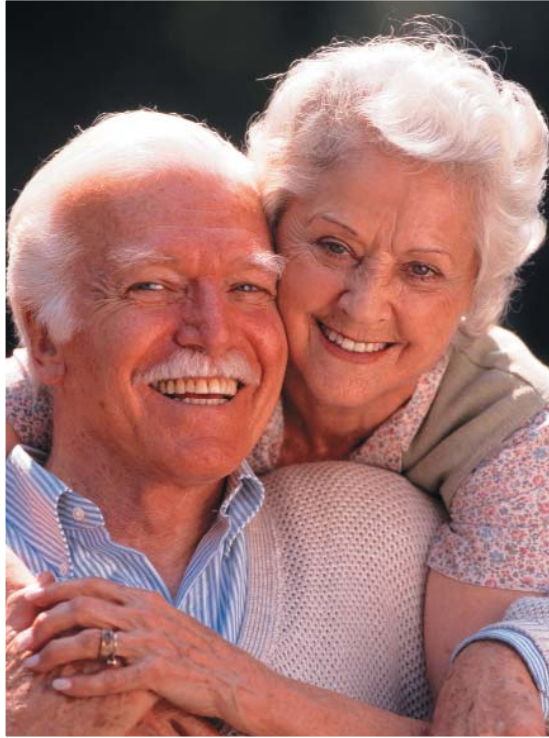


GBL

GRADED BENEFIT LIFE INSURANCE



- Guaranteed Issue
- No Medical Exams
- Permanent Protection for Your Entire Life
- Face amounts \$1,000 to \$50,000

Presidential Life Insurance Company

In Texas doing business as
Rockland Life Insurance Company

To Get Quote and obtain policy:

- 1) Find Gender and Age
- 2) Follow across to desired death benefit for monthly premium (annual premium discounted)
- 3) Print out and fill out application. Cross off and initial mistakes & don't use white-out.
- 4) Sign and return with direct debit form, voided check, and benefit acknowledgement
- 5) You must also include 2 months premium payable to "Presidential Life."
- 6) Mail everything to:

InsurancePickle.com
attn: Life Insurance Processing
5965 Sandy Ridge
Elkridge, MD 21075

- 7) Direct all questions to 1-877-634-1256

AGE	AGE	DEATH BENEFIT FACE AMOUNTS						(amount shown is the montly premium)				
Male	Female	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
40-47	40-50	\$21.87	\$42.88	\$63.88	\$84.88	\$105.89	\$126.89	\$147.90	\$168.90	\$189.91	\$210.91	
48	51	\$22.30	\$43.73	\$65.17	\$86.60	\$108.03	\$129.47	\$150.90	\$172.33	\$193.77	\$215.20	
49	52	\$22.74	\$44.61	\$66.48	\$88.35	\$110.22	\$132.09	\$153.96	\$175.84	\$197.71	\$219.58	
50	53	\$23.18	\$45.50	\$67.82	\$90.14	\$112.45	\$134.77	\$157.09	\$179.41	\$201.72	\$224.04	
51	54	\$24.04	\$47.21	\$70.38	\$93.55	\$116.72	\$139.89	\$163.07	\$186.24	\$209.41	\$232.58	
52	55	\$24.90	\$48.94	\$72.98	\$97.02	\$121.06	\$145.09	\$169.13	\$193.17	\$217.21	\$241.25	
53	56	\$25.90	\$50.94	\$75.97	\$101.01	\$126.04	\$151.07	\$176.11	\$201.14	\$226.18	\$251.21	
54	57	\$27.03	\$53.19	\$79.35	\$105.51	\$131.67	\$157.83	\$184.00	\$210.16	\$236.32	\$262.48	
55	58	\$28.17	\$55.47	\$82.77	\$110.07	\$137.37	\$164.67	\$191.97	\$219.28	\$246.58	\$273.88	
56	59	\$29.21	\$57.55	\$85.89	\$114.23	\$142.57	\$170.91	\$199.25	\$227.60	\$255.94	\$284.28	
57	60	\$30.25	\$59.63	\$89.01	\$118.39	\$147.77	\$177.15	\$206.53	\$235.92	\$265.30	\$294.68	
58	61	\$31.29	\$61.72	\$92.14	\$122.57	\$152.99	\$183.42	\$213.85	\$244.27	\$274.70	\$305.12	
59	62	\$32.47	\$64.07	\$95.67	\$127.27	\$158.87	\$190.47	\$222.07	\$253.67	\$285.27	\$316.87	
60	63	\$33.65	\$66.42	\$99.20	\$131.98	\$164.76	\$197.54	\$230.32	\$263.10	\$295.87	\$328.65	
61	64	\$34.84	\$68.82	\$102.79	\$136.77	\$170.74	\$204.71	\$238.69	\$272.66	\$306.64	\$340.61	
62		\$36.17	\$71.48	\$106.78	\$142.09	\$177.39	\$212.70	\$248.00	\$283.31	\$318.61	\$353.92	
63		\$37.63	\$74.40	\$111.16	\$147.93	\$184.69	\$221.46	\$258.22	\$294.99	\$331.76	\$368.52	
64		\$39.22	\$77.58	\$115.93	\$154.29	\$192.65	\$231.00	\$269.36	\$307.71	\$346.07	\$384.42	
	65	\$37.95	\$75.04	\$112.12	\$149.21	\$186.30	\$223.38	\$260.47	\$297.56	\$334.64	\$371.73	
	66	\$39.50	\$78.12	\$116.75	\$155.38	\$194.01	\$232.64	\$271.27	\$309.90	\$348.53	\$387.15	

