

Partial Withdrawal/Policy Loan Request

MAILING INSTRUCTIONS

Send this completed form to:

REGULAR MAIL: Integrity Life Insurance Company, PO Box 5720, Cincinnati, OH 45201-5720

EXPRESS MAIL: Integrity Life Insurance Company, Attn: Annuity Operations, 400 Broadway, Cincinnati, OH 45202-3341

OWNER INFORMATION

Owner's Name

Policy/Contract Number

Effective as of the date your request for withdrawal/loan is received at the administrative offices of Integrity Life Insurance Company (Integrity), the death benefit, cash surrender value and policy account, if applicable, will be reduced by the amount requested plus any applicable expense charges.

IMPORTANT: Refer to the policy information section of your contract and/or prospectus for restrictions and specific information pertaining to withdrawals/loans. If you have a Guaranteed Lifetime Income Advantage Rider, any nonguaranteed withdrawal can have a significant negative effect on your benefits.

WITHDRAWAL OPTIONS

1. Annuity Contracts--ONLY

- I request a partial withdrawal of \$ _____.
- I request a partial withdrawal of my annual free amount available without surrender charges.
- I request an IRS minimum distribution withdrawal in the amount of \$ _____.

2. Single Premium Endowments--ONLY

- I request the accrued interest only.
- I request a loan in the amount of \$ _____.
- I request the maximum loan available on my contract.

2. In the space provided, you may choose how much of your withdrawal/loan is to come from each fund.
Refer to your prospectus for restrictions and specific information pertaining to withdrawals/loans.

\$ _____ or _____% from the _____ fund

\$ _____ or _____% from the _____ fund

\$ _____ or _____% from the _____ fund

\$ _____ or _____% from the _____ fund

\$ _____ or _____% from the _____ fund

AUTHORIZATION FOR DIRECT DEPOSIT

Checking Account (must attach voided check) Savings Account (A bank representative **must** provide this information)

Account Number (required, specify only one)

Routing Number

Financial Institution

Financial Institution Phone Number

Address

City

State

Zip Code

I (We) authorize Integrity to credit my (our) account with any future annuity benefits at the above named financial institution. This agreement will remain active until written notification is received and in such a time as to afford Integrity reasonable opportunity to act on my (our) request. I (We) authorize the financial institution to debit my (our) account and to refund any overpayments by Integrity.

If there are any changes to this information, please notify Integrity as soon as possible.

IMPORTANT: PAGE 2 MUST BE COMPLETED CONCERNING WITHHOLDING OF INCOME TAX BEFORE THIS REQUEST CAN BE COMPLETED.

NOTICE OF WITHHOLDING OF INCOME TAX ON WITHDRAWALS OR DISTRIBUTIONS

Federal tax law requires Integrity to withhold federal income tax at a rate of 10% from the taxable portion of any distribution or withdrawal, unless you elect NOT to have withholding apply.

Certain states may also require income tax withholding from the taxable portion of your distribution. In most cases, your federal withholding election would also apply to any state withholding election, although the rate of tax may vary among states. Note that Integrity will perform mandatory withholding if required by state law.

Your election will remain in effect until you file a new election and you may make or revoke an election as often as you wish. Any completed election or revocation will take effect within 30 days of the date Integrity receives it.

If you elect NOT to have tax withheld from a distribution or withdrawal or if the amount of federal income tax withheld is insufficient, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. For this purpose, you may wish to consult your tax advisor.

Federal law also requires that you provide Integrity with your correct tax identification number (TIN) if you elect NOT to have tax withheld from your distribution or withdrawal. (For most taxpayers, their TIN is their Social Security number.) If you fail to provide your TIN, Integrity is required to withhold any taxable payment to you.

- I elect NOT to have taxes withheld.
- I elect to have federal taxes withheld at the 10% rate, and state taxes, if applicable.
- I elect to have federal taxes withheld at a rate of ____% and state taxes withheld at a rate of ____%.

CERTIFICATION

Under penalties of perjury, I (we) certify that (1) the number shown on this form is my (our) correct tax identification number(s), (2) that I (we) am not subject to backup withholding because (a) I (we) am exempt from backup withholding or (b) I (we) have not been notified by the Internal Revenue Service (IRS) that I (we) am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me (us) that I (we) am no longer subject to backup withholding, **and** (3) I (we) am a US citizen or resident alien.

Note: You must cross out item #2 of certification if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting of interest or dividends on your tax returns.

<input type="checkbox"/> Check if this is an address change	Social Security Number/TIN		
Address	City	State	Zip Code
Signature of Owner	Date		
Signature of Joint Owner (if applicable)	Date		

Note to Owners who are legal entities (other than custodial owners): Please include a resolution or other formal authorization of the signer's ability to act on behalf of the entity.

CUSTODIAL OWNED ACCOUNTS ONLY

Signature	Date
Printed Name	Title (Custodial Officer Title)
Signature Guarantee Stamp	Stamp Here