

Please Check One



Liberty Bankers Life Insurance Company

The Capitol Life Insurance Company

Annuity Withdrawals

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. Withdrawal Amount Requested:

- Complete Surrender. This will terminate your annuity with the Company. Return your annuity contract/certificate or complete the Certification of Lost or Destroyed Contract.
 Contract Attached, or
 Lost or Destroyed. I hereby certify that my annuity contract/certificate with the Company has been lost or destroyed and that it is not assigned or pledged in any way whatsoever. With this complete surrender, 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.
 Partial Withdrawal
 \$ _____. This is the check amount requested. Your account will be reduced by this amount, plus any applicable withdrawal charges, market value adjustment and amount withheld for federal/state income taxes, or
 Maximum Penalty Free Amount. Your account will be reduced by this amount. Your check will be in the amount your contract/certificate permits, if any, less any amount withheld for federal or state income taxes.

2. 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.

3. Certification and Signatures:

Owner Signature _____ Date _____ Print Name _____

Joint Owner Signature (if any) _____ Date _____ Print Name _____

Witness Signature _____ Date _____ Print Name _____