

Please Check One



Liberty Bankers Life Insurance Company

The Capitol Life Insurance Company

Transfer or Exchange Request

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

Address / City / State / Zip: _____

Annuitant/Insured (if other than owner): _____ Owner's SS # or Tax ID Number: _____

Current Insurance Company/Trustee/Financial Institution: _____ Account Number: _____

Address / City / State / Zip: _____ Phone Number: _____

Type of Account: Annuity Life Insurance Bank/Savings Account Other _____
Specify

Authorization to Release Information:

The Owner(s) hereby authorize the current financial institution to provide information necessary to complete the requested transfer to Liberty Bankers Life or The Capitol Life. Owner's Initials: _____

For Non-Qualified Plans

Please Transfer/Exchange my existing account and process as requested:

- All, or Partial \$ _____
- Immediately, or Upon the maturity date of: _____
- To New Policy/Account, or Existing Policy/Account # _____

For IRC§1035 exchanges, I assign and transfer to the Company all rights and interests in the above policy/certificate for the sole purpose of effecting a tax-free transfer/exchange of the cash surrender value. This assignment shall not be effective until the Company accepts it in writing. If no exchange takes place, then this assignment becomes null and void.

If this is a partial IRC§1035 exchange, information is requested with respect to the basis and gain on the account and will be provided to the IRS for tax reporting purposes.

My existing Annuity/Life contract/certificate is:

- Enclosed
- Not required to process this transaction
- Lost or Destroyed. I hereby certify that the above referenced contract/certificate has been lost or destroyed and that it is not assigned or pledged in any way whatsoever. If this is a complete surrender, I understand that the original contract becomes null and void, and that I, and my heirs, have no further claims against the company with respect to this contract.

For Qualified Plans

Please Transfer my existing account and process as requested:

- All, or Partial \$ _____
- Immediately, or Upon the maturity date of: _____
- To New Policy/Account, or Existing Policy/Account # _____

From Type of Plan:

- IRA, SEP
- Roth IRA
- 403(b) TSA
- 401(k)
- Other: _____
Specify

To Type of Plan:

- IRA, SEP
- Roth IRA
- Other: _____
Specify

Type of Transfer or Rollover:

- Trustee-to-Trustee Transfer
- Direct Rollover (Eligible Rollover Distribution)

Qualifying Events for Direct Rollover of Funds:

- Age 59½ Disability Severance of Employment
- Death Plan Termination Conversion to Roth IRA

Required Minimum Distribution (RMD) Information:

- A. Have you reached age 70½ or older in this calendar year? Yes No
- B. Have you satisfied your RMD from the distributing plan? Yes No

If A is "Yes" and B is "No," then the transferring company MUST make any RMD before transferring funds.

Please liquidate and transfer the funds referenced above to the Company. I represent that my account/policy/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. The Company is not responsible for any expense, tax effect or surrender charge that may result from of this transaction. Unless required by law, please do not withhold any taxes from the proceeds.

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 _____

Witness Signature _____ Date _____ Print Name _____

Acceptance by Administrative Office: The Company acknowledges that an application has been received from the owner referenced above and will accept the funds as requested for the credit of the owner.

Contract/Certificate Number: _____ Authorized Signature/Title: _____ Date: _____