



National Integrity Life
Insurance Company

A member of Western & Southern Financial Group



Legacy Forward[®] II Paperwork

New York

Product issued by National Integrity Life Insurance Company and distributed by W&S Financial Group Distributors



ZapApp Submission for Legacy Forward® II

Electronic-Initiated Underwriting: (Online only)

The underwriting process begins when you initiate electronic underwriting in ZapApp, the online application. The process takes approximately 5 minutes if the application is in good order. While you are waiting for the underwriting response, complete the steps below:

1. Print; review all sections of the application and all necessary forms and sign if applicable.
2. **Give your client the Disclosures Regarding Insurance Information Practices (form 1180-LIFE).**
3. Have your client sign the application and fax it to National Integrity Life Insurance Company using this sheet as the fax cover.

Fax Number: 513.362.2368

Please review your email address to ensure accuracy: _____

Rep Phone Number: _____

This is the email address the underwriter will use to send the underwriting decision and phone number used for clarification, if needed.

Underwriting Review and Response: What you can expect

The Underwriting Department will email one of the following communications to you:

- a. Approval:** You will receive an email that your client is approved and the Temporary Insurance Agreement (TIA), unless the case is a transfer or exchange. Make a copy of all of the forms/paperwork for your client and keep a copy for your records. Please follow your firm's procedures for submitting new business.
 - b. Need More Information:** If necessary, the underwriting department will email you to request additional information or clarification about your client's application.
 - c. Declined:** You will receive an email that your client is declined for coverage. **NOTE: If you used electronic underwriting, you must fax the signed application to National Integrity even if the application is declined.**
4. When your client is approved and you have followed all of your firm's procedures, please mail all necessary forms and premium payment to National Integrity:

Mailing Address: National Integrity Life Insurance Company
Attn: New Business
400 Broadway, MS 10
Cincinnati, OH 45202

If you have any questions about completing or submitting forms, please call the Sales Desk at 800.285.2858, Monday – Thursday, 8 a.m. to 6 p.m., and Friday, 8 a.m. to 5 p.m. Eastern time.

(continued)

Fax-Initiated Underwriting (Key app in ZapApp and submit for underwriting by fax):

The underwriting process begins when the faxed application is received at the home office. You will receive an answer within 24 hours if the application is in good order. Follow these steps to initiate underwriting:

1. Print; review all sections of the application and all necessary forms and sign if applicable.
2. **Give your client the Disclosures Regarding Insurance Information Practices (form 1180-LIFE).**
3. Have your client sign the application and fax it to National Integrity Life Insurance Company using this sheet as the fax cover.

Fax Number: 513.362.2387

Please print your email address: _____

Rep Phone Number: _____

This is the email address the underwriter will use to send the underwriting decision and phone number used for clarification, if needed.

Underwriting Review and Response: What you can expect

The Underwriting Department will email one of the following communications to you:

- a. Approval:** You will receive an email that your client is approved and the Temporary Insurance Agreement (TIA), unless the case is a transfer or exchange. Make a copy of all of the forms/paperwork for your client and keep a copy for your records. Please follow your firm’s procedures for submitting new business.
 - b. Need More Information:** If necessary, the underwriting department will email you to request additional information or clarification about your client’s application.
 - c. Declined:** You will receive an email that your client is declined for coverage.
4. When your client is approved and you have followed all of your firm’s procedures, please mail all necessary forms and premium payment to National Integrity:

Mailing Address: National Integrity Life Insurance Company
Attn: New Business
400 Broadway, MS 10
Cincinnati, OH 45202

If you have any questions about completing or submitting forms, please call the Sales Desk at 800.285.2858, Monday – Thursday, 8 a.m. to 6 p.m., and Friday, 8 a.m. to 5 p.m. Eastern time.

Privacy Policy Statement

Our privacy policy statement explains how we collect, use, share, and protect your personal information. So just how do we protect your privacy? Simply put, we respect your right to privacy and promise to treat your personal information responsibly. It's as simple as that. Here's how.

Our Pledge to our Customers

- We collect only the information we need to serve you and administer our business.
- We are committed to keeping your information confidential and we place strict limits and controls on the use and sharing of your information.
- We make every effort to ensure the accuracy of information.

We collect information about you when you ask about or buy one of our products or services. The information comes from your application, business transactions with us, and consumer reports – but only if applicable to the product or service that you choose. Please know that we only use that information to sell, service, or market products to you.

We may share information with our affiliated companies, such as: name and address, social security number, assets and income, property address and value, account and policy information, consumer report information, family member and beneficiary information and medical information you granted us permission to collect.

How we use information

When you enter into a business relationship with us, we may share your personal information with your agent, producer, or advisor and our companies and business partners so that they can service your policy or account. Some examples of when we may share this information include mailing your statement or processing transactions that you request. You cannot opt out of our sharing of this information for such purposes. We may also share your personal information where federal and state law requires.

We don't sell your information for marketing purposes. We may disclose the information we collect to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements. Any company with which we team must conform to our privacy standards. If we change our policy, we'll tell you and give you the opportunity to opt out before we share your information.

Confidentiality and security

We follow the data security laws that apply to us. We protect your information by using physical and technical safeguards. We limit access to your information to those who need it to do their jobs. Our business partners are also legally bound to use your information for our purposes only. They may not share it or use it in any other way.

Who we are

We are a member of the Western & Southern Financial Group, Inc ("Western & Southern Financial Group"). The member companies are: Columbus Life Insurance Company; Fort Washington Investment Advisors, Inc.; IFS Financial Services, Inc.; Integrity Life Insurance Company; The Lafayette Life Insurance Company; National Integrity Life Insurance Company; Touchstone Securities, Inc.; Touchstone Advisors, Inc.; The Western and Southern Life Insurance Company; Western & Southern Agency, Inc.; Western-Southern Life Assurance Company; and W&S Brokerage Services, Inc.

