

**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. Do you currently have any Graded Benefit Life Policy in force with Presidential?
Yes No Amount \$ _____

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. _____