



THE SAVINGS BANK LIFE INSURANCE COMPANY
 200 DAY HILL ROAD, WINDSOR, CT 06095
 1-800-252-7254 ■ WWW.SBLI4LIFE.COM

ANNUITY 10 DAY CANCELLATION REQUEST QUALIFIED CONTRACT RECISION REQUEST

♦ 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 #: _____
 SBLI 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 SBLI 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 SBLI 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, SBLI 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 # _____