APPLICATION TO PRESIDENTIAL LIFE INSURANCE COMPANY NYACK, NEW YORK 10960

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

Pro	oposed	Insured Print	Name i	n Full							
Ad	dress										
						Street					
		City				State			Zip		
1.	Date	of Birth Month	Day	Year		Age Nea	arest Birthday		Sex	Male	Female
2.	Plan o	of Insurance	Grad	led Benefit L	ife Policy		Amount	of Insurance	e \$		
3.	Benef	iciary - Print Full	Name	and Relationsh	ip						
	Prima	iry									
	Contir	ngent									
	Unless provisio	otherwise specifie	d unde	r remarks the i	interest of be	eneficiaries	and owners are	to be governed	by the co	ompany's	s standard policy
4.	Applic	ant/Owner if of	her th	an Propose	d Insured						
	Addre	ess				Street					
			City			Street			Zip		
F	Dromi	uma ara ta ha			Somi A		Quartarly		ZIP		
5.		iums are to be		-		-	Quarterly	ABC			
	Amou	Amount paid with this application \$									
6.	Is the (If "Yes	re any other life ," list name of insu	e insur rance c	cance in force ompany and ar	e on a gua mount of insu	aranteed urance.)	issue basis?	Yes	١	10	
7.	favor	Applicant inten of the insuranc ," list, by insurance	e now	applied for	? Yes	•	No		or annu	ity on	your life in
8.	The a	pplicant unders	stands	that the pol	licy has a i	reduced o	leath benefit f	for	years	S.	
9.	Rema	irks									
mi: Sig	sleading	on who, knowir g information is nsured	ğuilty	of the crime	e of insura t	nce fraud	day of		:	20	
			-				If othe	er than the Prop	osed Insu	ired-Sigi	n name in full
LIC	enseu /	Agent	Sign na	ime in full							
					AGENT	I'S CERTI	FICATE				
ls t	his insur	ance intended to	o repla	ce other insu	rance?	Yes	No				
sec no	cured thi one el	CERTIFY that s application an se is to have n thereon.	d exce	pt as indicate	ed above.	This a territory	oplication was v by a duly licer	solicited an nsed agent of	d writter my agen	n withir ICY.	ו my
Agent's Signature				GA's Signature							
Co	de No					Code N	lo				
17.	7 (3/00)	(FW)									

PRESIDENTIAL LIFE INSURANCE COMPANY NYACK, NEW YORK 10960

IMPORTANT NOTICE:

REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases, this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

- 1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? _____ YES ____ NO
- 2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? _____YES _____NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy will be replaced or used as a source of financing:

	INSURER	CONTRACT OR		REPLACED (R) OR
	NAME	POLICY #	INSURED	FINANCING (F)
1.				
2.				
3.				

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because _____

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant's Signature and Printed Nar	ne	Date			
Producer's Signature and Printed Nar	ne	Date			
I do not want this notice read aloud to aloud.)	me (Applic	cants must initial only if	they do not want the notice read		
One Copy to Home Office		ON NEXT PAGE) / to Applicant	One copy to Agent		

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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 polices 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?

(For completion by Applicant(s) and Agent(s))

Applicant's Name:	Date:	Date:				
Does the Applicant or proposed insured have an	y 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 <u>must be completed</u> 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	

RPL-NAIC(02)

PRESIDENTIAL LIFE INSURANCE COMPANY

DIRECT DEBIT AUTHORIZATION

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 🗌 Saving	jS
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

Signature of joint account holder (if applicable)

Date

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

$\diamond \diamond \diamond$ Please verify all account information with your bank $\diamond \diamond \diamond$

PRESIDENTIAL LIFE INSURANCE COMPANY 69 LYDECKER STREET, NYACK, NEW YORK 10960 1-800-926-7599 OR 1-888-PRES LIF www.presidentiallife.com



Date