

PRESIDENTIAL LIFE INSURANCE COMPANY

NYACK, NEW YORK 10960

(800-926-7599)

Annuity Purchase Suitability

This questionnaire is designed to help determine if; your purchase of a Presidential Life Insurance Company fixed deferred or immediate annuity contract is suitable for your individual financial circumstances. The questionnaire is merely an aid and not intended to be a statement as to the determination of your final suitability. You have a legal right to not answer questions pertaining to your suitability (see consumer applicant's acknowledgement). However, the Company may elect not to issue the annuity contract being applied for.

Consumer Applicant's Acknowledgement (Check one)

NOTE: Consumers with \$500,000 (aggregate) Premium must complete this form.

- I elect to **complete** the annuity suitability questionnaire. I believe the Presidential Life Insurance Company annuity contract is suitable for my financial circumstances and I acknowledge receipt of the appropriate annuity product brochure.
- I elect to **not complete** the annuity suitability questionnaire. However, I believe the Presidential Life Insurance Company annuity contract is suitable for my financial circumstances. I also acknowledge receipt of the appropriate annuity product brochure and the NAIC or my State approved Annuity Buyer's Guide.

Your election to not complete this annuity purchase suitability questionnaire may limit your rights to consumer protections afforded by your resident State regarding annuity contract purchasing. Electing to not complete this questionnaire results in the Company's official recommendation to not purchase this specific annuity in satisfaction of the NAIC 275 – 1 rule (as amended) or other applicable State requirement alleviating the Company from determining annuity purchase suitability.

Consumer Applicant's Signature _____ Date _____
(Owner(s))

_____ Date _____

Consumer Applicant's Signature _____ Date _____
(Annuitant, if other than Owner)

General Information			
1. Owner's Name: _____	2. Owner Age: _____		
3. Joint Owner's Name: _____	4. Premium Amount: _____		
Financial Information			
5. Annual Income: <input type="checkbox"/> \$0-\$24,999 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000+			
6. Please list the amount of each current investable asset listed below. This should exclude home, automobile and personal property.			
Variable Annuities \$ _____	Certificates of Deposit \$ _____		
Fixed Annuities \$ _____	Stocks/Bonds/Mutual Funds \$ _____		
Cash \$ _____	Retirement Plan Assets \$ _____		
Other \$ _____			
7. Net Worth ¹ :	<input type="checkbox"/> \$0-\$49,999	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$100,000-\$149,999
	<input type="checkbox"/> \$150,000-\$199,999	<input type="checkbox"/> \$200,000-\$249,999	<input type="checkbox"/> \$250,000-\$399,999
	<input type="checkbox"/> \$400,000-\$549,999	<input type="checkbox"/> \$550,000-\$699,999	<input type="checkbox"/> \$700,000-\$849,999
	<input type="checkbox"/> \$850,000-\$999,999	<input type="checkbox"/> \$1,000,000+	
¹ Net Worth is your total assets (excluding home and automobile) less total debts.			
Federal Tax Bracket			
8. <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 25% <input type="checkbox"/> 28% <input type="checkbox"/> 33% <input type="checkbox"/> 35% <input type="checkbox"/> Other: _____			

Financial Situation and Needs	
9. Have you ever owned any of the following? (Check all that apply) <input type="checkbox"/> Fixed Annuities <input type="checkbox"/> Certificates of Deposit <input type="checkbox"/> Variable Annuities <input type="checkbox"/> Stocks/Bonds/Mutual Funds	
10. In purchasing this product, what are your financial objectives? (Check all that apply) <input type="checkbox"/> Immediate Income <input type="checkbox"/> Growth with income later <input type="checkbox"/> Guarantees provided <input type="checkbox"/> Future Income <input type="checkbox"/> Growth with possible income later <input type="checkbox"/> Other: _____ <input type="checkbox"/> Tax Deferral <input type="checkbox"/> Pass on to beneficiaries	
11. What source will you use for this annuity's premiums? (Check all that apply) <input type="checkbox"/> Annuity <input type="checkbox"/> Cash <input type="checkbox"/> Other: _____ <input type="checkbox"/> Life Insurance <input type="checkbox"/> Certificates of Deposit <input type="checkbox"/> Current Income <input type="checkbox"/> Bank Account	
12. Other than the money you will use to purchase this annuity contract, do you have sufficient available cash, assets, or other sources of income for your monthly living expenses and possible emergencies for a period of 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____	
13. How would you describe your risk tolerance for this annuity purchase? <input type="checkbox"/> Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive	
14. Are you replacing a current contract or policy? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: a. Why? (Check all that apply) <input type="checkbox"/> Interest Rates <input type="checkbox"/> Guaranteed Lifetime Income <input type="checkbox"/> Policy Guarantees <input type="checkbox"/> Other: _____ b. Have you exchanged another annuity within the last 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No c. As a result of this replacement, will you be subject to any of the following? (Check all that apply) <input type="checkbox"/> Surrender charge <input type="checkbox"/> New surrender period <input type="checkbox"/> Loss of death benefit <input type="checkbox"/> Loss of living benefit <input type="checkbox"/> Loss of other benefit <input type="checkbox"/> Increased fees <input type="checkbox"/> Additional rider charges <input type="checkbox"/> Additional advisory fees <input type="checkbox"/> Other: _____	
Financial - Objectives Statement (check all that apply A or B)	
15. A. Deferred cash value annuity <input type="checkbox"/> Capital preservation <input type="checkbox"/> Federal & State Income Tax deferral <input type="checkbox"/> Access to cash value <input type="checkbox"/> Other: _____	B. Immediate non-cash value annuity <input type="checkbox"/> Guaranteed life-time income <input type="checkbox"/> Retirement income supplement <input type="checkbox"/> Tax advantaged income (non-qualified annuities only) <input type="checkbox"/> Estate transition planning <input type="checkbox"/> Other: _____
16. Additional Agent comments regarding annuity purchase suitability: _____ _____ _____ _____ _____	

Agent's Statement

I certify; (a) I provided the consumer applicant a copy of the appropriate annuity product brochure and, (b) I made no representations that conflict with the annuity product brochure nor made promises regarding the future value of the annuity contract. Based on the information disclosed above and my best professional effort, I determine that the purchase of the annuity is suitable to meet the consumer applicant's objectives and needs.

I delivered the NAIC Annuity Buyer's Guide or other State required Annuity Buyer's Guide to the Annuitant.

Agent's Signature _____

Date _____