Accessing your information

You can request a copy of your personal information by sending us a written request to Western & Southern Financial Group, Insurance Compliance, 400 Broadway, Cincinnati, Ohio 45202. For your protection, we will verify your identity before providing you with your information. We can only provide information that we control. We don't charge a fee for a copy of your information now, but we may charge a small fee in the future. You can call your agent or producer to change your personal information. We can't update information that other companies provide to us; so you'll need to contact these other companies to change your information.

Important notice about opting out

The Western & Southern Financial Group also provides this opt out notice. Federal law gives you the right to limit some but not all marketing from the Western & Southern Financial Group companies. Federal law also requires us to give you this notice to tell you about your choice to limit marketing from the Western & Southern Financial Group companies.

You may limit the Western & Southern Financial Group member companies, such as its insurance and securities affiliates, from marketing their products or services to you based on your personal information that they receive from other Western & Southern Financial Group companies. This information may include your assets and income, property address and value, account and policy information, and consumer report information.

To limit marketing offers, contact us by telephone at (866) 590-1349. If you own a financial product jointly with someone else, any owner can opt out. Your choice to limit marketing offers from the Western & Southern Financial Group companies will apply for at least 5 years from when you tell us your choice. Once that period expires, you will receive a renewal notice that will allow you to continue to limit marketing offers from the Western & Southern Financial Group companies for at least another 5 years.



National Integrity Life Insurance Company

A member of Western & Southern Financial Group

400 Broadway • Cincinnati, Ohio 45202

Application for Individual Single Premium Life Insurance

Application for: New Business (complete all sections; sign page 4)
 Reinstatement of Policy Number _____ (complete sections 1 and 6; sign page 4)

| | | | | | |
|---|------------------------|----------------------|------------------------|---|----------------------------|
| 1. PROPOSED INSURED | | | | | |
| Name (First, Middle, Last) | | | Social Security Number | | |
| Telephone Number (Including Area Code) | State/Country of Birth | Sex | Date of Birth | Age | |
| Address, City, State, ZIP | | | | | |
| Height _____ Ft. _____ In. | | Weight _____ Lbs. | | Weight Change in Past Year? <input type="checkbox"/> None _____ Lbs. <input type="checkbox"/> Gain <input type="checkbox"/> Loss | |
| 2. COVERAGE APPLIED FOR | | | | | |
| Plan | Single Premium | Face Amount | | | |
| 3. SOURCE OF FUNDS | | | | | |
| Source of funds for the Single Premium at issue (Check all that apply): <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Transfer/Exchange <input type="checkbox"/> Wire | | | | | |
| 4. LIFE INSURANCE IN FORCE, PENDING, OR REPLACEMENT | | | | | |
| Replacement | | | | | |
| 1. Does the Proposed Insured have any existing individual life insurance or annuity contracts with any company? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 2. Has there been, or will there be, a lapse, surrender, loan, or other change to any existing insurance or annuity as a result of, or in anticipation of, this application? (Complete any required replacement forms.) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 5. BENEFICIARIES | | | | | |
| <u>Name</u> | <u>Address</u> | <u>Telephone No.</u> | <u>Relationship</u> | <u>SSN/TIN</u> | <u>Date of Birth/Trust</u> |
| Class I (Primary) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Class II (Contingent) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| 6. INFORMATION ON PROPOSED INSURED. Please check "Yes" or "No" to the Following Questions. Use the overflow page if additional space is needed for details. Attach additional sheet of paper, if necessary. | Yes | No |
|---|--------------------------|--------------------------|
| A. Are you a US citizen or permanent US resident who holds a permanent visa? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have you ever been diagnosed as having or been treated for AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS-Related Complex)? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Within the past 10 years, have you been hospitalized, diagnosed, treated, tested positive, or been given medical advice by a member of the medical profession, for Alzheimer's Disease or any other form of dementia? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Within the past 5 years, have you been advised by a member of the medical profession to get medical care which was not completed, such as any hospitalization, surgery or diagnostic test, except those tests related to the Human Immunodeficiency Virus (AIDS Virus)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Give details for Yes answer: | | |
| E. Within the past 10 years, have you been diagnosed, treated, tested positive for, or been given medical advice by a member of the medical profession for any of the following: heart or coronary artery disease or disorder, stroke, peripheral vascular disease, cancer, hepatitis C, diabetes treated with insulin, disorder of the brain or nervous system, Parkinson's disease, Alzheimer's disease, leukemia, lymphoma, cirrhosis, pancreas disease or disorder, emphysema, chronic lung or pulmonary disease (COLD or COPD), or any disorder or disease of the immune system except those related to the Human Immunodeficiency Virus (AIDS virus)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Give details for Yes answer: | | |
| F. Within the past 5 years, have you been hospitalized for the following: chest pain, high blood pressure, asthma, depression, manic-depression, other mental or nervous system disorder, rheumatoid arthritis or other connective tissue disease, paralysis, seizure, anemia, blood disorder, diabetes or complications from diabetes, or kidney or liver disease or disorder (excluding kidney stones)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Give details for Yes answer: | | |
| G. In the past 2 years, have you been diagnosed as having or been treated for a hip fracture? | <input type="checkbox"/> | <input type="checkbox"/> |
| Give details for Yes answer: | | |
| H. Have you ever used illegal drugs, consulted or been treated by a member of the medical profession, been hospitalized or taken medication for abuse of alcohol or drugs (including prescription drugs)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Give details for Yes answer: | | |
| I. In the past twelve months, have you used any nicotine or tobacco products or any product that contains nicotine such as a patch or gum? | <input type="checkbox"/> | <input type="checkbox"/> |

