



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 PREMIER

5 & 7

Disclosure Form

SINGLE PREMIUM DEFERRED ANNUITIES

The BANKERS PREMIER 5 & 7 are single premium deferred annuities. Additional premiums may not be added in the future.

TAX ADVANTAGES

Although an annuity does not eliminate your tax liability on interest earnings, under current tax law all interest earned accumulates on a tax-deferred basis. Tax deferral is currently available only to individual owners and certain trusts, not to corporations or other non-individuals.

FINANCIAL SECURITY

LBL and CLIC are Legal Reserve Companies, required by state regulation to maintain reserves equal to or greater than guaranteed surrender values.

NO SALES CHARGES OR FEES

100% of your money earns interest for you.

GUARANTEE PERIOD/INTEREST CREDITING

You choose the guaranteed rate period that is best for you. The guarantee period begins on the date of issue and ends on the last day of the chosen period. After your chosen rate period ends, your annuity will earn a portfolio interest rate, which may go up or down, but can never earn less than the contract's minimum guaranteed rate at the time of your purchase. The minimum guaranteed renewal rate will not exceed 3% nor fall below 1%.

Interest is credited and compounded on a daily basis. The rates shown below are the current effective annual yields.

Table with 3 columns: Bankers Premier (5, 7), LIBERTY BANKERS, and CAPITOL LIFE. Rows show interest rates for Years 1-5 and Years 1-7.

Rates in effect on: \_\_\_\_\_ (Subject to Change Without Notice)

MAXIMUM ISSUE AGES

Age 90 for the BANKERS PREMIER 5 - Age 85 for the BANKERS PREMIER 7.

MINIMUM/MAXIMUM PREMIUMS

The Minimum Premium is \$10,000 for Non-Qualified and Qualified funds. Premiums in excess of \$250,000 require prior company approval.

RIGHT TO EXAMINE ANNUITY

Within the first 30 days after you receive your annuity, you may return the annuity and receive 100% of your premium, minus any prior withdrawals.

WITHDRAWALS/SURRENDER CHARGES

The surrender charge will apply to a full or partial surrender of the principal, unless the surrender charge is waived as explained below.

Table with columns: Year, Ages, MVA, and interest rates for years 1 through 8.

SCHEDULED AND UNSCHEDULED WITHDRAWALS

You may withdraw 100% of your accumulated interest two times a year, free of all charges. Or if you desire, we will mail you a monthly check based on the daily nominal interest rate subject to a minimum amount of \$100. The amount will vary depending on number of days in the month.

PROCEEDS PAYABLE AT DEATH

- 1) If the Annuitant is not the Owner, the Annuitant dies before the Maturity Date, and the Owner is a natural person, the Owner must choose a new Annuitant within 60 days...
2) If the Owner is also the Annuitant, the death benefit will be the Accumulated Value on the date of death.

MARKET VALUE ADJUSTMENT (MVA)

The Market Value Adjustment is an amount by which we adjust the Accumulated Value. An MVA will apply to a full surrender or to a partial withdrawal subject to a surrender charge during the initial 5 or 7 year guaranteed rate period.

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

TAXATION OF WITHDRAWALS

Withdrawals may be subject to income tax. If withdrawals are made before age 59 1/2, they also may be subject to a 10% IRS penalty.

OTHER IMPORTANT BENEFITS

The following benefits are added to non-qualified contracts issued in Texas for the BANKERS PREMIER 5 & 7:

Nursing Home Benefit: After the first policy year, you can withdraw 50% of your Accumulated Value if you are confined to a nursing home for 90 consecutive days.

Disability Benefit: After the first policy year, you can withdraw 50% of your Accumulated Value if you are disabled for 90 consecutive days.

Complete details of these two important benefits are explained in the policy.

NOTES

- The BANKERS PREMIER 5 & 7 annuities are issued on Policy Forms BankersPremier-0407 and BankersPrem7-0910 and are not available in all states; certain restrictions, conditions, and state variations may apply.
This document is not a legal contract. For the exact terms and conditions, please refer to the annuity policy/contract.
Annuities are products of the insurance industry and are not guaranteed by any bank or insured by the FDIC.

