

Please Check One



Liberty Bankers Life Insurance Company
 The Capitol Life Insurance Company

NAIC

Annuity Application

PO Box 224, Brownwood, Texas 76804-0224 • 5750 CR 225, Brownwood, Texas 76801 (Overnight) • 800-745-4927 • 866-505-9377 (Fax)

1. Annuitant (Joint Annuitants are not permitted):

Name	SSN/TIN	Date of Birth (mm/dd/yyyy)	
Address	City	State	Zip Code
E-Mail Address	Phone	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

2. Owner (If Other Than Annuitant):

Name		
Address		
City	State	Zip
Phone		
E-Mail Address		
SSN/TIN	Relationship to Annuitant	
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

3. Joint Spousal Owner (If Any), WROS:

Not Available for Qualified Funds

Name		
Address		
City	State	Zip
Phone		
E-Mail Address		
SSN/TIN	Relationship to Annuitant	
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

4. Plan Applied For (Please Check One):

<input type="checkbox"/> Bankers Accumulator	<input type="checkbox"/> Bankers 5 Premier	<input type="checkbox"/> Bankers Elite 3	<input type="checkbox"/> Liberty Choice	<input type="checkbox"/> _____
<input type="checkbox"/> Bankers 1	<input type="checkbox"/> Bankers 5 Premier Plus	<input type="checkbox"/> Bankers Elite 5	<input type="checkbox"/> Liberty Select	
<input type="checkbox"/> Bankers 3	<input type="checkbox"/> Bankers 7	<input type="checkbox"/> Bankers Elite 7	<input type="checkbox"/> Liberty USA 100	
<input type="checkbox"/> Bankers 5	<input type="checkbox"/> Bankers 7 Premier	<input type="checkbox"/> Bankers Elite 9	<input type="checkbox"/> Liberty USA 500	

5. Beneficiaries: If joint owners are named, on the death of either joint owner the surviving joint owner will become the sole primary beneficiary, and the beneficiaries listed below will be considered contingent beneficiaries (unless otherwise requested in the Special Requests section).

Primary	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Contingent	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Contingent	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Contingent	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

6. Premium and Tax Qualification Status:

NON-QUALIFIED

- Cash with Application
- 1035 Exchange

QUALIFIED

- Cash with Application
- Transfer
- Rollover

Check the type of plan

- IRA
- SEP
- Roth IRA
- Pension Plan
(Profit Sharing or Defined Benefit)
- Other _____

Amount paid with application \$ _____

If a 1035 Exchange, Rollover or Transfer is occurring, the expected premium amount is \$ _____

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 Requests:

9. Replacement:

Does the applicant 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

10. Application Completed At:

City _____ State _____

This _____ day of _____, 20_____.

Application is hereby made for the Annuity described herein. The foregoing statements are correct to the best knowledge and belief of the person(s) signing this application. It is agreed that such statements shall form the basis of an Annuity issued by the company and that such Annuity, together with this application, shall constitute the entire contract between the company and the person(s) 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. If the Annuity for which application is being made is a Market Value Adjusted fixed annuity, the person(s) signing this application understand that withdrawals from the Annuity may be subject to a market value adjustment in addition to any applicable surrender charges.

X _____
Signature of Owner

X _____
Signature of Joint Owner (If Any)

11. Agent's Report:

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 the replacement.

Is the contract being applied for intended to replace or exchange any insurance or annuity now in force?

Yes No

Agent Name (Please Print)

Agent Number

Signature of Agent

State License Number if Required