| 7. OWNER (If Other Than Proposed Insured) | |
|--|----------------------------|
| Name (First, Middle, Last) | Date of Birth/Trust |
| Address | Social Security Number/TIN |
| City, State, Zip | State/Country of Birth |
| Relationship to Proposed Insured | Telephone Number |
| 8. Successor Owner (Optional – Becomes Owner upon the death of Owner named in section 7) | |
| Name (First, Middle, Last) | Date of Birth/Trust |
| Address | Social Security Number/TIN |
| City, State, Zip | State/Country of Birth |
| Relationship to Proposed Insured | Telephone Number |
| 9. Agreement and Acknowledgement | |
| <p>I agree that: A. These statements and answers and those in all supplements, amendments, medical examiner's reports, and overflow page will form the basis of any policy issued. B. No medical examiner, producer or other representative of the insurer has the power to make or modify any contract of insurance or bind the insurer in any way. C. No statement made by me or by the Insurer's agent or anyone else will bind the Insurer unless stated in this application. D. Except as provided in any Temporary Insurance Agreement, no insurance will take effect: (1) before this application is approved; and (2) before a policy is delivered and the single premium paid while each person to be insured is alive and then only if the health and other conditions affecting insurability remain as described in this application. E. I have received a Privacy Policy Disclosure which details the method I must use to exercise my right to access, correct and amend any information gathered about me which relates to this application.</p> <p>The policy applied for includes an Accelerated Death Benefit rider. Receipt of accelerated death benefits may affect eligibility for public assistance programs and may be taxable. Accelerated payments will be in the form of a lien on the policy death benefit. An administrative charge, not exceeding \$75, may be assessed to process a claim.</p> <p>Based on the manner the application was taken, I have either read each section of the application, or it has been read to me. I have been given the opportunity to have any and all sections repeated and corrections made if necessary. I represent that each and every statement and answer in this application is true and complete to the best of my knowledge and belief. This application will be attached to and made part of the policy if issued.</p> <p>Taxpayer ID Certification: The Internal Revenue Service does not require your consent to any provision of this application other than the certifications required to avoid backup withholding.</p> | |
| 10. Notice As To Investigate Consumer Report and MIB, Inc. | |
| <p>In compliance with the Fair Credit Reporting Act, you are hereby notified that we may ask an independent reporting company for an investigative consumer report. This company may conduct personal interviews with your neighbors, friends and others who know you. It will report on your character, general reputation, personal characteristics and mode of living. You can ask us in writing for more details about the nature and scope of this investigation. You also have a right to request a copy of such report. Direct your request to the New Business Department, National Integrity Life Insurance Company, 400 Broadway, Cincinnati, Ohio 45202.</p> <p>We will treat all information about your insurability as confidential. However, we or our reinsurer(s) may make a brief report to MIB, Inc. MIB, Inc. is a non-profit organization. It operates an information exchange for its member life insurance companies. MIB, Inc. will supply the information it has to a member company on request. The request may be made when you apply for life or health insurance or when you make a claim for benefits. If you ask MIB, Inc., it will arrange to disclose any information it has in your file. If you think any of this information is not correct, contact MIB, Inc. The federal Fair Credit Reporting Act tells you how to seek a correction. MIB, Inc.'s address is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone: 781-751-6000, toll-free telephone numbers: 866-692-6901 (TTY 866-346-3642 for hearing impaired).</p> <p>If you apply for life or health insurance or make a claim for benefits to another life insurance company, that company may ask us or our reinsurer(s) for information. We would release the information in our files to it. Our reinsurer(s) may also release the information it has.</p> | |
| 11. Insurance Information Practices | |
| <p>Personal information may be collected from persons other than those proposed for insurance coverage. Such information as well as other personal or privileged information collected by us may in certain circumstances be disclosed to third parties without authorization as permitted by law. A right of access and correction exists with respect to all personal information collected. Further details of these practices are available upon request.</p> | |

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION (Complies with the HIPAA Privacy Rule): The undersigned, individually, hereby consent and authorize any health plan, physician, medical practitioner, health care professional, hospital, clinic, pharmacy or pharmacy benefit manager, other medical or medically related facility, other health-care provider, MIB, Inc. consumer reporting agency, my employer, or other company or institution that has provided payment, treatment or services, or who has information about me, to disclose to National Integrity Life Insurance Company or its authorized representatives any information from my health care or medical records. This includes information relating to diagnosis, prognosis, or treatment relative to any physical or mental condition, or treatment relative to Acquired Immune Deficiency Syndrome (AIDS), or AIDS-Related Complex (ARC) (but excludes psychotherapy notes); investigative consumer reports, other insurance coverage and details of employment.

I authorize National Integrity Life Insurance Company, or its reinsurers, to make a brief report of my personal health information to MIB, Inc.

The signature(s) below acknowledge that any agreements made to restrict my/our health information do not apply to this authorization and instruct any physician, medical practitioner, other health care professional, hospital, clinic, pharmacy or pharmacy benefit manager, other medical or medically related facility, or other health-care provider to release and disclose my/our health information without restriction. This authorization for disclosure of information is effective for 24 months following the date of signature(s) below. A copy of this authorization is as valid as the original.

