



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 (Please Check One):

- | | | | |
|------------------------------------------|-----------------------------------------------|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Bankers 1 | <input type="checkbox"/> Bankers 3 | <input type="checkbox"/> Bankers 5 | <input type="checkbox"/> Bankers 7 |
| <input type="checkbox"/> Bankers Premier | <input type="checkbox"/> Bankers Premier Plus | <input type="checkbox"/> Liberty USA 100 | <input type="checkbox"/> Liberty USA 500 |
| <input type="checkbox"/> Liberty Choice | <input type="checkbox"/> Liberty Select | <input type="checkbox"/> Other: _____ | |

4. Primary Beneficiary:

Name _____	Relationship _____	Social Security / TID Number _____	Sex _____
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Contingent Beneficiary:

Name _____	Relationship _____	Social Security / TID Number _____	Sex _____
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Name _____	Relationship _____	Social Security / TID Number _____	Sex _____
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5. Tax Qualification Status:

- | | | |
|----------------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> SEP: Tax Year _____ | <input type="checkbox"/> Roth IRA | <input type="checkbox"/> Non-Qualified |
| <input type="checkbox"/> IRA: Tax Year _____ | <input type="checkbox"/> Other: _____ | |

6. Premium Information

Cash with Application: \$ _____	Non-Qualified §1035 Exchange: <input type="checkbox"/> Yes <input type="checkbox"/> No
On-Going Premiums Anticipated for Flex Policy: \$ _____	Qualified Rollover / Transfer: <input type="checkbox"/> Yes <input type="checkbox"/> 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- Leave interest to accumulate (No income tax due until withdrawn), or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: _____

9. For Home Office Endorsement Only: _____

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

11. Application Completed At:

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 Liberty Bankers Life Insurance Company and that such Annuity together with this application shall constitute the entire contract between LBL 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

13. 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 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)

LBL Agent Number

Signature of Agent

State License Number if Required