

PRESIDENTIAL LIFE INSURANCE COMPANY



69 LYDECKER STREET
NYACK, NEW YORK 10960

Date: _____
Annuity Policy No.: _____
Qualification: _____

Dear Policyowner:

Presidential will be pleased to calculate and distribute to you, your Required Minimum Distribution (RMD) for your tax qualified annuity. Thereafter, every year, approximately three months prior to the anniversary of your last distribution we will contact you regarding your next distribution date.

On the reverse side of this letter is a Required Minimum Distribution form for you to complete. Also following on pages three and four is an Election of Tax Withholding and Certification of Taxpayer Identification Number form. Please complete all forms, following the instructions carefully.

Neither Presidential Life Insurance Company nor any of its employees, agents or representatives gives legal, tax or accounting advice. The information given here is merely a summary of our understanding of the current tax laws, regulations and current interpretations thereof, as they relate to the contract, and is not a warranty or representation concerning such matters. We will not be responsible for any IRS penalties incurred by you should the amount distributed be incorrect. We recommend that you consult with your own attorney, accountant or tax advisor.

Should you choose for us to calculate the RMD for your policy we will do so and assume that all minimum distribution amounts are based on IRS tables used for Individual Retirement Accounts (IRAs). There will be no distinction made between pre- and post-1986 balances for Tax Sheltered Annuities. We will calculate your required distribution based on the information you provide, only under the following conditions:

- ◆ You waive any rights to hold Presidential Life responsible for any tax consequences that may arise from these distributions.
- ◆ You agree that Presidential Life will not be responsible for any penalties incurred by you, the Policyowner, should the amount distributed be incorrect.

Should you agree to these conditions, please complete and sign pages 2 and 4 and return all to our office at the address shown above. Again, we strongly advise that you consult your tax advisor to determine the amount you wish to have withdrawn and to discuss the options available to you.

If you have any questions on completing these forms, please feel free to contact us at the address shown above, or call 1-800-926-7599 extension 660.

Client Services Department

***Please complete the Request for Required Minimum Distribution Form on Page 2,
read Page 3 and complete and sign Page 4***

WE DO NOT ACCEPT FAXED DOCUMENTS

PRESIDENTIAL LIFE INSURANCE COMPANY

REQUEST FOR REQUIRED MINIMUM DISTRIBUTION CALCULATION AND DISTRIBUTION

Thank you for asking us to calculate your Required Minimum Distribution (RMD). We will rely on the information provided by you and will calculate the minimum distribution based on your answers and the account value of this annuity only. If you have additional contracts here at Presidential requiring minimum distributions, please indicate the policy numbers in the space provided below:

A.
Annuitant: _____ Date of Birth: _____
Calculate RMDs for my annuity policy number(s): _____

In most cases your RMD will be calculated using the IRS's Uniform Distribution Table, unless your beneficiary is your spouse and he/she is more than 10 years younger than you. In that event we will use the Joint Life and Last Survivor Expectancy Table.

B. Complete this section only if your spouse is your primary beneficiary and is more than 10 years younger than you. (if your spouse is not your beneficiary or if your spouse is not more than 10 years younger than you, please disregard this section.):

*Name of Primary Beneficiary: _____, Spouse.

Date of Birth: _____ Social Security Number: _____

* **Please note: COMPLETION OF SECTION "B" ABOVE DOES NOT CHANGE ANY EXISTING BENEFICIARY DESIGNATION. IF YOU WISH TO CHANGE YOUR CURRENT BENEFICIARY, PLEASE CONTACT US.**

C. Please indicate below the frequency and date on which you would like your RMD to be sent to you (Everyone must complete this section.):

I want my Required Minimum Distribution sent to me _____
(Indicate annually, semi-annually, quarterly, or monthly)

Beginning _____, 20_____. (Indicate month, day and year of first distribution.)

PLEASE DO NOT SELECT A BEGIN DATE BETWEEN DECEMBER 20TH AND DECEMBER 31ST.

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Dated: _____, 20____ Your Signature: _____

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Please read Page 1 & 3 and complete and sign Page 4

RMD (06/09)

PRESIDENTIAL LIFE INSURANCE COMPANY

69 LYDECKER STREET
NYACK, NEW YORK 10960
(845) 358-2300



NOTICE OF WITHHOLDING ON REQUIRED MINIMUM DISTRIBUTIONS (RMDs)

The RMD payments you receive from Presidential Life Insurance Company will be subject to Federal Income Tax withholding unless you elect not to have withholding apply.

You may elect not to have withholding apply to your RMD payments by returning the signed and dated election on page 4 of these forms to Presidential Life Insurance Co., 69 Lydecker St., Nyack, NY 10960. Your election will remain in effect until you revoke it. You may revoke your election at any time by returning the signed and dated revocation to the address above. Any election or revocation will be effective no later than the January 1, May 1, July 1, or October 1 after it is received, so long as it is received at least 30 days before that date. You may make and revoke elections not to have withholding apply as often as you wish. Additional elections may be obtained from us upon request.

If you elect not to have withholding apply to your RMD payments, or if you do not have enough Federal Income Tax withheld from your RMD payments, you may be responsible for payments of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. **PLEASE CONSULT YOUR ACCOUNTANT OR TAX ADVISOR FOR FURTHER ADVICE.**

Special State Tax Withholding Information: Arkansas, California, Georgia, Iowa, Kansas, Maine, Massachusetts, Nebraska, North Carolina, Oklahoma, Oregon, Vermont, or Virginia require that if you elect to have Federal Income Tax withheld from your RMD payments, then we must automatically deduct State Income Tax also, unless you elect to not have State Income Tax withheld. Please complete section B on page 4 of these forms, if you live in one of the above mentioned states.