The purpose for this disclosure is for National Integrity Life Insurance Company to: (1) underwrite applications for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; (2) obtain reinsurance; (3) administer claims and determine full responsibility for coverage and provision of benefits; (4) administer coverage; and (5) conduct other legally permissible activities that relate to any coverage I/we have or have applied for with National Integrity Life Insurance Company.

I, the Proposed Insured or Legal Representative, understand that: a) I have the right to obtain a copy of and revoke this authorization at any time by notifying National Integrity Life Insurance Company (hereafter, 'the Company') in writing at 400 Broadway, Cincinnati, Ohio, 45202, Attention: Privacy Officer; b) the revocation is only effective after it is received by the Company; c) any use or disclosure prior to the revocation will not be affected by a revocation; d) a revocation is not effective to the extent that the Company has a legal right to contest a claim under a policy or to contest the policy itself; e) after health information is disclosed, federal law might not protect it, and the recipient might redisclose it; f) health care and payment for health care will not be affected by refusal to sign this authorization; g) on refusal to sign this authorization, the Company may not be able to process an application, or if coverage has been issued, may not be able to make any benefit determinations or payments.

Upon penalties of perjury, I, the undersigned applicant, certify that (1) the social security number shown on this form is my correct Taxpayer Identification Number and (2) I am/ am not currently subject to backup withholding as a result of Internal Revenue Service notification.

A faxed or electronically transmitted signed document to National Integrity Life Insurance Company has the same legal force and effect as the original signed document, and once received, is the controlling record.

Signed at _____ Date _____
(City and State)

X _____
Signature of Proposed Insured **Signature of Owner** (if other than Proposed Insured)

LICENSED REPRESENTATIVE/AGENT INFORMATION

By signing below, the Licensed Representative/Agent certifies that:

- a) The questions contained in this application were asked of the Proposed Insured, and the answers duly recorded; that this application is complete and true to the best of my knowledge and belief; and
- b) I am state licensed for life insurance products where this application is written; and
- c) To the best of my knowledge, a replacement is/ is not involved in this transaction; and
- d) Only Company approved sales material has been used and copies of all sales material, if any, were given to the applicant.

| | | |
|---|--------------------------------|------------------------|
| Licensed Representative/Agent Signature/Date | Representative/Agent License # | Representative/Agent # |
| X | | |
| Printed Name of Licensed Representative/Agent | Bank Code | Business Phone # |
| | | |

OVERFLOW PAGE

Part 5 Continued: Additional Beneficiary Information

Part 6 Continued: Additional Information on Proposed Insured



**ACCELERATED DEATH BENEFIT RIDER
DISCLOSURE STATEMENT**

- A. Accelerating Conditions:** Terminal illness reducing the life expectancy of the insured to one year or less, which was first diagnosed while the Insured was covered by the policy.
- B. Method of Payment:** Accelerated payment of the Death Benefit (advances) will be in the form of a special loan secured by a first lien on the Death Benefit under the policy. The lien is equal to the amount of any advances taken plus any interest due. For the portion of the lien that is less than or equal to the Net Cash value of the policy, the lien interest rate will be the lesser of:
- (1) the loan interest rate then in effect under the policy; or
 - (2) 6% (5.66% in advance).
- The lien interest rate on the amount of the lien in excess of the Net Cash Value will be the rate in (2) above.
- C. Frequency of Payment:** Advances may be made as frequently as monthly, but all advances must be made within 12 months of the first advance.
- D. Maximum Advance:** The cumulative maximum advance is equal to the policy's Net Cash Value plus the lesser of (1) \$250,000 or (2) 60% of the Death Benefit minus Current Cash Value.
- E. Minimum Advance:** The minimum advance is \$1,000. The rider does not provide a benefit if the Maximum Advance Amount is less than the Minimum Payment Amount.
- F. Premium for Accelerated Benefit:** There is no additional charge for this benefit.
- G. Administrative Charge:** In addition to the special loan interest, we reserve the right to assess an administrative charge of not more than \$75.00 to process a claim.
- H. After an advance has been made under your policy, a lien will be placed against the policy's death benefit equal to the amount of the advance paid plus any interest due plus any additional premium needed to keep the policy in force. The death benefit will be reduced by the amount of the lien. Termination of the policy ends the accelerated death benefit rider.**
- I. Limitations on the Accelerated Benefit:** The benefit will be made to you on a voluntary basis only.
- J. Benefit Payment Notice:** Upon payment of a benefit under this rider we will send you a notice showing the amount of the payment and the effect of the payment on the death benefit and loan values of your policy.
- K. Receipt of accelerated benefit payments may adversely affect your eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children and Supplemental Security Income. Receipt of accelerated death benefits in periodic payments may be treated differently than receipt in a lump sum. Prior to applying for accelerated death benefits, policy owners should consult with the appropriate social services agency concerning how receipt will affect the eligibility of the recipient and/or the recipient's spouse or dependents.**
- Receipt of accelerated benefit payments may be taxable. Neither National Integrity Life Insurance Company nor its agents can provide tax advice.**

L. Example of accelerated payment, maximum benefit (for illustrative purposes only; does not reflect values or charges for the policy applied for).