	67	\$41.11	\$81.35	\$121.59	\$161.83	\$202.07	\$242.31	\$282.55	\$322.79	\$363.03	\$403.28
65	68	\$42.78	\$84.70	\$126.62	\$168.54	\$210.46	\$252.37	\$294.29	\$336.21	\$378.13	\$420.05
66	69	\$44.73	\$88.60	\$132.47	\$176.34	\$220.21	\$264.07	\$307.94	\$351.81	\$395.68	\$439.55
67	70	\$46.90	\$92.94	\$138.97	\$185.01	\$231.04	\$277.08	\$323.11	\$369.14	\$415.18	\$461.21
68	71	\$48.89	\$96.91	\$144.94	\$192.96	\$240.99	\$289.01	\$337.03	\$385.06	\$433.08	\$481.11
69	72	\$51.59	\$102.32	\$153.05	\$203.78	\$254.51	\$305.23	\$355.96	\$406.69	\$457.42	\$508.15
70	73	\$54.74	\$108.61	\$162.48	\$216.35	\$270.22	\$324.09	\$377.95	\$431.82	\$485.69	\$539.56
71	74	\$57.69	\$114.51	\$171.33	\$228.15	\$284.97	\$341.79	\$398.61	\$455.43	\$512.25	\$569.08
72	75	\$60.94	\$121.02	\$181.09	\$241.17	\$301.24	\$361.32	\$421.39	\$481.47	\$541.54	\$601.62
73	76	\$64.60	\$128.34	\$192.08	\$255.82	\$319.55	\$383.29	\$447.03	\$510.76	\$574.50	\$638.24
74	77	\$68.43	\$135.99	\$203.54	\$271.10	\$338.66	\$406.22	\$473.78	\$541.34	\$608.90	\$676.46
75	78	\$72.76	\$144.65	\$216.54	\$288.44	\$360.33	\$432.22	\$504.12	\$576.01	\$647.90	\$719.79
76	79	\$76.62	\$152.37	\$228.12	\$303.87	\$379.61	\$455.36	\$531.11	\$606.86	\$682.61	\$758.36
77	80	\$81.46	\$162.06	\$242.65	\$323.24	\$403.84	\$484.43	\$565.03	\$645.62	\$726.22	\$806.81
78		\$86.31	\$171.75	\$257.18	\$342.62	\$428.06	\$513.50	\$598.94	\$684.38	\$769.82	\$855.26
79		\$91.90	\$182.93	\$273.96	\$364.98	\$456.01	\$547.04	\$638.07	\$729.10	\$820.13	\$911.16
80		\$97.11	\$193.36	\$289.61	\$385.85	\$482.10	\$578.35	\$674.60	\$770.84	\$867.09	\$963.34

*** Person applying for coverage must be able to sign application on own. No power of atty. accepted.**

**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. Is there any other life insurance in force on a guaranteed issue basis? Yes No
(If "Yes," list name of insurance company and amount of insurance.)

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. _____

DIRECT DEBIT AUTHORIZATION

PRESIDENTIAL LIFE INSURANCE COMPANY

I hereby authorize Presidential Life Insurance Company, ID Number 132570714 to initiate debit entries from the account named below to pay premiums on the policy number below. Presidential Life Insurance Company is also authorized to initiate, if necessary, adjustments to the account for any debit or credit entries made by the company in error.

POLICY # _____ INSURED _____

DEPOSITORY NAME _____

BRANCH _____ CITY _____ STATE _____ ZIP _____

TRANSIT/ABA # _____

ACCOUNT # _____

Select one: Checking Savings

NAME(s) on account _____

This authority is to remain in full force and effect until Presidential Life receives written notice of its termination signed by the account holder(s) in such time and in such manner as to afford the company and the depository a reasonable opportunity to act on it.

Signature of account holder

Date

Signature of joint account holder (if applicable)

Date

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP

PRESIDENTIAL LIFE INSURANCE COMPANY

69 LYDECKER STREET, NYACK, NEW YORK 10960

DDA Rev 2/97

PRESIDENTIAL LIFE INSURANCE COMPANY
Nyack, New York 10960

**BENEFIT ACKNOWLEDGMENT
FOR
DEFERRED DEATH BENEFIT
GUARANTEED ISSUE WHOLE LIFE INSURANCE POLICY**

This Acknowledgment Must Be Signed By The Owner And Submitted With The Application To
Presidential Life Insurance Company.

I acknowledge that I have submitted an application for a Graded Benefit Guaranteed Issue Whole
Life Policy.

I understand that the death benefit for non-accident death is limited to the premium paid plus 5%
interest during the first three policy years.

I understand that the full death benefit will be paid for accidental death from the policy date.

Application Number

Date Of Application

Signature Of Owner

Signature Of Agent