

Please Check One



Liberty Bankers Life Insurance Company

The Capitol Life Insurance Company

**Transfer of Ownership/  
Change of Annuitant**

PO Box 224, Brownwood, Texas 76804-0224 • 5750 CR 225, Brownwood, Texas 76801 (Overnight) • 800-745-4927 • 866-505-9377 • fax ••

**Insured/Annuitant**

\_\_\_\_\_  
Last Name First Name M.I.

\_\_\_\_\_  
Contract/Certificate/Policy Number Telephone Number

**New Owner** See Special Note Below\*

\_\_\_\_\_  
New Owner’s Name New Soc. Security or Taxpayer ID Number

\_\_\_\_\_  
New Owner’s Address Telephone Number

\_\_\_\_\_  
Relationship to Current Owner Date of Birth

**New Joint Owner** (Must be New Owner’s Spouse- Limited to Non-Qualified Funds Only)\*\*

\_\_\_\_\_  
New Joint Owner’s Name New Soc. Security or Taxpayer ID Number

\_\_\_\_\_  
New Joint Owner’s Address Telephone Number

\*\*Joint Ownership will be as Joint Tenants with Right of Survivorship unless requested otherwise or prohibited by applicable state law.

When recorded by the Company at its Administrative Office, this transfer shall take effect as of the date of its execution.

**Carry forward current beneficiary** Or  **Refer to Policyowner Service Request Form**

\*Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number, and (2) that I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. Refer to IRS Form W-9 for complete information regarding backup withholding and Taxpayer Identification Numbers.

\_\_\_\_\_  
Signature of New Owner Date Title (Specific Title, if any) Date of Birth

**Change of Annuitant** (Only where permitted by Contract Provisions)

\_\_\_\_\_  
New Annuitant’s Name New Soc. Security or Taxpayer ID Number

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

New Annuitant’s Address: \_\_\_\_\_

**Certification:** I understand that the transaction I am requesting the Company to make on my behalf may result in a tax consequence to me. I further understand the Company and its agents cannot give legal advice concerning taxable events. I agree to hold the Company harmless from any and all liability, including any tax liability, incurred as a result of this transaction.

Current Owner Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Current Owner Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Current Owner’s Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: This form must be received in the Administrative Office within 60 days of signature date.**

Recorded at the Administrative Office in Springfield, Illinois.

Date \_\_\_\_\_ Customer Service Representative: \_\_\_\_\_