



ANNUITY OR FUNDING AGREEMENT APPLICATION TO

PRESIDENTIAL LIFE INSURANCE COMPANY
NYACK, NEW YORK

Proposed Annuitant or Payee
Print Name in Full

Male Single Widowed
Female Married Divorced

Address
Street
City State Zip

Date of Birth
Month Day Year

Age Nearest Birthday

Annuitant's or Payee's Social Security No.

Check One:

- SINGLE PREMIUM DEFERRED ANNUITY
SINGLE PREMIUM IMMEDIATE ANNUITY
FLEXIBLE PREMIUM ANNUITY
STRUCTURED SETTLEMENT - Show details under Remarks (#5).
SINGLE PREMIUM IMMEDIATE INCOME - Show details under Remarks (#5).

1. Check the appropriate boxes:

- IRA Rollover HR-10* Pension Plan* Non-Qualified 1035 Exchange (Complete Question #4)
IRA TSA (403(b)) SEP Deferred Compensation Other
Terminal Funding

*Do you currently maintain an HR-10 or Pension Prototype with Presidential? Yes No

2. Beneficiary (Print Full Name and Relationship)

Primary
Contingent

3. Owner (when other than Proposed Annuitant or Payee)

(Name)
Address
City State Zip
Owner's Social Security # of Federal Tax I.D.#

Contingent Owner if any. (Do not complete if Annuitant or Payee is Owner)

(Name)

4. Does Applicant intend to drop or change any existing policy on your life in favor of the policy now applied for? Yes No

5. Remarks

(1) The above statements and answers are complete and true. They shall be part of the contract if one be issued. The applicant, if someone other than the proposed annuitant or payee, agrees to be bound by all statements and answers made by the proposed annuitant or payee 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, The Company shall not be bound by any statements unless they are set out in writing in this application. (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 first premium paid while the annuitant or payee is alive. If question #4 is answered "Yes", I confirm receipt of "Notice to Applicant" and/or other forms required by law.

MAKE CHECK PAYABLE TO: PRESIDENTIAL LIFE INSURANCE COMPANY ONLY

Amount paid with this application

Dated at on 20

Signature of Proposed Annuitant or Payee

Witness

Signature of Applicant or Owner - (if other than Proposed Annuitant or Payee)

MAKE CHECK PAYABLE TO: PRESIDENTIAL LIFE INSURANCE COMPANY ONLY

AGENT'S CERTIFICATE

Agent %
Agent %
Agent %

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

Agent's Signature
Code No.

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

GA's Signature
Code No.