

PRESIDENTIAL LIFE INSURANCE COMPANY NYACK, NEW YORK

Proposed Annuitant or Payee				Male	Single	Widowed
Print Name in Full				Female	Married	Divorced
Address				Date of Birt	1	
Street					Month	Day Year
City	State	Zip		Age Neares	t Birthday	
City	State	ΖΙμ		A	atta an Davia ata O	
				Annuita	ant's or Payee's So	ocial Security No.
Check One: SINGLE PREMIUM DEFERRED ANNUITY		EMIUM IMMEDIATE A				
Single Premium \$		um \$		Annual Prei	PREMIUM AN mium \$	
Initial Interest Rate		Income			Annual	Semi-Annual
Guaranteed to		Payment			Quarterly	Monthly
Monthly Income:		ain		ABC	Other	
Starts at age				Monthly Inc		
Period Certainyrs. STRUCTURED SETTLEMENT - Show details un	der Remarks (#5)					yrs
SINGLE PREMIUM IMMEDIATE INCOME - Show				i chou		yic
1. Check the appropriate boxes:						
IRA Rollover HR-10* Pe	ension Plan*	Non-Qualified		1035 Excl	nange (Compl	ete Question #4)
IRA TSA (403(b) SE		Deferred Comper	sation		• •	,
Terminal Funding						
*Do you currently maintain an HR-10 or Pensio		Presidential? Ye	es N	0		
2. Beneficiary (Print Full Name and Relationship)						
Primary						
Contingent						
3. Owner (when other than Proposed Annuitant	t or Payee)					
(Name)						
Address				Owner's Soc	al Security # of Fe	ederal Tax I.D.#
/ dd 655	Street					
City	State	Zip				
Contingent Owner if any. (Do not complete if A (Name)	nnuitant or Payee i	is Owner)				
 Does Applicant intend to drop or change any ex (if "Yes" list under remarks, by insurance company and policy 				plied for?	Yes	No
(if "Yes" list under remarks, by insurance company and policy				plied for?	Yes	No
				plied for?	Yes	No
(if "Yes" list under remarks, by insurance company and policy				plied for?	Yes	No
(if "Yes" list under remarks, by insurance company and policy				plied for?	Yes	No
(if "Yes" list under remarks, by insurance company and policy				plied for?	Yes	No
(if "Yes" list under remarks, by insurance company and policy				plied for?	Yes	No
(if "Yes" list under remarks, by insurance company and policy				plied for?	Yes	No
(if "Yes" list under remarks, by insurance company and policy				plied for?	Yes	No
(if "Yes" list under remarks, by insurance company and policy 5. Remarks	r number, the policy or po	olicies to be dropped or chan	ged.)			
 (if "Yes" list under remarks, by insurance company and policy 5. Remarks (1) The above statements and answers are complete the proposed annuitant or payee, agrees to be boun The agent taking this application has no authority to of the Company, The Company shall not be bound to no liability under any policy issued as a result of this the annuitant or payee is alive. 	e and true. They sind by all statements make, modify, alte by any statements is application unless	hall be part of the cont s and answers made b or or discharge any cou unless they are set ou s and until such policy	ract if one be y the propos tract applied in writing in s delivered t	e issued. The ap ed annuitant or I for. The agent this application. o the owner and	plicant, if som payee on this cannot extenc (3) The Com	eone other than application. (2) I credit on behalf pany shall incur
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