



Presidential Life Insurance Company

New Agent Name: _____

States to be appointed in: _____
(Attach license copies)

Anti-Money Laundering Training Requirements:

- AML training was completed through LIMRA on ____/____/____
- AML training was completed through an independent program, completion certificate is attached
(If you have not met your AML training requirement, please visit our website and follow the link for training through LIMRA)

Appointment Requirements:

- Required:** New Business Application (unless state is restricted)
- Required:** Resident State **Appointment Fee** (see fee schedule attached)
- Complete Agent Licensing Information Form
- Complete and Sign Form W-9
- Review and Sign Writing Agent's Agreement
- Review and Sign Supplemental Expense Allowance Schedule
- Include a copy of Resident State Life License

Pre-Appointment States: GA, KS, MT, NC (you must be appointed before soliciting business!!)

****Please make check payable to: Presidential Life Ins. Co.****

Please note that most areas which require signatures are pointed out with markers such as these:



Please return to:

David A. Crotts & Associates, Inc.
422 Montague Avenue, Suite #7
Greenwood, SC 29649
800-803-7873
864-223-8788
864-229-7392 (Fax)

Office Use Only: Rep: _____ Comp/Prod Cmt Level: _____ Upline: _____ Processor: _____



David A. Crofts & Associates Inc.

LIFE • HEALTH • GROUP • INVESTMENTS
AUTO • HOME • BUSINESS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

FAIR CREDIT REPORTING ACT DISCLOSURE

OAKTREE Life & Annuity Brokerage may request a consumer report or investigative consumer report about yourself from a consumer reporting agency as part of its procedure for processing your Application for Appointment Agreement. A consumer report may contain information regarding your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living. An investigative consumer report may contain information regarding your character, general reputation, personal characteristics or mode of living. Information for an investigative consumer report may be obtained through personal interviews with your neighbors, friends and associates or with others with whom you are acquainted or who may have knowledge of such information. You have the right, within a reasonable period of time after submitting your Application for Appointment Agreement, to make a written request for a complete and accurate disclosure of the nature and scope of an investigative consumer report that OAKTREE Life & Annuity Brokerage may have requested about yourself. Send your written request for such a disclosure to 4227 Lafayette Center DR. Ste A, Chantilly, VA 20151.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize OAKTREE Life & Annuity Brokerage to obtain a consumer report or investigative consumer report about me. I further authorize any employer, insurance company, general or managing agent, school, financial institution, consumer reporting agency, criminal justice agency, regulatory authority or individual having any information about myself – including without limitation information regarding my past and present employment, academic record, record of arrest, conviction and regulatory sanctions, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living – to release such information to OAKTREE Life & Annuity Brokerage or any consumer reporting agency that is preparing a consumer report or investigative consumer report about myself for OAKTREE Life & Annuity Brokerage.

I HAVE READ AND UNDERSTAND THE FAIR CREDIT REPORTING ACT DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION SET FORTH ABOVE.

I AUTHORIZE THE RELEASE OF INFORMATION ACCORDING TO THE TERMS OF THE AUTHORIZATION FOR RELEASE OF INFORMATION SET FORTH ABOVE.

X _____ / ____ / ____
Signature of Applicant  Date signed

_____ 
Print Applicant's name as signed

ANY DEBT INCURRED BY AGENT AND NOT PAID WILL RESULT IN A 1099 TO THE AGENT FOR THE DEBT AMOUNT.

FOR OFFICE USE ONLY

CC: ____ / ____ / ____ Score: _____ J: _____ B: _____

VC: ____ / ____ / ____ Amount: _____ Company: _____

Approval: _____ Date: ____ / ____ / ____

Approved For: Ann Contract Only

AGENT LICENSING INFORMATION

AGENT LICENSING INFORMATION

Appointing General Agency Information

GA Name: David A. Crofts & Associates, Inc.

GA Number: 00693 / 92139

Telephone Number: 800-803-7873 or 864-223-8788

Contact Person(s): Kara Chastain

Agent Information

Business Form: Individual: _____ Corporation: _____ Partnership: _____

(If Corporate or Partnership, list entity)

Name: _____

Date of Birth: _____

SSN: _____

Mailing Address: _____

(P.O. Box acceptable for mailing purposes.)

Business Address: _____

(If P.O. Box, then a physical business address **must** be listed.)

Business Phone: _____

Fax Number: _____

Email Address: _____

USA Patriot Act and it's Anti-Money Laundering (AML) Provisions Requires **Proof of Identification:**

Current Driver's License # Issue Date Expiration Date

If No Driver's License. Other Unexpired Government-Issued Identification
Evidencing Nationality or Residence and Bearing a Photograph.

