



Non-Financial Service Request Form

To make the following request.....	Please complete
Change Address.....	Sections 1, 2, and 6
Change Name.....	Sections 1, 3, and 6
Change Beneficiary.....	Sections 1, 4, and 6

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: <input type="checkbox"/> Owner <input type="checkbox"/> Annuitant <input type="checkbox"/> Assignee <input type="checkbox"/> Payee			
Name	Email Address		
Address	City	State	Zip Code
Daytime Telephone	Evening Telephone		

SECTION 3: NAME CHANGE OR CORRECTION

For: <input type="checkbox"/> Owner <input type="checkbox"/> Annuitant <input type="checkbox"/> Payee			
<input type="checkbox"/> Owner's Beneficiary <input type="checkbox"/> Annuitant's Beneficiary <input type="checkbox"/> Assignee			
From	To		
Social Security Number or Tax Payer 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	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Address	City	State	Zip Code
Date of Birth:	Social Security Number		
Phone Number	Relationship		

SECTION 4: CHANGE OF BENEFICIARY (continued)

Name	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Address	City	State	Zip Code
Date of Birth:	Social Security Number		
Phone Number	Relationship		

Name	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Address	City	State	Zip Code
Date of Birth:	Social Security Number		
Phone Number	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	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Address	City	State	Zip Code
Date of Birth:	Social Security Number		
Phone Number	Relationship		

Name	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Address	City	State	Zip Code
Date of Birth:	Social Security Number		
Phone Number	Relationship		

Name	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Address	City	State	Zip Code
Date of Birth:	Social Security Number		
Phone Number	Relationship		

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

SECTION 5: IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW CONTRACT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens a contract.

What this means for you: When you open a contract, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

SECTION 6: CERTIFICATION AND AUTHORIZATION

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

Signature of Owner	Date
Signature of Joint Owner	Date