

Please Check One



- Liberty Bankers Life Insurance Company  
 The Capitol Life Insurance Company

**NAIC**

**Annuity Application**

P.O. Box 5147 • Springfield, Illinois 62705-5147 • 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	<input type="checkbox"/> Bankers 7	<input type="checkbox"/> Liberty Choice	<input type="checkbox"/> _____
<input type="checkbox"/> Bankers 1	<input type="checkbox"/> Bankers 5 Premier	<input type="checkbox"/> Bankers 7 Premier	<input type="checkbox"/> Liberty Select	
<input type="checkbox"/> Bankers 3	<input type="checkbox"/> Bankers 5 Premier Plus		<input type="checkbox"/> Liberty USA 100	
			<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:**

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**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