

## Transfer or Exchange Request

Owner's Name: \_\_\_\_\_

Mailing Address / City / State / Zip: \_\_\_\_\_

Annuitant/Insured (if other than owner): \_\_\_\_\_

Owner's Tax ID or Social Security Number: \_\_\_\_\_

Current Insurance Company/Trustee/Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

Mailing Address / City / State / Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Type of Account: ☐ Annuity ☐ Life Insurance ☐ Bank/Savings Account ☐ Other (specify) \_\_\_\_\_My existing annuity/life contract/certificate is: ☐ Enclosed ☐ Not required to process this transaction ☐ Lost or Destroyed.

If this is a complete surrender and I have indicated that the existing contract/certificate is lost or destroyed, I understand that the existing contract/certificate becomes null and void and that neither I nor my heirs have any further claims against the existing financial institution with respect to the contract/certificate.

**INSTRUCTIONS FOR COMPLETING FORM: Complete EITHER Section 1 or 2 and THEN Section 3.****1. For Non-Qualified Plans - Complete this section.**

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> All, or   | <input type="checkbox"/> Partial \$ _____         | <input type="checkbox"/> Penalty Free Amt _____ |
| <input type="checkbox"/> Immediately, or   | <input type="checkbox"/> On a specific date _____ |   |
| <input type="checkbox"/> To New Policy/Account, or <input type="checkbox"/> Existing Policy/Account# _____ |   |   |

Is this a 1035 exchange?

For IRC§1035 exchanges, I assign and transfer to Liberty Bankers Life/Capitol Life 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 Liberty Bankers Life/Capitol Life 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.

B. If this is an internal exchange of an existing LBL/CLIC annuity,

1. Do you want a withdrawal prior to the exchange?

☐ Yes ☐ No If yes, amount of withdrawal \$ \_\_\_\_\_

2. Do you want to continue an existing periodic withdrawal schedule?

☐ Yes ☐ No

**Note: If you request a withdrawal after the exchange is complete, any distribution in excess of any penalty-free withdrawal will be subject to the charges described in the contract.**

**2. For Qualified Plans** - Complete this section.

A. Please Transfer/Exchange my existing account and process and requested:

- ☐ All, or ☐ Partial \$ \_\_\_\_\_ ☐ Penalty Free Amt \_\_\_\_\_  
☐ Immediately, or ☐ On a specific date \_\_\_\_\_  
☐ To New Policy/Account, or ☐ Existing Policy/Account# \_\_\_\_\_

B. Type of Transfer or Rollover

- ☐ Trustee-to-Trustee Transfer ☐ Internal Exchange ☐ Direct Rollover (Eligible Rollover Distribution)  
☐ Conversion to Roth IRA ☐ Inherited IRA ☐ Indirect Rollover

C. Qualifying Event for Direct Rollover of Funds

- ☐ Age 59½ ☐ Disability ☐ Plan Termination  
☐ Death ☐ Severance of Employment

D. Required Minimum Distribution (RMD) Information

1. Have you reached age 73 or older in this calendar year?

- ☐ Yes ☐ No

2. 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.

E. If this is an internal exchange of an existing LBL/CLIC annuity,

1. Do you want your RMD before completing the exchange?

- ☐ Yes ☐ No

2. Do you want to continue your existing RMD Schedule?

- ☐ Yes ☐ No

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

**3. Authorization, Certification and Signatures:**

The Owner(s) hereby authorize the current financial institution to provide information necessary to complete the requested transfer to Liberty Bankers Life/Capitol Life.

Please liquidate and transfer the funds referenced above to Liberty Bankers Life/Capitol Life. 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. Liberty Bankers Life /Capitol Life 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 \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_  
(if required for Community Property State: AZ, CA, ID, LA, NV, NM, TX, WA, WI)

**Acceptance by Administrative Office:** Liberty Bankers Life/Capitol Life 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 Number: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_