

♦ INSTRUCTIONS

- ✓ Please type or print
- ✓ Owner's signature is required on this form
- ✓ **The contract must accompany this form.**

♦ GENERAL INFORMATION

Name of Annuitant: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Vantis Life Annuity Contract Number(s): \_\_\_\_\_ Type of Annuity:  Qualified  
 Name of Owner: \_\_\_\_\_  Non-Qualified

♦ CONTRACT INFORMATION

**Non-Qualified Contract**  
 I / We hereby wish to exercise the right to cancel this Vantis Life Annuity Contract # \_\_\_\_\_, which was delivered to me/us on \_\_\_\_\_, within the 10 day "Free-Look" period.

**Qualified Contract**  
 I / We hereby wish to exercise the right to recind this Vantis Life Qualified Annuity Contract # \_\_\_\_\_, which was delivered to me/us on \_\_\_\_\_, within the 10 day "Revocation" period.

♦ DISCLOSURES AND SIGNATURES

I certify that I am the proper party to receive payment from this Annuity and that all information provided by me is true and accurate.  
 Pursuant to Revenue Procedure 91-70, Vantis Life is required to report all Qualified Annuity Revocations to the Internal Revenue Service.  
 Any person who knowingly and with intent to defraud any insurer or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signature of Owner       Signature of Joint Owner (if applicable)       Date

Signature of Other Authorized Individual

As\*\*:  Power of Attorney  
 Conservator  
 Assignee  
 Irrevocable Beneficiary  
 \*\*Certified Copy of Appointment and Photo I.D. are required.

NAME OF AGENCY/BANK	INTERNAL USE ONLY										PRODUCER #				BRANCH #			