

**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

The USA Patriot Act
Anti-Money Laundering (AML) Program
Customer Notification

As result of the USA Patriot Act, signed into law on October 26, 2001 and effective after May 2, 2006, insurance companies that issue life insurance and annuity products which present a heightened risk of money laundering, terrorist financing or other illicit activity are required to establish anti-money laundering (AML) programs. The Financial Crimes Enforcement Network (FinCen), a division of the US Department of the Treasury, issued these requirements.

Under the USA Patriot Act's Customer Identification Program (CIP), we are required to verify identity of the parties to an annuity contract or a life insurance policy. Formal identifying documents such as a State driver's license or other identifying documents that confirm party identity will be examined. All selling agents must complete the (CIP) form and know the customer with whom they are dealing with, when transacting in Presidential Life Insurance Company (PLIC) life and annuity products.

Under this Act and it's AML provisions, Presidential Life Corporation and its wholly owned subsidiary Presidential Life Insurance Company ("The Companies"), may prohibit or limit certain forms of customer identification and premium payment(s). The Companies' reserve the right to reject customer identification and premium payment(s). Rejected premiums will be returned to the premium payer.

The Companies and its agents share an important responsibility to comply with the USA Patriot Act and its applicable anti-money laundering rules. Under Federal law, violation of anti-money laundering laws can expose those responsible to substantial civil and criminal penalties including, but not limited to fines and imprisonment.

Agency

PRESIDENTIAL LIFE INSURANCE COMPANY
NYACK, NEW YORK 10960

USA Patriot Act
Customer Identification Program (CIP)
(Agent Certification Form)

Customer/Owner Photo Identification (ID)

Customer/Owner Name: _____

Natural Person(s)

U.S. Driver's License Passport Green Card Other _____

Identification (Current)

Issuer _____ Number _____

Date _____ Expiration Date _____

Non-Natural Person/Entity (Trust, Business, Retirement Plan, Estate, etc.)

Non-Natural Person/Entity _____

Entity Legal Representative(s) _____ (Photo ID – see above)

Selling Agents must review Natural Persons and Non-Natural Person/Entity identity documentation, and documentation granting legal authority to the representative(s) listed above (trust instrument, articles of incorporation, business license, letters of testamentary, power of attorney, etc.), retain copies in their files, and be able to produce them on request (see required documentation list and treatment – Reverse Side).

Other Information

	Never Met (Personally)	Recently Met (Personally)	Know Well (yrs.)	Know Slightly (yrs)	Relative (relationship)
Owner(s)					
Annuitant(s)/Insured					
Beneficiary(s)					
Annuity Payee(s)					
Premium Payer					

How was customer referred to agent: _____

Natural Owner(s)

I certify that I personally met with the Owner(s) and reviewed their identification documents. To the best of my knowledge the documents accurately reflect the identity of the Owner(s).

I did not meet in person with Owner(s) or, I was otherwise unable to personally review the owner(s) identification documents. I certify that, to the best of my knowledge, the identification information provided by the Owner(s) either by mail or phone is accurate.

Non-Natural Person/Entity

I certify that I personally met the legal representative(s) of the Non-Natural Person/Entity and reviewed the representative(s) and Non-Natural Person/Entity identification documents. To the best of my knowledge the documents accurately reflect their identities and the legal authority of the representative.

I did not meet the legal representative(s) of the Non-Natural Person/Entity or I was otherwise unable to personally review the representative(s) and Non-Natural Person/Entity identification documents. I certify that, to the best of my knowledge, their identification information and the representative's legal authority provided by the representative either by mail or phone is accurate.

Selling Agent _____ **#** _____ **Date** _____

Note: Failure to complete this form in it's entirety or outright refusal by the prospective customer to consider completing this form may cause the customer to become the subject of a Suspicious Activity Report (SAR) filed with the US Treasury's Financial Crimes Enforcement Network (FinCEN) whether they purchase a contract/policy or not.

PRESIDENTIAL LIFE INSURANCE COMPANY

NYACK, NEW YORK 10960

Required Documentation List For Identity Verification of Owners

Individual(s) Owned Contracts/Policies	
US Persons: US Citizens or Non-US Citizens that are legal residents of the US	Copy of State-issued unexpired driver's license, passport or any other unexpired government-issued identification evidencing nationality or residence and bearing a photograph. Maintain in Selling Agent file and carrier reserves right to receive a copy of identification if deemed necessary.
Non-US Persons: Persons who are not US Citizens and not legally residing in the US	Copy of unexpired foreign passport, Employment Authorization Card, any other foreign government issued ID evidencing nationality or residence and bearing a photograph. Maintain in Selling Agent file and carrier reserves right to receive a copy of identification if deemed necessary.
Custodial, Guardianship Persons, or Power of Attorney (POA)	If product is purchased under a custodial, guardianship or power of attorney arrangement, the ID of the custodian/guardian/power of attorney (POA) must be documented and verified (See above: for US Persons and Non-US Persons). In addition, competent individuals who grant POA authority are also subject to ID requirements. Maintain copies in Selling Agent file, document copies must be submitted with the application.