Commission Hierarchy

Name _____ # _____ Commission Level _____

Name _____ # _____ Commission Level _____

Name _____ # _____ Commission Level _____

Name _____ # _____ Commission Level _____

A copy of your current license(s) must accompany this information sheet for your appointment to be processed.

If you have already been appointed by Presidential Life, and we already have a copy of your current license, You do not need to forward another copy of your license.

If you are not certain of your licensing status with Presidential, or if you have any questions regarding our licensing procedures, please contact Presidential Life directly at 1-800-926-7599, extensions 449 or 491.

Presidential Life Insurance Company
Nyack, NY 10960
1-800-926-7599 or 1-888-PRES LIF
www.presidentiallife.com

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code		
Requester's name and address (optional)		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number								
or								
Employer identification number								

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
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 the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of U.S. person ▶



Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

PRESIDENTIAL LIFE INSURANCE COMPANY

D/B/A ROCKLAND LIFE IN THE STATE OF TEXAS

NYACK, NEW YORK

GENERAL AGENT # 00693

AGENT # _____

WRITING AGENT'S AGREEMENT

THIS AGREEMENT is made by and between Presidential Life Insurance Company, hereinafter called "we", "us", or the "Company" and the Agent whose name and signature appear on the last page of this Agreement, hereinafter called "you" or "Agent".

The Parties agree as follows:

I. Appointment

- A. This Agreement applies exclusively to forms of insurance and annuities issued by the Company which are listed on the Compensation Schedule attached to and made part of this Agreement.
- B. For as long as you are contracted to the Company, licensed and in good standing, the Company appoints you to:
 - 1. Procure applications for policies written by us and
 - 2. Recommend qualified agents and/or brokers for appointment.

II. Duties and Limitations of Authority

- A. You have no authority beyond that expressly stated in this Agreement. You cannot alter, extend or waive any provision in any application or policy; extend the time for payment of premiums; waive any debts; or incur any expenses or obligations for or on behalf of the Company without prior written authority from an Officer of the Company.
- B. You shall indemnify and hold the Company harmless from all losses, expenses, damages and liability resulting from unauthorized acts by you, your agents or employees.
- C. A policy shall not be delivered unless the first premium has been paid. Delivery of the policy shall be made within sixty (60) days from the issue date of the policy. Any undelivered policy shall be returned immediately by you.
- D. You are responsible for all expenses, other than underwriting costs referred to below, incurred by you or your agents in the performance of this Agreement.
- E. We will pay all customary underwriting costs, including reasonable costs to obtain medical and other information we consider necessary to determine the insurability of applicants.
- F. You agree to exercise reasonable care and diligence to assure that the policies issued under this Agreement are maintained current and in force. You shall provide services to policyholders and beneficiaries, and shall promote the interests of the Company as contemplated by this Agreement.
- G. You shall conduct your activities in accordance with the laws in your territory and with all instructions issued by the Company. You will fully and in a timely manner disclose to us all facts known by you that pertain to insurability of any applicant. We may refuse to process any application, or issue or amend any policy.
- H. You shall insure that you are licensed and trained, are and remain in compliance with Company guidelines, and understand the terms and conditions of our policies and marketing literature that we provide to you.

- I. You shall keep accurate and complete records of all transactions and shall provide the Company access to inspect and copy all records and other information as they relate to business placed with us.
- J. You agree to:
 - 1. Promptly transmit to our home office applications for policies solicited by you; and
 - 2. Collect and promptly remit to us the first premiums in the form of a check made payable to the Company. No policyholder check may be made payable to you or your agents. If, however, you receive monies in any form for or on account of the Company, such monies shall constitute trust funds for us and shall be remitted immediately to the Company.
- K. You shall treat as confidential any information we furnish to you. Materials developed and/or provided by us, which pertain to our products or their content, shall remain our exclusive property. Neither you nor your employees or agents shall copy such materials without our prior written approval. This provision II(K) shall survive the term of this Agreement.

III. Territory

Unless you are advised by us in writing to the contrary, you may operate under this Agreement in any territory in which we are authorized to do business and in which you are licensed and appointed with the Company. The Company reserves the right to retire from any territory, and/or to discontinue, withdraw or amend any forms of policies used in a territory without limiting our right to continue said forms in any other territory or with any other agent.

IV. Relationship

This Agreement shall not be construed to create the relationship of employer and employee between you and the Company. You shall for all purposes under this Agreement be considered an independent contractor. You will not distribute any materials that in any way imply an employer-employee relationship with the Company.

