

This form is to be used only when the Policy Owner intends to divest himself/herself and his/her Estate of all right, title and interest in the policy, including any proceeds thereof.

Complete this form and forward to the Client Service Department.

### OWNER AND BENEFICIARY DESIGNATION

## PRESIDENTIAL LIFE INSURANCE COMPANY

Is hereby requested to change policy no. \_\_\_\_\_ on the life of \_\_\_\_\_ so that

1. subject to the rights of ownership herein transferred to the Owner designated below, the beneficiary will be (indicate A or B as desired)

A. \_\_\_\_\_ The person or persons now designated, with payments to be made in the same manner as now provided in said Policy.

B. \_\_\_\_\_  
(NAME AND ADDRESS OF NEW BENEFICIARY AND RELATIONSHIP TO ANNUITANT/INSURED)

hereby revoking as of the date this change takes effect any previous beneficiary designation Unless otherwise indicated herein the proceeds shall be paid to the beneficiaries of the same order, or the survivors or survivor of them shall share and share alike.

2. The Owner hereafter of all right, title and interest of the undersigned and of the executors or administrators of the undersigned in said Policy including any proceeds thereof will be:

\_\_\_\_\_  
(NAME OF THE NEW OWNER AND RELATIONSHIP TO ANNUITANT/INSURED)

ADDRESS OF NEW OWNER

NUMBER STREET CITY STATE ZIP

SOCIAL SECURITY # OF NEW OWNER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Contingent owner, if any (not applicable if annuitant/insured is owner) \_\_\_\_\_

SS#: \_\_\_\_\_ Address: \_\_\_\_\_

For the purposes hereof such change will be deemed not to be an assignment and the Owner shall be deemed not to be an assignee within the meaning of those terms as used in the Policy in its present form or as recorded.

Any existing appointment of Owner's Designee is hereby revoked as of the date this change takes effect. This change will take effect only when recorded, but upon being so recorded will take effect as of the date hereof subject to any payment made or other action taken by the Company before such recording. Previous owner will deliver to the new owner the said Policy.

WITNESS TO SIGNATURE OF CURRENT POLICY OWNER

SIGNATURE OF CURRENT POLICY OWNER

WITNESS TO SIGNATURE OF NEW POLICY OWNER

SIGNATURE OF NEW POLICY OWNER

DATE

SIGNATURE OF CONTINGENT OWNER, IF ANY

### SEE INSTRUCTIONS AND CORPORATE PARTNERSHIP ACKNOWLEDGEMENT ON REVERSE

A duplicate hereof has been filed at the Home Office of the Company and entered on its records as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

PRESIDENTIAL LIFE INSURANCE COMPANY

By \_\_\_\_\_

INSTRUCTIONS

Complete request and forward to the Client Service Department.

Where the new owner is to be:

1. THE ANNUITANT OR INSURED insert the words "the Annuitant" or "the Insured".
2. SOMEONE OTHER THAN THE ANNUITANT/INSURED, insert such person's name followed by his relationship to the Annuitant/Insured. Where two natural persons are named (Presidential strongly discourages non-spouse co-ownership of any kind.) and it is desired that rights of ownership pass to the survivor, the names, addresses and relationships should be followed by the words "jointly or to the survivor".
3. A FIRM insert the full legal name of the firm.
4. A TRUST insert the name of the trustee followed by the words "trustee under" and the proper title and date of the trust instrument.

CORPORATIONS

When a change of ownership is made by a corporation this request must be signed by an officer and the corporate acknowledgment must be completed.

CORPORATE ACKNOWLEDGEMENT

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me personally came \_\_\_\_\_ to me known, who being by me duly sworn did depose and say that he resides in \_\_\_\_\_ that he is the \_\_\_\_\_ of the \_\_\_\_\_ the corporation described in and which executed the instrument on the reverse side.

\_\_\_\_\_  
NOTARY SIGN HERE

PARTNERSHIPS

When a change of ownership is made by a partnership this request must be signed by a partner and the partnership acknowledgement must be completed.

PARTNERSHIP ACKNOWLEDGEMENT

State of \_\_\_\_\_ County of \_\_\_\_\_

On the \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me personally came \_\_\_\_\_ to me known, who being by me duly sworn, did depose and say that he resides in \_\_\_\_\_ that he is a partner of the \_\_\_\_\_ Partnership described in and which executed the instrument on the reverse side hereof; that it was so executed in agreement with all partners of said partnership, and that he signed his name thereto to this agreement.

\_\_\_\_\_  
NOTARY SIGN HERE

TRUSTEES, GUARDIAN, ETC.

When a change of ownership is signed by a person acting as a trustee, guardian or in some similar capacity, evidence of such person's authorization to change ownership should accompany the request for change.