

Please Check One



Liberty Bankers Life Insurance Company

The Capitol Life Insurance Company

Annuity Payment Plans

Owner's Name: _____ Policy/Contract/Certificate Number: _____

Address: _____

City / State / Zip: _____

Daytime Telephone: _____

NOTE: Withdrawals in excess of any penalty free withdrawal amount are subject to withdrawal charges and market value adjustment, if any apply. Please refer to your annuity contract. Withdrawals from annuities have tax consequences and the Company will make any required tax reporting to the Internal Revenue Service (IRS). You, the owner, have responsibility for any tax liability resulting from this withdrawal. Please consult with your tax advisor for assistance in determining how this transaction may affect you. Unless you request direct deposit, payments will be mailed to you at the above address.

1. Payment Plan Requested: (Please refer to your contract for the availability of these various payment plan options. Once payments begin, we will continue payments to you until directed by you to stop.)

- Systematic Withdrawals (if available).
 Monthly Interest Only (minimum of \$100), or
 Accumulated Interest, or
 \$_____ per period.
 Required Minimum Distributions (Qualified Plans Only Beginning at Age 70½)
 Required Amount. Your RMD amount will be recalculated annually and sent to you each year. If you have a spousal beneficiary who is more than 10 years younger in age than you, please indicate that person's date of birth:_____, or
 \$_____ Specify Amount Requested.

Date of First Payment:_____

Frequency of Payment: Annually Semi-Annually Quarterly (Non MVA products only) Monthly (available only via Direct Deposit)

2. Annuitization Plan Requested: (Please refer to your contract for the availability of these various payment plan options. This is an irrevocable option and cannot be changed once payments begin.)

- Life Income. You will be paid an income for the lifetime of the annuitant with no provision for payments to a beneficiary after the annuitant's death. Please attach a copy of your birth certificate or other proof of age.
 Life Income with Payments Guaranteed for_____ Months. You will be paid an income for the life of the annuitant with a guarantee that at the death of the annuitant, if payments have been made for less than the term selected, payments will be continued to the beneficiary for the remainder of that term. Please attach a copy of your birth certificate or other proof of age.
 Income for a Fixed Period of _____Months. You will be paid equal amounts during the term selected regardless of when the annuitant dies. In the event the annuitant dies before payments are completed, your beneficiary will continue to receive payments for the remained of the period.
 Other(specify)_____

3. Series of Substantially Equal Periodic Payments: (Available only for certain qualified plans under IRC §72(t)(2)(iv)). Select below one of the three IRS approved methods of calculating your payment. In making this election, you represent that the method you selected meets IRS approved guidelines for mortality tables and interest rate assumptions. Modification of this distribution before your age 59½ or 5 years, whichever is later, may result in tax penalties. If you select method 2 or 3, the company is not responsible for the validity of your calculations or any adverse tax consequences you may incur.

- 1. Required Minimum Distribution. Your payment amount will be recalculated annually.
 2. Fixed Amortization Method. Specified level annual amount \$_____
 3. Fixed Annuitization Method. Specified level annual amount \$_____

Please send payments: Annually or Monthly (available only via Direct Deposit)

4. Income Tax Withholding:

Unless required by law, I do not want any federal or state income tax withheld, or

I would like federal / state income tax withheld:

_____ % or \$ _____ Federal tax

_____ % or \$ _____ State tax

Social Security or Tax Identification Number: _____

Note: Even if you elect to have no tax withheld from your withdrawal, you are responsible for payment of taxes on the taxable portion of your withdrawal. A 10% federal tax penalty may be assessed against withdrawals of you are under age 59½. You should consult your tax advisor regarding your situation. Under penalty of perjury, I certify that the number shown above is my correct Taxpayer Identification Number, that I am not subject to back-up withholding and that I am a U.S. citizen residing in the United States.

5. Request / Authorization for Direct Deposit:

I/we authorize the Company to initiate credit and/or debit entries as adjustments for any credit entries made in error to the account number shown below. The Depository named below is authorized to credit and/or debit the same to such account as indicated. This agreement will remain in effect until the Company terminates it or until written notice is received from me/us of its termination and the Company has sufficient time to act upon it. If at any time my/our Depository changes, I/we will provide a new Authorization for Direct Deposit.

Depository Name and Branch

Account Number

Address / City / State / Zip

Transit / ABA Number

Policy Owner Name

Joint Owner Name

Policy Owner Signature and Date

Joint Owner Signature and Date

Please attach a Blank, Voided Check

6. Certification and Signatures:

Owner Signature

Date

Print Name

Joint Owner Signature (if any)

Date

Print Name

Witness Signature

Date

Print Name