

## LIBERTY BANKERS LIFE INSURANCE COMPANY (LBL) THE CAPITOL LIFE INSURANCE COMPANY (CLIC)

P. O. Box 224 • Brownwood, Texas 76804-0224 5750 CR 225 • Brownwood, Texas 76801 800-745-4927 • Fax: 866-505-9377

### BANKERS ELITE

**Disclosure Form** 

#### DESCRIPTION

**Bankers Elite** is a Single Premium Deferred Annuity (Policy Form: BankersElite-0112\*) designed to accumulate money for retirement. It is suitable for use as an IRA or as an attractive alternative to CDs and other taxable vehicles. You can start your **Bankers Elite** annuity with a minimum premium of \$10,000.

Issue Ages: Age 90 for Elite 3 & 5, Age 85 for Elite 7 and Age 80 for Elite 9.

#### HOW INTEREST IS CREDITED

Interest is credited at an initial interest rate guaranteed for the Initial Guarantee Period you select. At the end of the Initial Guarantee Period and each contract year thereafter, a new rate will be declared for the following contract year.

Each year after the Initial Guarantee Period you select, the minimum guaranteed interest rate can vary between 1% and 3% from year to year. The minimum guaranteed interest rate is calculated each contract year after the Initial Guarantee Period by using the average of the five-year Constant Treasury Rate for each business day starting with October 15th of the preceding calendar year and ending with December 15th of the preceding calendar year, less one hundred twenty-five basis points, then rounded to the nearest 120th of 1%. This rate will not exceed 3% nor fall below 1%.

Your money is never subject to stock market risk. You pay no frontend sales charges or annual maintenance fees. 100% of your money is always earning interest for you.

#### POLICY VALUES

Your Accumulated Value is 100% of the premium paid and earned interest, less any partial withdrawals. The Cash Surrender Value is the Accumulated Value less any applicable surrender charges and Market Value Adjustment (MVA). The death benefit is the Cash Surrender Value, unless the death benefit is paid under a Payout Option over a period of 5 years or longer or over the beneficiary's life expectancy. **Bankers Elife** contains no permanent surrender charges.

#### LIQUIDITY

After the contract has been in force for thirty (30) days, you may withdraw a portion of your policy value by making a partial surrender. All partial surrenders (including required minimum distributions from qualified retirement accounts) will be reduced by any applicable surrender charges and MVA. The amount of a partial surrender must be at least one hundred dollars (\$100). The remaining Accumulated Value after any partial surrender must be at least one thousand dollars (\$1,000). A 10% IRS penalty may apply to all amounts withdrawn before the owner reaches age 59½.

IMP	0 R 1	ra n	T: S	5UR	REN	DE	R C	HAF	R G E	5
Policy Year	1	2	3	4	5	6	7	8	9	10+
Elite 3	7.9%	7.0%	6.2%	None						
Elite 5	7.9%	7.0%	6.2%	5.3%	4.4%	None				
Elite 7	7.9%	7.0%	6.2%	5.3%	4.4%	3.5%	2.7%	None		
Elite 9	7.9%	7.0%	6.2%	5.3%	4.4%	3.5%	2.7%	1.8%	0.9%	None

#### MARKET VALUE ADJUSTMENT (MVA)

The Market Value Adjustment is an amount by which we adjust the Accumulation Value. An MVA will apply to a full surrender or to a partial withdrawal during the Initial Guarantee Period. The MVA may increase or decrease your Accumulation Value, depending on whether interest rates\* have fallen or risen from the time of purchase. If interest rates have declined, your Accumulated Value could be higher. If interest rates have increased, your Accumulated Value could be lower. The MVA is not assessed after the Initial Guarantee Period. Assets subject to MVA are not held in a separate account.

\* The Treasury Constant Maturity Series, published by the Federal Reserve, is used to measure changes in interest rates.

#### PAYOUT OPTIONS

There is a wide range of annuity settlement options from which you may choose, including: life only, life with 10 years certain, and fixed period payments. A customized payout option may be tailored to meet your specific needs. If you elect to annuitize non-qualified money, generally only a portion of each payment is taxable because a part of each payment is a return of your premium.

#### BANKERS ELITE ADVANTAGES

**Tax Deferred** - Your annuity grows much faster than alternative vehicles because: I) You eam interest on your principal. 2) You eam interest on your interest. 3) You eam interest on the money you would otherwise pay in taxes. 4) You don't pay tax on interest until you take it out.

