

♦ 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 rescind 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 #			