

Please Check One



Liberty Bankers Life Insurance Company

The Capitol Life Insurance Company

Annuity Distributions

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

Owner's Name: _____ Policy/Contract/Certificate Number: _____

Address: _____

City / State / Zip: _____

Daytime Telephone: _____ Required.*

NOTE: Withdrawals will permanently reduce your account value. Your account will also be reduced by any applicable withdrawal charge, market value adjustment and federal and state income tax withheld. Please refer to your annuity contract. Withdrawals from annuities have tax consequences, and the Company will send any required tax reports to the Internal Revenue Service (IRS). You, the owner, have responsibility for any tax liability resulting from this withdrawal. Please consult with your tax advisor for assistance in determining how this transaction may affect you.

*All distribution requests will be verified by telephone with the contract owner prior to making a disbursement.

Distribution requests for amounts greater than \$50,000 must be notarized and the original form must be sent via USPS or other delivery service to the address shown above.

INSTRUCTIONS FOR COMPLETING FORM: Complete EITHER Section 1, 2 or 3 and THEN Sections 4 through 7 as applicable.

1. Single Payment Requested:

- Complete Surrender. This will terminate your annuity with the Company. Return your annuity contract/certificate or complete the Certification of Lost or Destroyed Contract.
Contract Attached, or
Lost or Destroyed. I hereby certify that my annuity contract/certificate with the Company has been lost or destroyed and that it is not assigned or pledged in any way whatsoever. With this complete surrender, I understand that the original contract becomes null and void and that I and my heirs have no further claim against the Company with respect to this contract.
Partial Surrender (For Required Minimum Distributions, please complete section 2, below.)
Maximum Penalty Free Amount. Your check will be in the amount available free of withdrawal charges and market value adjustment.

2. Periodic Payments Requested: Please refer to your contract for the availability of these various payment plan options.

- Systematic Withdrawals of Interest or Flat Amount of \$ (if available). Once payments begin, we will continue payments to you until directed by you to stop.
Required Minimum Distributions (Qualified Plans Only Beginning at Age 70½)
Recurring Distributions. Your RMD amount will be recalculated annually and sent to you each year. If you have a spousal beneficiary who is more than 10 years younger in age than you, please indicate that person's date of birth:
Date of First Payment:
Frequency of Payment:
One-time Request. \$ (please specify the amount requested)

3. Annuitization Plan Requested: Please refer to your contract for the availability of these various payment plan options. This is an irrevocable option and cannot be changed once payments begin.

- Life Income. You will be paid an income for the lifetime of the annuitant with no provision for payments to a beneficiary after the annuitant's death. Please attach a copy of the annuitant's birth certificate or other proof of age.
Life Income with Payments Guaranteed for Months. You will be paid an income for the life of the annuitant with a guarantee that at the death of the annuitant, if payments have been made for less than the term selected, payments will be continued to the beneficiary for the remainder of that term. Please attach a copy of the annuitant's birth certificate or other proof of age.
Income for a Fixed Period of Months. You will be paid equal amounts during the term selected regardless of when the annuitant dies. In the event the annuitant dies before payments are completed, your beneficiary will continue to receive payments for the remainder of the period.
Other (specify)

4. Income Tax Withholding:

- Unless required by law, I do not want any federal or state income tax withheld, or
- I would like federal / state income tax withheld:

_____ % Federal tax

_____ % State tax State _____

Social Security or Tax Identification Number (last four digits): XXX-XX-

Note: Even if you elect to have no tax withheld from your withdrawal, you are responsible for payment of taxes on the taxable portion of your withdrawal. A 10% federal tax penalty may be assessed against withdrawals if you are under age 59½. You should consult your tax advisor regarding your situation. Under penalty of perjury, I certify that the number shown above is my correct Taxpayer Identification Number, that I am not subject to back-up withholding, and that I am a U.S. citizen residing in the United States.

5. Special Requests:

6. Certification and Signatures: Signatures must be original. Electronic or stamped signatures will not be accepted.

Owner Signature	Date	Print Name
Joint Owner (if any) Signature	Date	Print Name
Witness Signature (Must be a Non-Family Member over the age of 18)	Date	Print Name

7. Notarization: For distributions greater than \$50,000, notarization is REQUIRED.

State of _____

County of _____

Signed and sworn to (or affirmed) before me on _____
Date

by _____
Printed name(s) of individual(s) making statement

who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

- personally known to me **OR** produced Identification

Type of ID _____

Signature of notary public

Stamp/Seal

(Name of notary, typed, stamped or printed)

My commissions expires: _____
Date