**No Recurring Surrender Charges** - After your Initial Guarantee Period, your account value is available to you at all times free of any Surrender Charges or Market Value Adjustments. **Bankers Elite** contains no permanent or renewing surrender charges. You decide on the best time to withdraw your money.

## Please Select and Sign Below

I am applying for a **Bankers Elife** annuity with the Initial Guarantee Period indicated below:

		LIBERTY BA	ANKERS	CAPITOL	LIFE
Elite 3	for 3 yrs		%		<u>%</u>
Elite 5	for 5 yrs		<u>%</u>		<u>%</u>
Elite 7	for 7 yrs		%		<u>%</u>
Elite 9	for 9 yrs		<u>%</u>		%
Rates	in effect on:		_ (Subject	to Change Without	Notice)
X					
	Owner's Sig	nature	Joint Spo	usal Owner's Signa	ature (if any)
	Owner's N	ame	Joint S	pousal Owner's Nar	ne (if any)
X					
	Agen	t's Signature		Da	te



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## **BANKERS ELITE**

### **Annuity Application**

FORM #S: BANKERSELITE-0112

Please Print in Ink	A. ANNUITANT (Joint Annuitants are not permitted)	B. OWNER (if Other Than Annuitant)	C. JOINT SPOUSAL OWNER (if any), WROS (Not Available for Qualified Funds)
Jame:			
lail Address:			
City, State, Zip Code:			
Social Security or Tax ID #:			
Date of Birth or Trust Date:			
Sex:			
Home Phone #:			
E-Mail Address:			
D. ANNUITY PREMIUM:	(Minimum Premium: \$10,000)	Make checks payable to Co	mpany checked at top of this form.
Paid with Applicat	tion \$	Anticipated Rollover/Transfer A	mount \$
E. Line of Business: (c			
☐ Non-Qualified	□IRA	☐ Roth IRA	Tax Year of New Qualified Contribution:
SEP	☐ IRA Rollover/Transfer	Other	
F. INTEREST INCOME CH		•	it incurring Surrender Charges or an MVA
G. OWNER BENEFICIARY		nated, all survivors in a class will share equally.)	
licted below will be con			
Primary:	nsidered contingent beneficiaries (unless oth Name Mail Address		rust Date SSN or Tax ID # Relationship
Primary:  Contingent:  H. REPLACEMENT: Does If Yes	Name Mail Address  s the annuitant have any existing life ins s, complete and forward any replacement	City, State, Zip Code DOB or D	Trust Date SSN or Tax ID # Relationship  ?  ☐ Yes ☐ No
Primary:  Contingent:  H. REPLACEMENT: Does If Yes	Name Mail Address  s the annuitant have any existing life ins s, complete and forward any replaceme e contract being applied for intended to	City, State, Zip Code DOB or D	Trust Date SSN or Tax ID # Relationship  ?  ☐ Yes ☐ No
Primary:  Contingent:  H. REPLACEMENT: Does If Yes Is the Is the Is the Is the Is the Is the Is agreed the together with this application with intent to defraud any interpretation of the purpose may subject such person to MVA DISCLOSURE: I ar	Name Mail Address  Is the annuitant have any existing life insections, complete and forward any replacement of contract being applied for intended to contract being applied for intended to contract being applied herein. The foreat such statements shall form the basis of a constitute the entire contract between the such statements of the contract between the such statements of the contract between the such statements of the contract between the such statements and contract between the	City, State, Zip Code DOB or DOB or Surance or annuity contracts in force and forms as required in the state of a replace or exchange any insurance going statements are correct to the best an Annuity issued by the Company checken the Company and the person signing application for insurance or statement of fact material thereto may commit a fraumalty may apply on amounts withdrawn because of the contract of the company of t	Preserved and belief of the persons signing the knowledge and belief of the persons signing the ked at the top of this form and that such Annuit this application. Any person who knowingly an claim containing any materially false information dulent insurance act which is a crime and which
Primary:  Contingent:  H. REPLACEMENT: Does If Yes Is the	Name Mail Address  s the annuitant have any existing life insections, complete and forward any replacement of contract being applied for intended to exist the Annuity described herein. The foreat such statements shall form the basis of a constant constitute the entire contract between surance company or other person files and the office of misleading, information concerning any to criminal and civil penalties. A 10% IRS permapplying for a Market Value Adjusted for the surance of the contract between the cont	City, State, Zip Code DOB or DOB or City, State, Zip Code DOB or DOB or Surance or annuity contracts in force? The company as required in the state of a replace or exchange any insurance or exchange any insurance on Annuity issued by the Company checken the Company and the person signing application for insurance or statement of fact material thereto may commit a fraunalty may apply on amounts withdrawn be citized annuity (for Bankers Elite) and I dies.	Preserved and belief of the persons signing the sed at the top of this form and that such Annuit this application. Any person who knowingly an claim containing any materially false information dulent insurance act which is a crime and whice efore the owner reaches age 59½.