Issue Date: 6/15/2011
 Issue Age: 45
 Current date: 6/15/2021
 Current age: 55

| | |
|---|------------------------|
| Amount requested as an acceleration of the death benefit (advance): | \$ 30,000 ¹ |
| Current administrative charge deducted: | <u>\$ 0</u> |
| Amount paid out: | \$ 30,000 |

| | <u>At Issue</u> | <u>Current Date Before Advance</u> | <u>Current Date After Advance</u> |
|--|---------------------------|--|---------------------------------------|
| Selected Amount | \$100,000 | \$100,000 | \$100,000 |
| Premium | \$40,000 (Single Premium) | - | - |
| Current Cash Value | \$40,000 | \$50,000 | \$50,000 |
| Existing Policy Loan | \$ 0 | \$10,000 ² | \$10,000 |
| Cash Surrender/Loan Value | \$36,000 ³ | \$40,000 | \$40,000 |
| Accelerated Death Benefit Special Loan | \$ 0 | \$ 0 | \$31,698 ⁴ |
| Death Benefit | \$100,000 | \$90,000 | \$60,000 ⁵ |

¹ The maximum benefit is 60% of the Death Benefit minus Current Cash Value (\$90,000 death benefit minus \$40,000 loan value available = \$50,000 x 60% = \$30,000)

² Equals a previous policy loan plus accrued interest to the current date.

³ Equals Current Cash Value less surrender charge.

⁴ Equals the accelerated amount of \$30,000 plus interest in advance at 5.66%.

⁵ Upon the death of the insured, the Death Benefit is reduced by the amount of the indebtedness and the Accelerated Death Benefit Special Loan, including interest. If death occurred on 6/15/2021, however, the reduction would be \$40,000 because all interest charged in advance would be refunded.

(Provide copy to Applicant; return signed copy with the insurance application.)

I have read and understand the Accelerated Death Benefit Rider Disclosure Statement.

 Signature of Applicant / Policy Owner

 Date

 Signature of Agent

 Date



National Integrity Life Insurance Company

A member of Western & Southern Financial Group

MODIFIED ENDOWMENT CONTRACT ACKNOWLEDGMENT

Name of Proposed Insured

The amount of premiums paid, or planned to be paid, into your policy will cause your policy to be classified as a "Modified Endowment" as defined under Section 7702A of the Internal Revenue Code.

A Modified Endowment Contract is a life insurance policy. Currently, the "inside build-up" of cash value is tax deferred and death proceeds are income tax free. However, pre-death distributions from a Modified Endowment Contract are includable in the policy owner's taxable income to the extent of any tax deferred gain in the policy. These pre-death distributions include cash policy dividends, withdrawals and policy loans, including any policy dividend, withdrawal or surrender to repay policy loan interest or principal. In addition, an assignment or pledge of the contract will be considered a distribution. Any amount borrowed under the contract that is retained by the insurer as a premium under the contract will be considered taxable income.

There are exceptions: An amount in the nature of a policy dividend or similar distribution that is retained by an insurer as a premium or other consideration paid for the Modified Endowment Contract is not includable in the Policyholder's gross income. Also, any policy dividend that is retained by the insurer to purchase an additional amount of paid-up insurance or a qualified additional benefit is not considered an amount received under the contract and therefore not considered taxable income. Because the retained amounts are excluded from gross income, they do not increase the taxpayer's investment in the contract. Also excluded from taxable income is an assignment or pledge of a Modified Endowment contract used to cover the payment of burial expenses or prearranged funeral expenses so long as the maximum amount of the death benefit provided under the contract does not exceed \$25,000.

A penalty tax, currently 10%, is also imposed on the taxable portion of the taxable distribution unless the policy owner is disabled, over age 59 ½ or the distribution is paid out of a life annuity.

As required by law, taxable distributions will be reported to the Internal Revenue Service. Please consult your tax adviser for details.

Premium payments alone – planned or actual – create a Modified Endowment Contract. Funding the proposed policy entirely through an I.R.C. Section 1035 exchange will not create a Modified Endowment Contract unless an exchanged policy is already a Modified Endowment Contract.

I have read and understand this Acknowledgement and agree to accept a policy on the basis as described above.

Date

Signature of Proposed Insured

Signature of Applicant/Owner, if other than Proposed Insured

National Integrity Life Insurance Company

Administrative Office

400 Broadway • Cincinnati, Ohio 45202-3341 • (513) 629-1800

Index: MEC

Page 1 of 1

Guidance on Sales to Applicants Outside of Their Resident State

Purpose: The purpose of this document is to provide guidance when selling insurance or annuity products to applicants outside of their resident state (e.g., a Florida resident purchases a Georgia insurance or annuity product in Georgia).

How do I determine the applicant's resident state? The resident state is defined as the primary residence of an individual, for purposes of income tax calculation or for acquiring a mortgage. Generally, a person's primary residence is determined by where they receive mail on a regular basis, time spent at the residence per year, and such other factors. A person can only have one primary residence at any given time.

Am I allowed to sell to applicants outside of their resident state? Yes, in some cases you are allowed to sell to applicants outside of their resident state, provided you meet the requirements in this guidance.

When am I allowed to sell to applicants outside of their resident state? If an applicant purchases an insurance or annuity product outside of their resident state, the applicant must have a valid connection to that state. Having an applicant cross the border to a neighboring state for the purpose of purchasing an insurance or annuity product is strictly prohibited.

| | |
|--|--|
| <p><u>Acceptable</u> reasons to sell outside of the applicant's resident state may include:</p> <ul style="list-style-type: none">• The applicant owns a second home in that state.• The applicant is employed, has a business address or regular business dealings in that state.• The applicant is a relative of or is an existing client of the agent in that state, which is a state where the applicant formerly lived.• The applicant is different than the insured/annuitant and the insured/annuitant's primary residence is in that state.• The applicant is a trust and the trustee's primary residence is in that state.• The applicant has a power of attorney (POA) acting on their behalf and the POA's primary residence is in that state. | <p><u>Unacceptable</u> reasons to sell outside of the applicant's resident state may include:</p> <ul style="list-style-type: none">• The applicant is only in that state for the purpose of purchasing an insurance product that is not approved in their resident state.• The agent invites a potential applicant from one state to a seminar in another state due to insurance product unavailability in the applicant's resident state.• The applicant was shopping or vacationing in that state.• The applicant is visiting a relative or friend who is not the agent in that state.• The applicant is a resident of one of the states listed below that the Company prohibits from purchasing its insurance or annuity products outside of their resident state. |
|--|--|

Where must the sales activity occur if I am selling to applicants outside their resident state? All sales activity (including the solicitation, signing the application, paramedic exam (if applicable), initial premium collection, and policy or contract delivery) must occur in the state identified on the application. **NO** sales activity can occur in the applicant's resident state.

