



Independent Agent/Agency Appointment Form

WHOLESALER CODE: IT00W
SPECIAL CODE: (OFFICE USE ONLY)

MAILING INSTRUCTIONS	
Return this form and required documents to: W&S Financial Group Distributors, Inc. , 303 Broadway, Cincinnati, OH 45202-4203 Fax: (513) 362-2364 Email: licensingintegrity@integritycompanies.com	For Assistance Call: [800.804.4465]
<input checked="" type="checkbox"/> NEW APPOINTMENT REQUEST	<input type="checkbox"/> AGENT/FIRM INFORMATION UPDATE

HIERARCHY		
Please tell us how you sell the following product lines-complete all that apply. To be completed by producer, marketing organization or broker-dealer prior to submission to insurance company.		
Fixed Deferred and Immediate Annuities		
COMPLETE THIS SECTION	If you sell your Fixed Deferred and Immediate Annuities through a Marketing Organization.	Marketing Organization Agency or Broker-Dealer Name : <u>Nest Egg Builders Corp</u> (Note: We cannot facilitate Marketing Organizations overriding Broker-Dealers for this product line.)
Fixed Indexed Annuities - Complete One Section Only		
COMPLETE THIS SECTION	If you will sell your Fixed Indexed Annuities through your Marketing Organization and NOT through a broker Dealer.	Marketing Organization Agency Name : _____ _____
OR COMPLETE THIS SECTION	If you will sell your Fixed Indexed Annuities through your Broker-Dealer and a marketing organization.	Broker-Dealer Name : _____ Marketing Organization Agency Name : _____ (Note: Broker-Dealers under marketing organizations are available to <u>top tier firms</u> for indexed annuities only. Please confirm with your Marketing Organization that this option is available)

APPOINTMENT

<input checked="" type="checkbox"/> APPOINT AGENT	Agent Name	Other Names Known By (i.e., maiden)		
Agent Address		City	State	Zip
County	Agent Phone Number	Date of Birth	Social Security/Tax ID Number	
Email (required)		NAIC/National Producer Number (if known)		

<input type="checkbox"/> APPOINT AGENCY	Agency Name	Agency Tax ID Number		
Agency Address		City	State	Zip
County	Agent Phone Number	Fax		
Email (required)				

Please attach a copy of your state insurance licenses for the states where you wish to be appointed. In NY, ME, VT and NH, you will be appointed with National Integrity Life Insurance Company. In all other states you will be appointed with Integrity Life Insurance Company.

MAILING OR COMMISSION INSTRUCTIONS

Special mailing or commission instructions: **Nestegg Builders Corp**
2424 Route 52, Suite 2, Hopewell Junction, NY 12533

ASSIGNMENT OF COMMISSION	Agent/Firm ID Number
<input checked="" type="checkbox"/> Check box if commission is to be assigned. Assign entire commission to (please print name):	129135

COMMISSION PAYMENT

Please pay my commission by: (select one option)

Daily Electronic Funds Transfer ("EFT"). This is the default option if no option is selected.

Semi-Weekly - check one EFT or Check

Weekly - check one EFT or Check

If you selected one of the EFT options, please complete the section below.

Financial Institution (Bank) Information Checking Account Savings Account

Attach a voided check or copy of a voided check OR complete the bank information below.

Bank Name	Bank Phone Number		
Bank Address	City	State	Zip
Account Number	ABA Routing Number		

N/A

CERTIFICATION & ATTESTATION

I certify that the information furnished above is true and complete and that I have not concealed any information. I understand that WSFGDI will rely on this information in determining whether to appoint me. I understand and agree that WSFGDI may terminate my appointment(s) if any statement herein is found to be incorrect and/or incomplete. I **certify that I have never been convicted of a felony involving dishonesty or breach of trust and I agree that I will immediately notify WSFGDI in writing in the event that I become convicted of, or plead guilty to, or enter a plea of no contest to such felony subsequent to the date hereof.**

I certify that I am currently covered by Errors and Omissions insurance for the lines of business I will sell under the terms of the applicable WSFGDI selling agreement. I will continue such coverage as long as I am appointed with WSFGDI.

I, the undersigned Applicant, hereby further authorize and request each of my former employers and each of the insurance companies with which I have ever been affiliated to furnish to The WSFGDI and any affiliated companies any information which such employer or insurance company possesses regarding me. I release any former employer and/or insurance company from any liability by complying with a request for information pursuant to this authorization.

Federal Law requires that WSFGDI inform you that an investigative consumer report may be prepared on you, which may include information concerning character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation conducted by WSFGDI. You can obtain this report by submitting a written request to the W&S Financial Group Distributors, Inc., Enterprise Licensing Department, 303 Broadway, Cincinnati, OH 45202 or licensingintegrity@integritylife.com or **checking this box** .

As part of WSFGDI's routine agent appointment procedure, an investigative consumer report, criminal records check, state insurance reports, and other reports and checks may be obtained about you. By signing this document, you authorize WSFGDI to perform a background investigation including, but not limited to, credit reports, Social Security number verification, criminal records checks, state insurance reports, public court records checks, driving records checks, verification of employment positions held, and any other public records. This information may be obtained, in part, through a consumer reporting agency, state insurance departments, state insurance and national insurance licensing databases, Vector One, and FINRA. I understand and agree that WSFGDI may share the above information and any information collected as part of its routine agent/agency appointment procedure with its subsidiaries and affiliated companies. I hereby release The WSFGDI and the Western and Southern Financial Group, its officers, directors, employees, agents, subsidiaries, parent companies, affiliates, successors and assignees from any and all claims and liability whatsoever arising from the collection, use, and/or aforementioned sharing of the information requested pursuant to this authorization. I specifically waive any notice from any present or former employer or insurance company who may provide information based on this authorization request and release from any liability any former employer, insurance company, person or entity that provided information to the WSFGDI for this investigation.

Upon signing this document I attest that I have been given a copy of the Summary of Consumer Rights.

I authorize Integrity Life Insurance Company or National Integrity Life Insurance Company to credit my account for any future payments at the aforementioned named financial institution. This agreement will remain active until written notification is received and in such a time as to afford the company reasonable opportunity to act on my request. I authorize the bank to debit my account and to refund any overpayments by the company. **If my bank changes, I will notify the Licensing Department as soon as possible at the addresses or fax number above.**

This WSFGDI Appointment Form, including without limitation the Certification, Authorizations and releases, in faxed, photocopied or electronic form will be as valid as the original. A faxed or electronically transmitted signed document to WSFGDI has the same legal force and effect as the original signed document and once received is the controlling record.

Name (Please print)

Signature

Date

X