V. Advertising

Only materials provided by or approved in advance in writing by a compliance officer of the Company shall be used to solicit business. You shall not print or distribute any material that could be construed as consumer advertising without first obtaining written approval by a compliance officer of the Company. All illustrations must be run in accordance with currently approved interest scales provided by the Company.

VI. Compensation

No compensation or financial benefits shall be payable that are not provided for in this Agreement, Compensation Schedules and Bulletins of the Company. All compensation under this Agreement shall be determined and paid in accordance with Attachment "A", Supplemental Expense Allowance Schedule.

VII. Termination

This Agreement shall be terminated on the earliest of the following dates:

- 1. By any party upon thirty (30) days notice in writing to the other party;
- 2. Upon your death or permanent disability.
- 3. The date you should become bankrupt or insolvent.
- 4. The date you should fail to comply with or perform any of the terms of this Agreement or fail to pay on demand any monies belonging to or due the Company; or
- 5. The date your license is terminated by the Insurance Department of any jurisdiction.

Upon termination you shall immediately pay all sums due us and return to us, at your expense, all Company materials including rate books, illustration software, records and supplies. Neither you nor your agents will keep copies or excerpts of any Company materials.

VIII. Settlement of Disputes

- A. You shall have no authority to institute legal or administrative proceedings in our name unless we provide prior written approval. You shall defend any act or alleged act of yours at your own expense.
- B. You shall promptly notify an Officer of the Company if you are served with any legal papers or have knowledge of any action against us or which involves us.
- C. You agree to pay our costs and legal expenses if you are not the prevailing party in any lawsuit between you and us.

This entire section VIII shall survive the term of this Agreement.

IX. Miscellaneous Provisions

- A. *Effective Date.* This Agreement is not effective until approved in writing by an Officer of the Company.
- B. *Assignment.* No assignment of this Agreement or of compensation earned under it is valid unless authorized in advance in writing by an Officer of the Company.
- C. *Severability.* If any provision of this Agreement is held to be invalid, the validity of the remaining provisions will not be affected.
- D. *Entire Contract.* This Agreement and the attached Compensation Schedule are the complete Agreement between the parties. This Agreement supersedes all prior Agreements, except that this provision shall not affect any compensation payable, liabilities, or other rights and obligations that arise out of a prior agreement.
- E. *Governing Law.* This Agreement shall be governed by and construed in accordance with the laws of the State of New York without giving effect to the principles of the conflicts of law.
- F. *Notice.* All notices under this Agreement must be in writing and will be deemed given as of the day they are deposited in the U.S. Mail, first class postage prepaid; or by express mail or express service, or by FAX or telegram.

IN WITNESS WHEREOF, this Agreement is executed in duplicate originals this _____ day of _____, 200__ and, when approved by the Company, shall be effective as of that date.

PRESIDENTIAL LIFE INSURANCE COMPANY

By: _____ Title: _____

General Agent: David A. Crotts & Associates, Inc.

Agent: _____
(Print Name)



(Signature of Individual or Principal)


(Signature of Individual or Principal)

Bulletin

Commission Electronic Fund Transfer

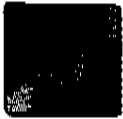
Marketing/Agency

- **Effective immediately General and Writing Agent commission payments are available for electronic funds transfer (EFT).** Once the EFT request becomes active, deposit credit should be available by Tuesday morning following the commission cycle ending on the previous Thursday. The activation period will take approximately 10 business days to complete. During this 10-day period, commission payments will continue to be delivered in check form.
- **Complete request form 'eftAgentDirDep'** to begin commission EFTs and return it to the Commissions Department, attention Chris Schmid. If you have any questions, please phone Chris at 800-926-7599 ext. 321.
- **Commission Statements will still be mailed every Friday.**
- **It is anticipated that commission statements will become available for viewing via the company web site later in the year.** Please look for further announcements regarding this functionality.



Presidential Life Insurance Company Nyack, NY 10960
1-800-926-7599 or 1-888-PRES LIF
www.presidentiallife.com

BULTIN244_02-02-07



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

AGENT COMMISSION EFT FORM

Agreement For Electronic Fund Transfer of Commission

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.

Agent Name: _____

Agent Address: _____
Street City State Zip Code

Agent Number: _____

I, _____ the undersigned Payee, hereby request that all payments be sent
to _____
Name of Bank / Financial Institution

Bank Address: _____
Street City State Zip Code

ABA Routing #

Account # _____

Select one: Checking Savings



_____ *Dated Signature of Agent*

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.