ACKNOWLEDGEMENT:

I acknowledge that I have read this disclosure and I understand the description of these provisions as they apply to my application. I acknowledge that there is a 30-day right to examine this annuity. I also understand that subject to the guaranteed values in the annuity, the cash surrender values in the annuity may increase or decrease based on an MVA adjustment prior to the date or dates specified in the annuity.

X

Signature of Owner

Signature of Joint Owner (If Any)

X

Signature of Agent

Date

Agent Name



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# BANKERS PREMIER 5 & 7

## Annuity Application

FORM #: BANKERSPREMIER-0407-TX & BANKERSPREM7 0910-TX  
 FORM #: CLIC BANKERSPREMIER-0407-TX & CLIC BANKERSPREM7 0910-TX

**Choose One Option Only:**  BANKERS PREMIER 5  BANKERS PREMIER 7

Please Print in Ink	A. ANNUITANT	B. OWNER <i>(Complete if different from Annuitant)</i>	C. JOINT OWNER (IF ANY) <i>(Non-Qualified Funds Only)</i>
Name:			
Mail Address:			
City, State, Zip Code:			
Social Security or Tax ID #:			
Date of Birth or Trust Date:			
Sex:			
Home Phone #:			NOTE: Any joint owner must be the spouse of the owner. Joint ownership is with right of survivorship.
Fax #:			
E-Mail Address:			

**D. ANNUITY PREMIUM:** *(Minimum Premium: \$10,000)* **Make checks payable to Company checked at top of this form.**  
 Paid with Application \$ \_\_\_\_\_ Anticipated Rollover/Transfer Amount \$ \_\_\_\_\_

**E. LINE OF BUSINESS:** (check one)  
 Non-Qualified  IRA  Roth IRA  SEP  IRA Rollover/Transfer  Other \_\_\_\_\_ Tax Year of New Qualified Contribution: \_\_\_\_\_

**F. INTEREST INCOME CHOICE:**  Left to Accumulate *(Tax Deferred Growth)*  
 Interest Paid Monthly (\$100 Minimum) Withhold Income Tax:  No  Yes @ \_\_\_\_\_ %

**G. OWNER BENEFICIARY DESIGNATIONS:** *(If joint owners are named, on the death of either joint owner the surviving joint owner will become the sole primary beneficiary, and the beneficiaries listed below will be considered contingent beneficiaries unless otherwise requested in the Special Requests section).*

	Name	Mail Address	City, State, Zip Code	DOB or Trust Date	Relationship	Percentage
Primary:						
Contingent:						

**H. REPLACEMENT:** Does the annuitant have any existing life insurance or annuity contracts in force?  Yes  No  
 If Yes, complete and forward any replacement forms as required in the state of application.  
 Is the contract being applied for intended to replace or exchange any insurance or annuity now in force?  Yes  No

**I. REMARKS AND/OR SPECIAL INSTRUCTIONS:**

Application is hereby made for the Annuity described herein. The foregoing statements are correct to the best knowledge and belief of the persons signing this application. It is agreed that such statements shall form the basis of an Annuity issued by the Company checked at the top of this form and that such Annuity together with this application shall constitute the entire contract between the Company and the person signing this application. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may commit a fraudulent insurance act which is a crime and which may subject such person to criminal and civil penalties. A 10% IRS penalty may apply on amounts withdrawn before the owner reaches age 59½.

**MVA DISCLOSURE: I am applying for a Market Value Adjusted fixed annuity and I understand that withdrawals from this policy may be subject to a market value adjustment and surrender charges.**

Application Completed at (City, State): \_\_\_\_\_ Date: \_\_\_\_\_

X \_\_\_\_\_ X \_\_\_\_\_  
 SIGNATURE OF OWNER SIGNATURE OF JOINT OWNER (IF ANY)

**AGENT:** Do you have knowledge or reason to believe that the applicant has existing policies or contracts now in force?  Yes  No  
 If Yes, I presented and read the applicant a notice regarding the replacement.  
 Is the contract being applied for intended to replace or exchange any insurance or annuity now in force?  Yes  No

X \_\_\_\_\_  
 SIGNATURE OF AGENT(S) AGENT NUMBER(S) STATE LICENSE NUMBER OF AGENT(S)

Agent Name & Mail Address:

Agent Phone, Fax, & Email: