

Please Check One



Liberty Bankers Life Insurance Company
The Capitol Life Insurance Company

Transfer or Exchange Request

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

Owner's Name:

Address / City / State / Zip:

Annuitant/Insured (if other than owner): Owner's Tax ID or Social Security Number:

Current Insurance Company/Trustee/Financial Institution: Account Number:

Address / City / State / Zip: Phone Number:

Type of Account: Annuity Life Insurance Bank/Savings Account Other

My existing annuity/life contract/certificate is: Enclosed Not required to process this transaction Lost or Destroyed.

If this is a complete surrender and I have indicated that the existing contract/certificate is lost or destroyed, I understand that the existing contract/certificate becomes null and void and that neither I nor my heirs have any further claims against the existing financial institution with respect to the contract/certificate.

For Non-Qualified Plans: Complete This Section

Please Transfer/Exchange my existing account and process as requested:

- All, Partial \$
Immediately, Upon the maturity date of:
To New Policy/Account, Existing Policy/Account #

For IRC§1035 exchanges, I assign and transfer to Liberty Bankers Life or The Capitol Life all rights and interests in the above policy/certificate for the sole purpose of effecting a tax-free transfer/exchange of the cash surrender value. This assignment shall not be effective until Liberty Bankers Life or The Capitol Life accepts it in writing. If no exchange takes place, then this assignment becomes null and void.

If this is a partial IRC§1035 exchange, information is requested with respect to the basis and gain on the account and will be provided to the IRS for tax reporting purposes.

For Qualified Plans: Complete This Section

Please Transfer my existing account and process as requested:

- All, or Partial \$
Immediately, or Upon the maturity date of:
To New Policy/Account, or Existing Policy/Account #

From Type of Plan:

- IRA, SEP
Roth IRA
403(b) TSA
401(k)
Other: Specify

To Type of Plan:

- IRA, SEP
Roth IRA
Other: Specify

Type of Transfer or Rollover:

- Trustee-to-Trustee Transfer Conversion to Roth IRA
Direct Rollover (Eligible Rollover Distribution)

Qualifying Event for Direct Rollover of Funds:

- Age 59½ Disability Severance of Employment
Death Plan Termination

Required Minimum Distribution (RMD) Information:

- A. Have you reached age 70½ or older in this calendar year? Yes No
B. Have you satisfied your RMD from the distributing plan? Yes No

If A is "Yes" and B is "No," then the transferring company MUST make any RMD before transferring funds.

The Owner(s) hereby authorize the current financial institution to provide information necessary to complete the requested transfer to Liberty Bankers Life or The Capitol Life.

Please liquidate and transfer the funds referenced above to Liberty Bankers Life or The Capitol Life. I represent that my account/policy/contract is not assigned or pledged as collateral and is not subject to any lien or legal proceeding of any kind, including bankruptcy or divorce. Liberty Bankers Life or The Capitol Life is not responsible for any expense, tax effect or surrender charge that may result from of this transaction. Unless required by law, please do not withhold any taxes from the proceeds.

Certification and Signatures: Under penalty of perjury, I certify that the Tax ID or Social Security Number furnished above is true and correct.

Owner Signature Date Print Name

Joint Owner Signature (if any) Date Print Name

Witness Signature Date Print Name

Acceptance by Administrative Office: Liberty Bankers Life or The Capitol Life acknowledges that an application has been received from the owner referenced above and will accept the funds as requested for the credit of the owner.

Contract Number: Authorized Signature/Title: Date: