ALL ACCOUNT INFORMATION WITH YOUR BANK ◆◆◆**

PRESIDENTIAL LIFE INSURANCE COMPANY  
69 LYDECKER STREET, NYACK, NEW YORK 10960

1-800-926-7599 OR 1-888-PRES LIF  
[www.presidentiallife.com](http://www.presidentiallife.com)