Are there states that prohibit selling to applicants outside their resident state? Based upon legal restrictions in effect, the Company prohibits residents of the following states from purchasing its insurance or annuity products outside of their resident state. Therefore, residents of these states are only permitted to purchase insurance or annuity products available for sale in their resident state:

- *Arkansas*
- *Massachusetts*
- *Mississippi*
- *Wisconsin*
- *Idaho*
- *Minnesota*
- *Utah*

What additional documentation is required if I meet the requirements above and am selling to applicants outside of their resident state? The "Certification Form - Sales to Applicants Outside of Their Resident State (EF-054 or CL 45.945)" must be completed and submitted with the application. In the scenario of joint owner applicants, this form must be completed for one of the applicants. There may be times when we confirm the information in this form with the applicant directly. Even in cases where the form is submitted, we reserve the right to decline applications for sales to applicants outside of their resident state.

As with any sale, you must be appropriately licensed and appointed, and if applicable, registered. If you have any further questions, please contact your Sales Desk.

- The Western and Southern Life Insurance Company
- Western-Southern Life Assurance Company
- Integrity Life Insurance Company
- National Integrity Life Insurance Company
- The Lafayette Life Insurance Company
Cincinnati, Ohio

**CERTIFICATION FORM FOR SALES TO APPLICANTS
OUTSIDE OF THEIR RESIDENT STATE**

The Agent/Registered Representative confirms the following:

Name of Owner/Joint Owner ("Applicant"): _____

Name of Insured/Annuitant (if different): _____

Policy/Contract number (if known): _____

Resident State of Applicant*: _____ Application State: _____

The Applicant's valid reason for purchasing an insurance or annuity product outside of their resident state is (check all that apply):

- The Applicant owns a second home in the application state.
- The Applicant is employed, has a business address or regular business dealings in application state.
- The Applicant is a relative of or is an existing client of the agent in the application state, which is a state where the Applicant formerly lived.
- The Applicant is different than the Insured/Annuitant and the Insured/Annuitant's primary residence is in the application state.
- The Applicant is a trust and the trustee's primary residence is in the application state.
- The Applicant has a power of attorney ("POA") acting on their behalf and the POA's primary residence is in the application state.
- Other reason (provide a detailed explanation) _____

The undersigned certifies that:

- The above information is true and complete.
- The solicitation and signing of the application occurred within the application state.
- The policy/contract will be delivered to the Applicant in the application state.
- All other sales activity, including initial premium collection and paramedic exam, occurred or will occur in the application state.

The Company reserves the right to decline to issue the life insurance policy or annuity contract for which the Applicant is applying.

**Signature of Agent/
Registered Representative** _____ **Date** _____

**Name of Agent/
Registered Representative** _____

Residents of the following states are prohibited from purchasing an insurance or annuity product outside of their resident state: **Arkansas, Idaho, Massachusetts, Minnesota, Mississippi, Utah, Wisconsin.*



LIFE INSURANCE BUYER'S GUIDE

This guide can help you when you shop for life insurance. It discusses how to:

- Find a Policy That Meets Your Needs and Fits Your Budget
- Decide How Much Insurance You Need
- Make Informed Decisions When You Buy a Policy

Prepared by the National Association of Insurance Commissioners

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers.

**This guide does not endorse any company or policy.
Reprinted by Western & Southern Financial Group**

IMPORTANT THINGS TO CONSIDER

1. Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or company to help you.
2. Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?
3. Don't sign an insurance application until you review it carefully to be sure all the answers are complete and accurate.
4. Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.
5. Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance *may be costly*.
6. Read your policy carefully. Ask your agent or company about anything that is not clear to you.
7. Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

Buying Life Insurance

When you buy life insurance, you want coverage that fits your needs.

First, decide how much you need — and for how long — and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance can also be one of many ways you plan for the future.

Next, learn what kinds of policies will meet your needs and pick the one that best suits you.

Then, choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or a combination of both.

It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or from your public library.

What About the Policy You Have Now?

If you are thinking about dropping a life insurance policy, here are some things you should consider:

- If you decide to replace your policy, don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.
- It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy.
- Ask your tax advisor if dropping your policy could affect your income taxes.
- If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- You may have valuable rights and benefits in the policy you now have that are not in the new one.
- If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

How Much Do You Need?

Here are some questions to ask yourself:

- How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister?
- Do I have children for whom I'd like to set aside money to finish their education in the event of my death?
- How will my family pay final expenses and repay debts after my death?
- Do I have family members or organizations to whom I would like to leave money?
- Will there be estate taxes to pay after my death?
- How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after your death?

What Is the Right Kind of Life Insurance?

All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on your needs and what you can afford.

There are two basic types of life insurance: *term insurance* and *cash value insurance*. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

Term Insurance covers you for a term of one or more years. It pays a death benefit only if you die in that term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does not build up cash value.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what the premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase.