Restricted States:



An Agent must have a dated and signed contract with the Company before soliciting business in the states of:

GEORGIA

KANSAS

MONTANA

NEW MEXICO

WASHINGTON

Presidential Life Insurance Company

Presidential Life Insurance Company

Appointment Fees (updated 12-27-06)

If you are already appointed with Presidential, you are not required to pay the fee(1). The appointment fee payment policy will only apply to NEW appointments, and existing agents who are applying for a NEW non-resident appointment. Below is a complete listing of Appointment fees (resident/non-resident) by State:
Any questions may be directed to our Agency/Marketing department.

(1) except if applying for a New non-resident appointment.

	DOI Phone #	Resident	Non-Resident	Special Instruction
Alabama	334-241-4126	\$30.00	\$30.00	No Corporate appt
Alaska	907-465-2515	No fee	No Fee	
Arizona	602-912-8470	No fee	No Fee	No Formal Appointments
California	916-327-8109	\$24.00	\$24.00	
Colorado	303-894-7499	No fee	No Fee	No Formal Appointments
Connecticut	860-297-3800	\$25.00	\$25.00	
D.C.	202-442-7813	\$25.00	\$25.00	
Delaware	302-739-4254	\$25.00	\$25.00	No Corporate appt
Florida	850-413-3137	\$60.00	\$60.00 + (\$6)	n/r = \$6/county; No Corporate appt
Georgia *	404-656-2070	21.00**	21.00**	*Pre-appointment state; No Corporate appt **Fees paid by: Agent \$10, Insurer \$11
Hawaii	808-586-2788	No fee	No Fee	
Idaho	208-334-4250	No fee	No Fee	
Illinois	217-782-6366	No fee	No Fee	No Formal Appointments
Indiana	317-234-1138	No fee	No Fee	No Formal Appointments
Iowa	515-281-5705	\$5.00	\$5.00	No Corporate appt
Kansas*	785-296-7862	\$5.00	\$5.00	*Pre-appointment state
Kentucky	502-564-6004	\$40.00	\$50.00	Corp. \$100/r - \$120/r
Louisiana	225-342-5900	\$20.00	\$20.00	
Maine	207-624-8412	\$30.00	\$70.00	
Maryland	410-468-2383	No fee	No Fee	No Formal Appointments
Massachusetts**	617-521-7794	\$75.00	\$75.00	** 15 days
Michigan	517-373-9273	\$5.00	\$5.00	
Minnesota	651-296-6319	\$10.00	\$10.00	No Corporate appt
Mississippi	601-359-3582	\$10.00	\$10.00	
Missouri	573-751-4153	No fee	No Fee	No Formal Appointments
Montana*	406-444-2040	No fee	No Fee	*Pre-appointment state
Nebraska	402-471-4913	\$8.00/min	\$8.00/min	Retaliatory
Nevada	775-687-4276	\$15.00	\$15.00	
New Hampshire	Not Licensed	-	-	
New Jersey	609-292-4337	No fee	No Fee	
New Mexico	505-827-4559	\$23.00	\$23.00	No Corporate appt
New York **	518-473-3207	No fee	No Fee	** 15 days
North Carolina*	919-733-7487	\$20.00	\$20.00	*Pre-appointment state
North Dakota	701-321-3548	\$10.00	\$10.00	
Ohio	614-644-2665	\$20.00	\$20.00	
Oklahoma	405-521-3916	\$40.00	\$40.00	
Oregon	503-947-7980	No fee	No Fee	No Formal Appointments
Pennsylvania	717-787-3840	\$15.00	\$15.00	
Rhode Island	401-222-2223	No fee	No Fee	No Formal Appointments
South Carolina	803-737-6095	No fee	No Fee	No Corporate appt
South Dakota	605-773-3515	\$10.00	\$20.00	
Tennessee	615-741-2693	\$15.00	\$15.00	No Corporate appt
Texas	512-322-3503	\$10.00	\$10.00	
Utah	801-538-3855	No fee	No Fee	
Vermont	802-828-3303	\$60.00	Retaliatory	No Corporate appt
Virginia	804-371-9631	\$14.00	\$14.00	
Washington	360-725-7144	\$20.00	\$20.00	
West Virginia	304-558-0610	\$25.00	\$25.00	
Wisconsin**	608-266-8699	\$7.00	\$24.00	** 15 days; No Corporate appt
Wyoming	307-777-7319	\$15.00	\$15.00	

Presidential Life Insurance Company Nyack, NY 10960

1-800-926-7599 or 1-888-PRES LIF

www.presidentiallife.com