



Liberty Bankers Life Insurance Company | PO Box 224, Brownwood, Texas 76804-0224 | 5750 County Road 225, Brownwood, Texas 76801 (Overnight) 800-745-4927 | 844-351-6806 (Fax) | AnnuityNB@lbig.com

### 1. Annuitant (Joint Annuitants are not permitted):

Name	SSN/TIN	Date of Birth (mm/dd/yyyy)	
Address	City	State	Zip Code
E-Mail Address	Phone	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

### 2. Owner (If Other Than Annuitant):

Name		
Address		
City	State	Zip
Phone		
E-Mail Address		
SSN/TIN	Relationship to Annuitant	
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

### 3. Joint Spousal Owner (If Any), WROS:

Not Available for Qualified Funds

Name		
Address		
City	State	Zip
Phone		
E-Mail Address		
SSN/TIN	Relationship to Annuitant	
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

### 4. Plan Applied For (Please Check One):

<input type="checkbox"/> Bankers Accumulator	<input type="checkbox"/> Bankers 5 Premier	<input type="checkbox"/> Bankers Elite 3	<input type="checkbox"/> Liberty Choice	<input type="checkbox"/> _____
<input type="checkbox"/> Bankers 1	<input type="checkbox"/> Bankers 5 Premier Plus	<input type="checkbox"/> Bankers Elite 5	<input type="checkbox"/> Liberty Select	
<input type="checkbox"/> Bankers 3	<input type="checkbox"/> Bankers 7	<input type="checkbox"/> Bankers Elite 7		
<input type="checkbox"/> Bankers 5	<input type="checkbox"/> Bankers 7 Premier	<input type="checkbox"/> Bankers Elite 9		

### 5. Beneficiaries: 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).

Primary	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Contingent	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Contingent	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Contingent	%	Relationship	SSN/TIN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

**6. Premium and Tax Qualification Status:** **NON-QUALIFIED**

- Cash with Application  
 1035 Exchange

 **QUALIFIED**

- Cash with Application  
 Transfer  
 Rollover

**Check the type of plan**

- IRA  
 SEP  
 Roth IRA  
 Pension Plan  
 Other (Profit Sharing or Defined Benefit)

Amount paid with application \$ \_\_\_\_\_

If a 1035 Exchange, Rollover or Transfer is occurring, the expected premium amount is \$ \_\_\_\_\_

**7. Interest Income Choices:**

- Leave interest to accumulate (No income tax due until withdrawn), or  
 Nominal interest paid monthly (Minimum monthly check is \$100)  
 Withhold income tax (10%):  Yes  No

**8. Special Requests:**

\_\_\_\_\_

\_\_\_\_\_

**9. Replacement:**

- Does the applicant 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

**10. Application Completed At:**

City \_\_\_\_\_ State \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Application is hereby made for the Annuity described herein. The foregoing statements are correct to the best knowledge and belief of the person(s) signing this application. It is agreed that such statements shall form the basis of an Annuity issued by the company and that such Annuity, together with this application, shall constitute the entire contract between the company and the person(s) signing this application. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. A 10% IRS penalty may apply on amounts withdrawn before the owner reaches age 59½. If the Annuity for which application is being made is a Market Value Adjusted fixed annuity, the person(s) signing this application understand that withdrawals from the Annuity may be subject to a market value adjustment in addition to any applicable surrender charges.

**X**\_\_\_\_\_  
Signature of Owner**X**\_\_\_\_\_  
Signature of Joint Owner (If Any)**11. Agent's Report:**

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

\_\_\_\_\_  
Agent Name (Please Print)\_\_\_\_\_  
Agent Number\_\_\_\_\_  
Signature of Agent\_\_\_\_\_  
State License Number if Required