Non-Natural Person/Entity Owned Contracts/Policies	
Domestic Trust	The first and last pages of trust indicating trust's name and current trustee(s) and tax identification number (TIN). Maintain copies in Selling Agent file and submitted copies with the application. Carrier reserves right to receive a complete copy of the trust instrument if deemed necessary.
Offshore Trust	A complete copy of the trust document must be submitted with the application.
Privately-Held Corporation or S-Corporation	Copy of any one of the following: Articles of Incorporation, Certificate of Incorporation, State-issued Business License or Receipt of State Filing (documents must bear the state stamp but a raised seal is not required). Maintain in Selling Agent file and carrier reserves right to receive a copy of the documents if deemed necessary.
General Partnership, Limited Partnership and Limited Liability Partnership	Copy of fully executed partnership agreement. Maintain in Selling Agent file and carrier reserves right to receive a copy of the agreement if deemed necessary.
Limited Liability Company (LLC)	Copy of Limited Liability Company (LLC) Operating Agreement and/or certificate evidencing filing with state government. Maintain in Selling Agent file and carrier reserves right to receive a copy of Operating Agreement or certificate if deemed necessary.
Sole Proprietorship	See individually owned contracts/policies
Schools, Churches and Charities	An IRS letter evidencing the tax-exempt status of the school, church or charity, a copy of the 501(c) and a copy of the organizational documents required for that particular entity. Maintain in Selling Agent file and carrier reserves right to receive a copy of documents if deemed necessary.
Other Foreign Business	Copy of the government-issued documentation that certifies the existence of the business. Maintain in Selling Agent file and carrier reserves right to receive a copy of documents if deemed necessary.
Qualified Retirement Plans	Copy of trust agreement and or plan documents. Maintain in Selling Agent file and carrier reserves right to receive a copy of documents if deemed necessary.

PRESIDENTIAL LIFE INSURANCE COMPANY

NYACK, NEW YORK 10960

NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE

It is in your best interest to get all the facts before making a decision. Make sure you fully understand both the proposed new policy and your existing insurance. New policies may contain provisions which limit benefits during the initial period of the contract, in particular, the suicide and incontestable clauses.

To assist you in evaluating the proposed and the existing insurance, Delaware Insurance Regulation 30 requires that the insurer advising or recommending replacement:

Provide the consumer, not later than the date the policy or contract is delivered, a concise summary of the policy or contract to be issued.

Allow a twenty day period following the delivery of the policy during which time the consumer may surrender the new policy for a full refund.

Advise the present insurance company(s) of the pending replacement.

This same regulation requires your present insurer to provide, on your request, a similar summary describing your present insurance. This information will be provided if you request it using the form below.

INFORMATION ON PRESENT POLICIES

Company Name	Policy Number	Name of Insured	Summary Requested mark yes or no
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(continue on reverse as required)

IT IS SELDOM WISE TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT TO BE ACCEPTABLE.

I have read this notice and received a copy of it.

Applicant's signature

Date

Agent's signature

Date

Agent's name _____
and address (printed) _____

Company Name _____

Original to Applicant

Copy to Home Office

Copy to Agent

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

PRESIDENTIAL LIFE INSURANCE COMPANY
IN TEXAS DOING BUSINESS AS ROCKLAND LIFE INSURANCE COMPANY

69 Lydecker Street, Nyack, New York 10960
 Home Office 800.926.7599 or 845.358.2300

GRADED BENEFIT LIFE

PRELIMINARY INFORMATION

The following information must be filled in by Agents or Brokers and left with the Client.

Generic Name: Graded Benefit Life

Face Amount: \$ _____ Date: _____

Monthly Premium: \$ _____ X 12 = Annual: \$ _____

Name, Address and Phone of Agent or Broker:

When the policy is issued, a complete policy summary, including cost data, based on the benefits and premiums of the policy as issued, will be furnished. Following the receipt of the policy and policy summary, there will be a period of not less than ten days within which the applicant may return the policy for an unconditional refund of the premiums paid. The effective annual loan interest rate is 7.4% payable in advance.

PREMIUM RECEIPT

Received from _____ the sum of \$ _____ in connection with this application for life insurance to Presidential Life Insurance Company of New York.

Signature of Agent or Broker _____ Date _____

MAKE CHECK OR MONEY ORDER PAYABLE TO PRESIDENTIAL LIFE INSURANCE COMPANY. DO NOT MAKE CHECK OR MONEY ORDER PAYABLE TO AGENT/BROKER OR LEAVE THE PAYEE BLANK. Any check or money order given in payment must be honored on the first presentation for payment. If you do not hear from the Company regarding the proposed insurance within 60 days, notify the Company at its home office in Nyack, New York. Give the name of the agent/broker, date and amount paid. Coverage becomes effective when application is received in the Presidential Home office in good order.

