

Presidential Life Insurance Co.  
 In Texas doing business as  
**Rockland Life Insurance Co.**  
 69 Lydecker Street  
 Nyack, New York 10960



**DEFERRED ANNUITY APPLICATION**

Phone: 800-926-7599  
 www.presidentiallife.com

**Part A – General Information**

1. Name (Annuitant) (First, middle, last).  _____		2. Date of Birth. (mm/dd/yy) ____/____/____	3. Age <u>Nearest</u> Birthday.
Resident's Home Address  _____  _____  City _____ State _____ Zip _____		4. Gender. (check one)  <input type="checkbox"/> Male <input type="checkbox"/> Female	5. SS# (Annuitant).

**Part B – Annuity Product Information**

6. Guarantee Period (if any) <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Year <input type="checkbox"/> 3 Year <input type="checkbox"/> 4 Year <input type="checkbox"/> 5 Year <input type="checkbox"/> 6 Year <input type="checkbox"/> Flexible <input type="checkbox"/> Other _____ <p style="text-align: center;"><b>SECURE ANNUITY</b></p>	8. Billing Information (Flexible contracts only) Amount \$ <u>N/A</u> Mode: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual Remarks _____ Type: <input type="checkbox"/> Direct Bill <input type="checkbox"/> List Bill <input type="checkbox"/> ABC (Automatic Bank Check) _____
7. Tax Qualification Status of Annuity Applied For. <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Non-Qualified <input type="checkbox"/> SEP <input type="checkbox"/> TSA – 403(b) <input type="checkbox"/> Profit Sharing <input type="checkbox"/> IRA Rollover <input type="checkbox"/> Other _____	9. Payment Premium. \$ _____ Single Premium Paid with Application. <b>Payment must be made by check or money order payable only to:          PRESIDENTIAL LIFE INSURANCE COMPANY.</b> \$ _____ Estimated Premium from <input type="checkbox"/> 1035 Rollover/Transfer (Paper work submitted and attached.)

**Part C – Beneficiary and Owner Information**

10. Policy Owner (If different from annuitant) (First, middle, last).  _____		11. Fed. ID or SS#.	12. Date of Birth. (mm/dd/yy) ____/____/____	13. Gender. (check one) <input type="checkbox"/> M <input type="checkbox"/> F
Resident's Home Address  _____  _____  City _____ State _____ Zip _____		14. Successor Contingent Owner (This is not a co-owner). This owner assumes ownership in the event the policy owner dies before the Annuitant.  _____		
15. Joint Spousal Owner WROS (First, middle, last)		16. Date of Birth. (mm/dd/yy) ____/____/____	17. Fed. ID or SS#.	

18. Primary Beneficiary(ies) of the Annuitant. Unless otherwise provided, the beneficiaries in a class will share equally. (Add sheet signed by policy owner for additional names). Full Name(s)      Relationship to Annuitant      Social Security #  _____  _____	19. Contingent Beneficiary(ies) of the Annuitant. (Add separate sheet signed by policy owner for additional names). Full Name(s)      Relationship to Annuitant      Social Security #  _____  _____
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Part D – Certification

20. Replacement.

Does the Applicant or proposed annuitant have any other life insurance policies or annuity contracts *in force*?  Yes  No

Is the policy applied for to replace or change any existing life insurance or annuity contract?  Yes  No (If "Yes" attach state replacement form(s) and exchange transfer form(s)).

21. Remarks.

22. Signature agreement.

(1) It is hereby represented that the above statements are true to the best of my belief and knowledge. They should be part of the contract if one is issued. The applicant, if someone other than the proposed annuitant, agrees to be bound by all statements and answers made by the proposed annuitant 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. (3) The Company shall incur no liability under any policy issued as a result of this application unless and until such a policy is delivered to the owner and the first premium paid while the annuitant is alive. If question #20 is answered "Yes", I confirm receipt of "Notice of Applicant" and/or other forms required by law.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

W9: I (We) certify, under the penalties of perjury, that the Social Security No.(s) or Tax ID(s) furnished on this form is true and correct.

Dated at \_\_\_\_\_ on \_\_\_\_\_ 20\_\_\_\_  \_\_\_\_\_  
Signature of Proposed Annuitant or Payee

\_\_\_\_\_  
Witness Signature of Annuitant or Owner (if other than proposed annuitant or payee)

(For Internal use Only) Agent's Certificate

Agent (print name) \_\_\_\_\_

Agent, do you have any reason to believe that the Proposed Annuitant intends to drop or change any existing policy on his/her life in favor of the policy applied for?  Yes  No

I HEREBY CERTIFY that I personally solicited this application. I certify to the best of my knowledge: the Annuitant and Owner signed this Application and I have explained the terms of this policy.

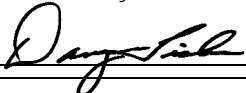
Agent's signature \_\_\_\_\_ Code # \_\_\_\_\_ Phone # \_\_\_\_\_

GA's Certificate

THE FISHER AGENCY, INC

GA's Name (print name) 13140 Coit Road, Suite 102 • Dallas, TX 75240-5790

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

GA's Signature  \_\_\_\_\_ Code # 0561 Phone # 972-238-1450  
800-822-1450