Primary:  Contingent:  H. REPLACEMENT: Does If Yes Is the Is the Is the Application is hereby made application. It is agreed the ogether with this application with intent to defraud any ir or conceals for the purpose may subject such person to MVA DISCLOSURE: I armay be subject to a mark	Name Mail Address  s the annuitant have any existing life insists, complete and forward any replacement of contract being applied for intended to contract being applied for the Annuity described herein. The foreat such statements shall form the basis of a contract constitute the entire contract between the contract company or other person files and a contract person files and contract company or other person files and contract contract person files and con	City, State, Zip Code DOB or DOB or City, State, Zip Code DOB or DOB or Surance or annuity contracts in force? The company as required in the state of a replace or exchange any insurance or exchange any insurance on Annuity issued by the Company checken the Company and the person signing application for insurance or statement of fact material thereto may commit a fraunalty may apply on amounts withdrawn be citized annuity (for Bankers Elite) and I dies.	Prescription SSN or Tax ID # Relationship  Prescription Prescription  Presc
Primary:  Contingent:  H. REPLACEMENT: Does If Yes Is the Is the Is the Is the Is the Is agreed that Is agreed	Name Mail Address  s the annuitant have any existing life insists, complete and forward any replacement of contract being applied for intended to contract being applied for the Annuity described herein. The foreat such statements shall form the basis of a contract constitute the entire contract between the contract company or other person files and a contract person files and contract company or other person files and contract contract person files and con	City, State, Zip Code DOB or DOB or Surance or annuity contracts in force and forms as required in the state of a replace or exchange any insurance going statements are correct to the best an Annuity issued by the Company checken the Company and the person signing application for insurance or statement of fact material thereto may commit a fraumalty may apply on amounts withdrawn begined annuity (for Bankers Elite) and I dies.	Prescription SSN or Tax ID # Relationship  Prescription Prescription  Prescription  Prescription Prescription  Prescription Prescription  Prescription Presc
Primary:  Contingent:  H. REPLACEMENT: Does If Yes Is the Is the Is the Is REMARKS AND/OR SPE  Application is hereby made application. It is agreed the application is hereby made application. It is application with intent to defraud any in or conceals for the purpose may subject such person to MVA DISCLOSURE: I armay be subject to a mark Application Comp  AGENT: Do you have kno If Yes, I presente	Name Mail Address  s the annuitant have any existing life ins s, complete and forward any replacement at contract being applied for intended to contract being applied for intended to exist the entire contract between at such statements shall form the basis of a conshall constitute the entire contract between surance company or other person files and end of misleading, information concerning any or oriminal and civil penalties. A 10% IRS per mapplying for a Market Value Adjusted feet value adjustment and surrender chargeleted at (City, State):	Gity, State, Zip Code  DOB or  Surance or annuity contracts in force and forms as required in the state of a replace or exchange any insurance  going statements are correct to the best an Annuity issued by the Company checken the Company and the person signing application for insurance or statement of fact material thereto may commit a fraumalty may apply on amounts withdrawn begined annuity (for Bankers Elite) and I make an annuity (for Bankers Elite) and I make an annuity (for Bankers Elite) and I make annuity (for Bankers Elite) and I make an annuity (for Bankers Elite) and I make annuity (for Bankers Elite) annuity (for B	Provided SSN or Tax ID # Relationship  Provided Relationship  Relationship  Provided Relationship  Relationship  Provided Relationship  Relationship  Provided Relationship  Relationship  Relationship  Relationship  Relationship  Relationship  Relationship  Relationship  Relationship  Provided Relationship  Provided Relationship  Relationship  Provided Relationship  Provide