

PRESIDENTIAL LIFE INSURANCE COMPANY

NYACK, NEW YORK 10960

The following information is required with every new application submitted for the GBL product.

GBL Customer Information Transmittal

General agent: (Print name) _____ GA#: _____

Writing agent: (Print name) _____ WA#: _____

Insured's Information

Name: (print) _____

Social Security # _____ -- _____ -- _____

Photo Identification (ID) (check one)

- U.S. Driver's License Other _____
 Permanent Resident Green Card Passport
 None. (Explain why.) _____

Issuer _____

Number _____

Date _____ Expiration Date _____

Relationship of All Beneficiaries _____

Owner Information

Name: (print) _____

Social Security # _____ -- _____ -- _____

Photo Identification (ID) (check one)

- U.S. Driver's License Other _____
 Permanent Resident Green Card Passport
 None. (Explain why.) _____

Issuer _____

Number _____

Date _____ Expiration Date _____

MAIL IN THE FOLLOWING ITEMS:

- State of Residence Application** (Properly completed and/or signed). If required, addendum RPL-NAIC(02) (See Special State Forms list.)
http://presidentiaallife.com/presftp/spec_state_frm.pdf

If the answer to section A is "yes", even if no replacement is taking place, RPL-NAIC(01) MUST also be completed & signed.

If a replacement is involved, Section B is to be completed.

- Answer residence application question #8 correctly. (Age 40 through 64 = 3 years, except WV = 2 years, Age 65 or older = 2 years)

- Modal premium** prior to issue. Monthly mode is **ONLY** available thru Direct Debit. **You must remit two months premium** as well as a Direct Debit form.

- Full mode MUST be submitted for Quarterly, Semi-Annual or Annual modes.**

- DDA Bank Draft form and copy of void check.**

- If **Replacing other insurance. State of Residence Replacement Form.** (See Special State Forms list)

- If **Pennsylvania Application**

- "Appendix A Disclosure Statement Delivery Receipt" given to the applicant no later than at the time that the application was signed by the applicant.

- Application **1-2000(8/00) PA Part I**, a non-med **Part II**. GBL application **17.7(3/00)(PA)** and **premium** are submitted.

AGENT SECTION:

Already Appointed Agent

- Copy of current license on file with Presidential.
 Memo225_AML-Policy signed and dated with name clearly printed
 Proof of Anti-money laundering (AML) certification on file with Presidential.
or
indicate if completed through LIMRA? Yes

New Agent

- License Information sheet
 IRS form w-9
 2 copies of WA agreement with correct compensation level indicated. Signed and dated with name printed clearly
 Copy of current personal and/or corporate license
 Applicable state appointment fee
 Memo225_AML-Policy signed and dated with name clearly printed
 Proof of Anti-money laundering (AML) certification
or
indicate if completed through LIMRA? Yes

**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 _____

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. _____

PRESIDENTIAL LIFE INSURANCE COMPANY

NYACK, NEW YORK 10960

IMPORTANT NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE

If you are thinking about DISCONTINUING or CHANGING an existing life insurance policy or annuity contract and BUYING a replacement, your decision could be a good -- or possibly a mistake. Make sure that you understand the facts. You should:

- (a) Make a careful comparison of your existing policy and the proposed policy.
- (b) Ask the company or agent that sold you your existing policy to provide you with complete information about it.
- (c) Consider both sides before you decide.
- (d) Determine what you want your insurance program to do.
- (e) Consider your present health. You may have had a change which could affect your insurability, so make sure to continue your present policy until a new policy is delivered to you and accepted by you.

This form MUST be completed in triplicate and the original given to you by the agent proposing replacement no later than at the time you apply for the new policy. (This form must be completed and given to you even though the proposed replacement policy is with the same company that sold you your existing policy.)

EXISTING POLICY INFORMATION on _____ Date of Birth _____

Company	Type of* Policy	Policy No.	Insured's Name		Face Amount of Basic Policy	Type of Optional Benefits
			Date of Issue			

If more policies are involved, use additional sets of forms.

PROPOSED POLICY INFORMATION on _____ Date of Birth _____

Company	Type of* Policy	Insured's Name		Face Amount of Basic Policy	Type of Optional Benefits
		Date of Issue			

Indiana Department of Insurance Regulation, 760 IAC 1-16.1 requires that the company making the replacement notify your existing insurance company that you may be replacing your existing policy. (You have the right, within twenty days after delivery of a replacement policy, to return it to the company and to claim an unconditional refund of all premiums paid on it.)

Applicant's Signature Date

Replacing Agent's Signature Date

Agent's Address

Agent's Telephone Number

Agent's Indiana License Number

* As shown on face of policy.

Original to Applicant

Copy to Home Office

Copy to Agent

RPL-IN

To be used with life & annuity replacements

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 _____

BANK NAME _____

BANK ADDRESS _____
STREET CITY STATE ZIP

TRANSIT/ABA #

ACCOUNT # _____

Select one: Checking Savings

Date of Monthly Withdrawal (1st thru 28th) _____

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
OR
A DEPOSIT TICKET WITH A MICROENCODED ACCOUNT NUMBER

◆◆◆ 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