

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

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  Death  Disability
- Severance of Employment  Plan Termination

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: \_\_\_\_\_