



# Non-Financial Service Request Form

## 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

**To make the following request..... Please complete**

Change Address .....Sections 1, 2, and 5

Change Name .....Sections 1, 3, and 5

Change Beneficiary .....Sections 1, 4, and 5

## Section 1: Identifying Information

Contract Number(s): \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Owner's Social Security Number: \_\_\_\_\_ Owner's Telephone Number: \_\_\_\_\_

Joint Owner's Name: \_\_\_\_\_ Joint Owner's Social Security Number: \_\_\_\_\_

Annuitant's Name: \_\_\_\_\_ Annuitant's Social Security Number: \_\_\_\_\_

Payee's Name: \_\_\_\_\_ Payee's Social Security Number: \_\_\_\_\_

## Section 2: Change of Address

For:  Owner  Annuitant  Assignee  Payee

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Telephone: ( ) \_\_\_\_\_ Evening Telephone: ( ) \_\_\_\_\_

## Section 3: Name Change or Correction

For:  Owner  Annuitant  Payee

Owner's Beneficiary  Annuitant's Beneficiary  Assignee

From: \_\_\_\_\_ To: \_\_\_\_\_

Social Security Number or Taxpayer Identification: \_\_\_\_\_

*Note: Please note that court documents evidencing the change should accompany this form.*

## Section 4: Change of Beneficiary

Before changing the beneficiary, please understand your contract terms. Please see your contract for further details.

### To Change the Annuitant's Beneficiary:

(The annuitant's beneficiary receives the death benefit in the contract when the annuitant dies.)

Name: \_\_\_\_\_  Primary

Social Security Number: \_\_\_\_\_  Contingent

Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  Primary

Social Security Number: \_\_\_\_\_  Contingent

Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_



Name: \_\_\_\_\_

Primary

Social Security Number: \_\_\_\_\_

Contingent

Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Primary

Social Security Number: \_\_\_\_\_

Contingent

Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

**To Change the Owner's Beneficiary:**

(The owner's beneficiary takes control of the contract if the owner dies and may be required to take a payout. The annuitant's beneficiary receives the death benefit if the annuitant dies.)

Name: \_\_\_\_\_

Primary

Social Security Number: \_\_\_\_\_

Contingent

Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Primary

Social Security Number: \_\_\_\_\_

Contingent

Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Primary

Social Security Number: \_\_\_\_\_

Contingent

Date of Birth: \_\_\_\_\_

Relationship: \_\_\_\_\_

*If more beneficiaries are named, please submit a separate written request. Please include the names of the beneficiaries, Social Security Numbers, relationship to the owner or annuitant and their date of birth. The owner must sign and date the separate request.*

*If the above beneficiary designation shall be irrevocable any such beneficiary designation may be revoked by the express written agreement of both such beneficiary and the owner of the above numbered contract. It is required that these signatures be notarized. It is then requested that any provision in the contract which is contrary to this designation be waived and the contract amended accordingly.*

**Section 5: Certification and Authorization**

I/We certify that the information provided is accurate to the best of my/our knowledge and that I/we authorize Integrity Life Insurance Company to act in accordance with the elections indicated on this form.

Signature of Owner

Date

Signature of Joint Owner

Date

