

**Please Check One**



Liberty Bankers Life Insurance Company

The Capitol Life Insurance Company

**Internal Exchange Request**

P.O. Box 5147 • Springfield, Illinois 62705-5147 • 800-745-4927 • 866-505-9377 Fax

Annuitant's Full Name: \_\_\_\_\_

Owner's Full Name (If different): \_\_\_\_\_

Policy Number(s): \_\_\_\_\_ Owner's SS or Tax ID Number: \_\_\_\_\_

**1. Please transfer the surrender value of the above policy and process as requested:**

- Entire surrender value                      or                       \$ \_\_\_\_\_
- Immediately    or                       on \_\_\_\_\_

The amount indicated above is to be applied to a new policy issued by the Company on the plan indicated below. I request that the annuitant, owner and beneficiary designations on the new policy be identical to those on the above policy. I understand that the new annuity will be issued with a current issue date and will contain all of the provisions outlined in the product brochure. I further understand that, if the new annuity contains a market value adjustment (as explained in the product brochures), withdrawals from this new policy may be subject to a market value adjustment in addition to any applicable surrender charges.

**2. Plan applied for (please check one):**

- Bankers Accumulator     Bankers 5\*                       Bankers 7\*                       Liberty Choice\*                       \_\_\_\_\_
- Bankers 1                       Bankers 5 Premier\*                       Bankers 7 Premier\*                       Liberty Select\*                      Other - specify
- Bankers 3\*                       Bankers 5 Premier Plus\*                       Liberty USA 100\*                       Liberty USA 500\*

\*These products contain a market value adjustment as explained in the product brochure.

**3. Tax Qualification Status:**

- Non-Qualified     Qualified (please complete the following)

**Required Minimum Distribution (RMD) Information for Qualified Plans:**

- A. Have you reached age 70½ or older in this calendar year?                       Yes                       No
- B. Have you satisfied your RMD for this calendar year?                       Yes                       No
- C. Do you want your RMD before completing this exchange?                       Yes                       No

\*Note: If you request an RMD after the exchange is complete, the distribution in excess of any penalty free distributions will be subject to the charges described in the contract.

**4. Beneficiary Designation:**

- Keep the same beneficiary designation as on the existing policy.
- Change the beneficiary on the new policy to: \_\_\_\_\_

**5. My existing annuity contract is:**

- Enclosed
- Lost or Destroyed. I hereby certify that the above referenced contract has been lost or destroyed and that it is not assigned or pledged in any way whatsoever. If the entire surrender value is to be applied to a new policy, I understand that the original contract becomes null and void, and that I, and my heirs, have no further claim against the company with respect to this contract.

I represent that my contract is not assigned or pledged as collateral and is not subject to any lien or legal proceeding of any kind, including bankruptcy or divorce. I further understand and agree that the Company and the undersigned agent have made no representations concerning the tax treatment of this election. The Company assumes no responsibility for any adverse income tax consequences caused by this election.

**6. Certification and Signatures:** Under penalty of perjury, I certify that the tax ID or social security number furnished above is true and correct.

Owner Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

Joint Owner Signature (if any) \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_