

AUTHORIZATION TO OBTAIN DISCLOSURE INFORMATION

Presidential Life Insurance Company Attn: New Business
69 Lydecker Street, Nyack, NY 10960
Phone: 800-926-7599 or Fax: 845-358-1309

Do you want Presidential Life to contact the Replaced Company and complete the required Regulation 60 disclosure forms? Yes _____ No _____

Replaced Company: _____
Address: _____
Phone #: _____ Fax #: _____
Contact: _____ Extension: _____
Policy Number(s): _____

AUTHORIZATION AND REQUEST FOR DISCLOSURE

By signing below, I authorize the undersigned agent and Presidential Life Insurance Company of Nyack, NY to obtain account information from my current insurer related to my existing life insurance or annuity contract.

I am considering replacement of this contract with:

_____ **Fixed Annuity**
_____ **SPIA/SPII Payout Annuity – Please provide an illustration for my current contract to be annuitized at option: _____.**
(fill in option proposed)

Annuitant: _____ Date of Birth: _____
Policy Owner: _____
Address: _____
Phone #: _____ Social Security #: _____

POLICY OWNER SIGNATURE: _____ **DATE** _____
AGENT SIGNATURE: _____ **DATE** _____

REPLACEMENT INFORMATION

Replacing Agent Name: _____ GA# _____ AGENT# _____
Address: _____
Phone #: _____ Fax #: _____

PROPOSED PLIC PRODUCT

Annuity: SPIA/SPII Option: _____ Life Product: _____
SPDA Product: _____ Face: _____
Qualified: _____ Non-Qualified: _____ Class: _____
SPDA Rate: _____ SM: NS
WP: (Y/N)
ADB Amt: \$ _____

One (1) copy to Replaced Company One (1) copy to Agent
One (1) copy to Presidential Life One (1) copy to Insured/Annuitant/Owner