MALE Issue Age	10 yr Cash Value	10 yr net pmt	10 yr net surrender index	20 yr Cash Value	20 yr net pmt	20 yr net surrender index
40	97	76.44	65.72	250	65.05	56.10
41	102	77.90	66.64	260	66.33	57.03
42	107	79.36	67.56	270	67.61	57.96
43	112	80.81	68.47	281	68.88	58.84
44	118	82.27	69.28	291	70.16	59.77
45	124	83.71	70.08	302	71.43	60.65
46	130	85.16	70.88	313	72.70	61.54
47	135	86.60	71.79	324	73.97	62.42
48	141	88.04	72.59	335	75.24	63.30
49	148	89.48	73.28	346	76.50	64.19
50	154	90.91	74.07	358	77.77	65.03
51	161	92.34	74.75	371	79.03	65.84
52	168	93.76	75.43	383	80.30	66.68
53	175	95.42	76.35	396	81.76	67.69
54	182	97.30	77.50	409	83.43	68.92
55	189	99.43	78.89	422	85.32	70.35
56	196	101.78	80.53	436	87.41	71.97
57	204	104.40	82.33	450	89.75	73.83
58	212	107.06	84.16	463	92.12	75.75
59	220	109.74	86.03	477	94.52	77.67
60	229	112.46	87.83	491	96.96	79.64
61	239	115.22	89.57	505	99.44	81.65
62	251	118.04	91.16	520	101.97	83.68
63	263	121.10	93.00	534	104.73	85.97
64	275	124.53	95.23	548	107.83	88.61
65	274	121.76	95.64	553	110.85	92.59
66	286	127.16	99.96	566	115.87	97.21
67	299	133.14	104.76	579	121.43	102.37
68	312	138.60	109.06	590	126.54	107.13
69	324	145.99	115.39	601	133.44	113.71
70	337	154.53	122.81	611	141.45	121.43
71	349	162.49	129.74	621	148.94	128.62
72	361	171.21	137.45	631	157.16	136.56
73	373	180.96	146.21	642	166.38	145.47
74	385	191.06	155.34	654	175.97	154.70
75	396	202.41	165.83	670	186.78	165.05
76	407	212.43	174.98	691	196.35	174.00
77	418	224.91	186.63	724	208.32	184.96
78	428	237.26	198.26	774	220.22	195.32
79	437	251.36	211.77	858	233.87	206.36
80	446	264.38	224.18	1000	246.53	214.56

FEMALE Issue Age	10 yr Cash Value	10 yr net pmt	10 yr net surrender index	20 yr Cash Value	20 yr net pmt	20 yr net surrender index
40	82	76.44	67.37	210	65.05	57.54
41	86	77.90	68.40	218	66.33	58.53
42	90	79.36	69.43	227	67.61	59.49
43	94	80.81	70.46	235	68.88	60.49
44	98	82.27	71.48	244	70.16	61.44
45	103	83.71	72.39	253	71.43	62.40
46	107	85.16	73.41	262	72.70	63.36
47	111	86.60	74.42	271	73.97	64.31
48	116	88.04	75.33	281	75.24	65.23
49	121	89.48	76.23	292	76.50	66.11
50	126	90.91	77.13	302	77.77	67.02
51	131	92.34	78.03	313	79.03	67.90
52	136	93.76	78.93	325	80.30	68.74
53	142	95.42	79.94	337	81.76	69.79
54	148	97.30	81.20	349	83.43	71.05
55	154	99.43	82.70	361	85.32	72.52
56	160	101.78	84.43	374	87.41	74.16
57	167	104.40	86.33	387	89.75	76.06
58	175	107.06	88.16	400	92.12	77.98
59	182	109.74	90.12	414	94.52	79.90
60	190	112.46	92.03	428	96.96	81.86
61	198	115.22	93.97	442	99.44	83.87
62	207	118.04	95.87	457	101.97	85.89
63	215	121.10	98.13	471	104.73	88.18
64	224	124.53	100.66	485	107.83	90.82
65	225	121.76	100.31	494	110.85	94.54
66	234	127.16	104.90	508	115.87	99.12
67	245	133.14	109.89	523	121.43	104.21
68	257	138.60	114.26	538	126.54	108.84
69	268	145.99	120.68	553	133.44	115.29
70	281	154.53	128.08	567	141.45	122.87
71	293	162.49	135.00	582	148.94	129.90
72	306	171.21	142.60	601	157.16	137.54
73	319	180.96	151.25	623	166.38	146.08
74	331	191.06	160.35	647	175.97	154.93
75	344	202.41	170.63	674	186.78	164.92
76	357	212.43	179.58	706	196.35	173.51
77	370	224.91	191.03	745	208.32	184.29
78	383	237.26	202.36	798	220.22	194.55
79	396	251.36	215.48	878	233.87	205.72
80	408	264.38	227.61	1000	246.53	214.56

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.

IMPORTANT: Coverage becomes effective when application is received in the Presidential Home Office in good order.

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