You may be able trade many term insurance policies for a cash value policy during a conversion period — even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

Cash Value Life Insurance is a type of insurance where the premiums charged are higher at the beginning than they would be for the same amount of term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up a cash value that may be used in a variety of ways. You may borrow against a policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it, the amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection for a limited time or to buy a reduced amount without having to pay more premiums. You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without canceling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash value life insurance may be one of several types; whole life, universal life and variable life are all types of cash value insurance.

Whole Life Insurance covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

Universal Life Insurance is a kind of flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payment plus the interest your account earns is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

Variable Life Insurance is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospectus from the company when buying this kind of policy and study it carefully. You will have higher death benefits and cash value if the underlying investments do well. Your benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.

Life Insurance Illustrations

You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what *could* happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as shown in the illustration. You will be asked to sign a statement that says you understand that some of the numbers in the illustration are not guaranteed.

Finding a Good Value in Life Insurance

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

- Do premiums or benefits vary from year to year?
- How much do the benefits build up in the policy?
- What part of the premiums or benefits is not guaranteed?
- What is the effect of interest on money paid and received at different times on the policy?

Once you have decided which type of policy to buy, you can use a cost comparison index to help you compare similar policies. Life insurance agents or companies can give you information about several different kinds of indexes that each work a little differently. One type helps you compare the costs between two policies if you give up the policy and take out the cash value. Another helps you compare your costs if you don't give up your policy before its coverage ends. Some help you decide what kind of questions to ask the agent about the numbers used in an illustration. Each index is useful in some ways, but they all have shortcomings. Ask your agent which will be most helpful to you. Regardless of which index you use, compare index numbers only for similar policies — those that offer basically the same benefits, with premiums payable for the same length of time.

Remember that no one company offers the lowest cost at *all* ages for *all* kinds and amounts of insurance. You should also consider other factors:

- How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for selected years.)
- Are there special policy features that particularly suit your needs?
- How are nonguaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies increases reflect the average interest earnings on all of that company's policies regardless of when issued. In others, the return for policies issued in a recent year, or a group of years, reflects the interest earnings on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.



National Integrity Life Insurance Company

A member of Western & Southern Financial Group

I.R.C. SECTION 1035 POLICY EXCHANGE KIT EXCHANGE OF NON-TAX-QUALIFIED PLANS ONLY

PROCEDURES

1. Review General Information section with the Applicant.
2. Complete new application. Answer the replacement question “Yes” and write in all policy numbers to be replaced.
3. Complete all state required replacement forms (a 1035 exchange is always a replacement).
4. Complete the Absolute Assignment form in this kit, making sure the Applicant signs and dates it *no later than the date of the application*. Ask for any of the other company’s policy documents in the Applicant’s possession.
5. Advise the Applicant to continue premium payments which become due for any assigned policies until the new policy has been issued.
6. Give the General Information section of the kit to the Applicant.
7. Send the Absolute Assignment form with the application and other required forms to New Business.
8. When the application is approved, New Business will send the Absolute Assignment form to the other company requesting surrender of the other company’s policies. When all funds are received in New Business, the new policy will be issued and the funds applied to that policy.
9. This form kit should not be used if an annuity contract is being used to purchase a life insurance policy. Transactions of that type are not 1035 exchanges.

National Integrity Life Insurance Company
Non-Tax Qualified
Policy Exchanges under I.R.C. Section 1035

General Information

Section 1035 of the Internal Revenue Code specifies that the accrued value of certain insurance policies and annuities can be transferred between insurance companies without the owner incurring tax consequences. Multiple contracts may be exchanged under Section 1035 for a single new contract.

Section 1035 provides that no gain or loss will be recognized on the following types of exchanges:

- A life insurance policy for a life insurance product, endowment or annuity;
- An endowment policy for an annuity contract.
- An annuity contract for another annuity contract.

These “tax free exchanges” must comply with the following rules:

- The funds must be transferred directly between the insurance companies involved.
- For all life insurance, with the exception of UL and Single Premium Whole Life, the full account value of the original policy/contract must be exchanged for the new contract; no partial exchanges are allowed. For annuities, UL and Single Premium Whole Life, the full or partial value of the original contract may be exchanged for the new contract.
- The Owner/Annuitant or Insured of the surrendered contract(s) cannot receive payments from the surrendered value. Withdrawal of any part of funds from an existing annuity contract that is not intended to be part of a tax free exchange should be requested through use of the regular cash surrender form prior to the assignment.
- The Owner/Annuitant or Insured of the original policy/contract must be exactly the same as the Owner/Annuitant or Insured of the new contract.
- Life insurance premiums due on the new contract may not be paid from the cash surrender proceeds of an annuity.

Provided no cash or other property is received by the policyholder, no gain or loss will be recognized. The taxable gain or any loss is carried over to the new contract. This delays taxable income until the new contract is surrendered.

Policy Loans

Because outstanding loans on exchanged policies may create a taxable event, National Integrity Life Insurance Company requires the policyholder to repay any outstanding loans on the contract(s) exchanged prior to exchange taking place. National Integrity Life Insurance Company will not assume a loan from another insurance company.

Instructions:

1. Send Application and completed assignment form, any of the other Company’s policies available, and all other forms required to New Business. For New York applications, this includes all forms required by Regulation 60.



National Integrity Life Insurance Company

A member of Western & Southern Financial Group

ABSOLUTE ASSIGNMENT I.R.C. SECTION 1035 POLICY EXCHANGE

FOR VALUE RECEIVED, the undersigned hereby assign, transfer and set over to National Integrity Life Insurance Company, its successors and assigns, the following policies:

Company of Existing Policy(ies) _____

Policy/Contract Owner _____

Policy/Contract # _____

If partial exchange, indicate amount to be transferred: \$ _____ from policy/contract # _____

The information below pertains to Full Surrenders/1035 Exchanges only:

In return for value received, National Integrity Life Insurance Company will apply cash values of the assigned policy(ies) to a policy to be issued in accordance with the underwriting rules of National Integrity Life Insurance Company.

