

**1. Annuitant** (Print Full Name, Single Life Only):

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security / TID Number \_\_\_\_\_

Date of Birth (Month-Day-Year) \_\_\_\_\_ Sex \_\_\_\_\_

**2. Owner** (If Other Than Annuitant):

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security / TID Number \_\_\_\_\_

Date of Birth (Month-Day-Year) \_\_\_\_\_ Sex \_\_\_\_\_

**3. Plan Applied For:**

- Bankers 1     Bankers 5     Bankers 7  
 Bankers 3     Bankers Premier     Bankers Premier Plus  
 Other (specify) \_\_\_\_\_

**4. Primary Beneficiary:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security / TID Number \_\_\_\_\_ Sex \_\_\_\_\_

**Contingent Beneficiary:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security / TID Number \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Social Security / TID Number \_\_\_\_\_ Sex \_\_\_\_\_

**5. Tax Qualification Status:**

- SEP: Tax Year \_\_\_\_\_     Roth IRA     Non-Qualified  
 IRA: Tax Year \_\_\_\_\_     Other: \_\_\_\_\_

**6. Premium Information:**

Cash with Application: \$ \_\_\_\_\_ Non-Qualified §1035 Exchange:  Yes  No  
 On-Going Premiums Anticipated for Flex Policy: \$ \_\_\_\_\_ Qualified Rollover / Transfer:  Yes  No  
 Rollover / Transfer Premium Anticipated: \$ \_\_\_\_\_

**7. Interest Income Choices:**

- Leave interest to accumulate (No income tax due until withdrawn), or
  - Nominal interest paid monthly (Minimum monthly check is \$100)
- Withhold income tax (10%):  Yes  No

**8. Special Remarks / Requests:**

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**9. For Home Office Endorsement Only:**

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**10. Replacement:**

Does the annuitant have any existing life insurance or annuity contracts in force?  Yes  No  
 If Yes, complete and forward any replacement forms as required in the state of application.  
 Is the contract being applied for intended to replace or exchange any insurance or annuity now in force?  Yes  No

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**11. Application Completed At:**

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City \_\_\_\_\_ State \_\_\_\_\_

This day \_\_\_\_\_ of month \_\_\_\_\_, year \_\_\_\_\_.

Application is hereby made for the Annuity described herein. The foregoing statements are correct to the best knowledge and belief of the persons signing this application. It is agreed that such statements shall form the basis of an Annuity issued by Capitol Life Insurance Company and that such Annuity together with this application shall constitute the entire contract between CLIC and the person signing this application. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act which is a crime and which may subject such person to criminal and civil penalties. A 10% IRS penalty may apply on amounts withdrawn before the owner reaches age 59½.

X \_\_\_\_\_  
 Signature of Owner

**12. MVA Disclosure:**

If I am applying for a Market Value Adjusted fixed annuity, I understand that withdrawals from this policy may be subject to a market value adjustment in addition to any applicable surrender charges.

X \_\_\_\_\_  
 Signature of Owner

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**To Be Completed By Agent:**

Do you have knowledge or reason to believe that the applicant has existing policies or contracts now in force?  Yes  No  
 If "Yes", I presented and read the applicant a notice regarding replacement.  
 Is the contract being applied for intended to replace or exchange any insurance or annuity now in force?  Yes  No

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Agent Name (Please Print) \_\_\_\_\_ CLIC Agent Number \_\_\_\_\_

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Signature of Agent \_\_\_\_\_ State License Number if Required \_\_\_\_\_