

**Vantis Life Insurance Company**  
**Vantis Life Insurance Company of New York**

Administrative Office:  
 200 Day Hill Road, Windsor, CT 06095  
 P: 1-866-826-8471 ■ www.VantisLife.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 #: \_\_\_\_\_  
 VantisLife 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 VantisLife 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 VantisLife 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, VantisLife 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 #: \_\_\_\_\_