If you reside in another state, the state tax withholding election is voluntary.

If you reside in a state that has no state income tax, do not elect state tax withholding.

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Please complete and sign pages 2 and 4

RMD (06/09)

PRESIDENTIAL LIFE INSURANCE COMPANY

ELECTION FOR PAYEE OF REQUIRED MINIMUM DISTRIBUTION PAYMENTS AND CERTIFICATION OF TAXPAYER IDENTIFICATION NUMBER

IF YOU ARE NOT A U.S. PERSON (INCLUDING A U.S. RESIDENT ALIEN) YOU MUST COMPLETE A FORM W-8, CERTIFICATE OF FOREIGN STATUS OF BENEFICIAL OWNER FOR UNITED STATES TAX WITHHOLDING AND A FORM W7 – APPLICATION FOR IRS INDIVIDUAL TAXPAYER IDENTIFICATION NUMBER.

INSTRUCTIONS-Any withholding requested will be deducted from the amount of the RMD, reducing the amount of the payment.

1. Complete item **A** for Federal Income Tax Withholding
2. Complete item **B** for State Tax Withholding.
3. Complete Name, Address, Policy number(s) and Social Security Number.
4. Read and Follow Certification Instructions and **SIGN BELOW**.

WE DO NOT ACCEPT FAXED DOCUMENTS

A. FEDERAL INCOME TAX WITHHOLDING:

- I do not want** to have Federal Income Tax withheld from my RMD.
 I want to have Federal Income Tax withheld from my RMD.

Withholding will be 10% unless otherwise indicated: _____

B. STATE INCOME TAX WITHHOLDING (Must be completed if you reside in AR, CA, GA, IA, KS, ME, MA, NC, NE, OK, OR, VT, or VA. Optional for all other states, does not apply to states not having state income taxes.)

- I do not want** to have State Income Tax Withheld from my RMD Payments.
 I want to have State Income Tax withheld from my RMD in the amount of _____ per payment. (Indicate \$ amount or % to be withheld).

Name of owner as shown on policy ** **ALSO SIGN BELOW**

NAME _____ PHONE # _____

ADDRESS _____ POLICY NUMBER (S) _____

CITY _____ STATE _____ ZIP _____

➡ _____ -- _____ --
SOCIAL SECURITY NUMBER (Individual Owner)

CERTIFICATION: Under penalty of perjury, I certify that:

- (1) The number shown on this form is my correct Social Security Number, and
- (2) I am not subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.
- (3) I am a U.S. Person (including a U.S. resident alien).

CERTIFICATION INSTRUCTIONS: You must cross out item (2) above **if you have been notified by IRS** that you are subject to withholding because of under reporting interest or dividends on your tax return. However, if after being notified by the IRS that you were subject to backup withholding you received another notification from the IRS that you are no longer subject to backup withholding, do not cross out item (2).

➡ **SIGNATURE** _____ **DATE** _____

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Please complete and sign Page 2 and read Page 3

RMD (06/09)



PRESIDENTIAL LIFE INSURANCE COMPANY
 69 LYDECKER STREET, NYACK, NY 10960
 1-800-926-7599 or 1-888-PRES-LIFE

AGREEMENT FOR ELECTRONIC FUND TRANSFER

Thirty day advance notification before the next available payment due date is required.

Upon receipt of the completed Agreement, we will update our records and future payments will be made directly to the financial institution for credit to the Payee's account.

Policy Number _____ Payment \$ _____ Frequency _____

I, _____ the undersigned Payee under said contract, hereby request that all payments beginning with the payment due, _____ be sent to _____
Name of Bank / Financial Institution

Street or PO Box _____ City _____ State _____ Zip _____

Checking Savings ABA Routing #

Account # _____

If the annuitant is someone other than myself, the policy owner, I agree to notify Presidential Life Insurance Company immediately, in the event of the annuitant's death, The joint account holder or I will immediately return to Presidential, any payments made after the death of the annuitant.

A. Single Bank Account Holders, only

Should I die prior to the date on which any payment is deposited to the above account, I hereby authorize and direct the financial institution to refund the payment(s) made after my death to Presidential Life Insurance Company and charge to my account the amount of any such overpayment including legal interest.

B. Joint Bank Holders, only

Should I, the payee, die prior to the date on which any payment is deposited to the above account we

_____ **Insert joint bank account holder names**

hereby authorize and direct said financial institution to refund to Presidential Life Insurance Company, payments made after the payee's death and charge to our account the amount of any such overpayment including legal interest.

It is agreed to hold Presidential Life Insurance Company harmless from any claims whatsoever which may result from this request, including any claim brought by the Executor of the Estate. **It is further agreed to notify Presidential Life Insurance Company promptly of the death of anyone party to this agreement.** This agreement does not affect the original contract and will terminate as of the death of the annuitant or when Presidential Life Insurance Company receives written notification from me of its termination and the company has had 30 days to act on it. In the case of death benefits, separate arrangements will be made with the beneficiary(ies), if any.

_____ Dated _____ Signature of Policy Owner or Payee _____ Signature of Joint Bank Account Holder

ADDRESS CHANGE:

Check here and write address change on the back of this form. → → →

REQUIRED: You must attach a voided check OR a deposit ticket with a micro encoded account number to this form. Otherwise, this form will be returned.