By virtue of this Assignment, National Integrity Life Insurance Company shall acquire all rights, title and interest of the current owner of the assigned policy(ies), together with all sums of money which may now be due or hereafter payable thereunder, and all rights, privileges, powers and benefits, options and advantages connected therewith or to be derived therefrom. This Assignment is made subject to all the terms and conditions of the assigned policy(ies) and to all superior liens, if any, which the company issuing the assigned policy(ies) may have against the assigned policy(ies).

This Assignment will not be exercised until National Integrity Life Insurance Company has given underwriting approval to issue the new policy applied for. In the event the application is rejected or withdrawn or the policyowner whose signature is given below refuses delivery of the National Integrity Life Insurance Company policy prior to the exercise of the Assignment, this Assignment shall be deemed null and void.

THIS ASSIGNMENT REVOKES ALL PREVIOUS BENEFICIARY DESIGNATIONS ON THE ASSIGNED POLICY(IES) AT SUCH TIME AS THE NEW POLICY IS DELIVERED AND IN-FORCE EVEN IF THE ASSIGNMENT HAS NOT BEEN EXERCISED, AND THE BENEFICIARY OF EACH ASSIGNED POLICY IS CHANGED TO THE ASSIGNEE, ITS SUCCESSORS AND ASSIGNS.

I CERTIFY THAT THE POLICY(IES) ASSIGNED HAVE NO OUTSTANDING LOANS OR THAT IF A LOAN IS OUTSTANDING, SURRENDER OF THE POLICY COULD RESULT IN A TAXABLE EVENT.

I UNDERSTAND THAT I MAY INCUR SURRENDER CHARGES ON THE SURRENDER OF THE ASSIGNED POLICY(IES).

I REPRESENT AND AGREE THAT NATIONAL INTEGRITY LIFE INSURANCE COMPANY HAS MADE NO REPRESENTATION CONCERNING MY TAX TREATMENT UNDER I.R.C. SECTION 1035 OR OTHERWISE.

I UNDERSTAND THAT NATIONAL INTEGRITY LIFE INSURANCE COMPANY ASSUMES NO RESPONSIBILITY WITH RESPECT TO THE TAX TREATMENT OF THIS EXCHANGE UNDER I.R.C. SECTION 1035 AND ACKNOWLEDGE RECEIPT OF THE "GENERAL INFORMATION" SECTION OF THIS FORM.

Policyowner(s) Signature(s):

Policyowner _____ SSN of Policyowner _____ Policyowner Date of Birth _____

Policyowner Address _____ City _____ State _____ Zip _____

Policyowner (Area Code) Telephone No. _____ Witnessed By _____

Joint Policyowner _____ Date _____ City/State _____

RECORDED AND FILED BY COMPANY OF EXISTING POLICY(IES), LISTED ABOVE

Date: _____, Secretary

Handling Instructions

National Integrity Life Insurance Company Policy Number _____

Notice of Replacement/Letter of Acceptance: This is to certify the willingness of National Integrity Life Insurance Company (Fed. I.D. #16-0958252) to accept the exchange of non-qualified funds and act as custodian thereof.

Mailing Instructions: Make check payable to National Integrity Life Insurance Company. Mail to National Integrity Life Insurance Company, Attention: New Business Dept., P.O. Box 1119, Cincinnati, OH 45201-1119. **Please provide cost basis with check.**

(Authorized Signature of Company Officer)

(Title)

National Integrity Life Insurance Company
400 Broadway • Cincinnati, Ohio 45202-3341 • (513) 629-1800
Updated 11/13



Data Collection Form

Section 226.4(a) of New York Insurance Regulation 200 requires that all insurers request the following information to ensure that all benefits or other monies are distributed to the appropriate persons upon the death of the insured or annuitant. This is a data collection form, and not a change form. You must complete a Service Request Form to initiate a change to your policy/contract/Premier Account.

| | | |
|---|------------------------|------------------|
| Owner Signature | Date | |
| Joint Owner Signature | Date | |
| <input type="checkbox"/> New Application <input type="checkbox"/> Policy/Contract/Premier Account Number _____ | | |
| Policy/Contract/Premier Account Owner | | |
| Name (First, Middle, Last) | Social Security Number | Date of Birth |
| Address | | Telephone Number |
| City | State | Zip Code |
| Policy/Contract/Premier Account Joint Owner | | |
| Name (First, Middle, Last) | Social Security Number | Date of Birth |
| Address | | Telephone Number |
| City | State | Zip Code |
| Successor Owner | | |
| Name (First, Middle, Last) | Social Security Number | Date of Birth |
| Address | | Telephone Number |
| City | State | Zip Code |
| Annuity Payee (if other than the Owner) | | |
| Name (First, Middle, Last) | Social Security Number | Date of Birth |
| Address | | Telephone Number |
| City | State | Zip Code |

| Insured/Annuitant | | |
|-----------------------------|------------------------|------------------|
| Name (First, Middle, Last) | Social Security Number | Date of Birth |
| Address | | Telephone Number |
| City | State | Zip Code |
| Joint Annuitant | | |
| Name (First, Middle, Last) | Social Security Number | Date of Birth |
| Address | | Telephone Number |
| City | State | Zip Code |
| Contingent Annuitant | | |
| Name (First, Middle, Last) | Social Security Number | Date of Birth |
| Address | | Telephone Number |
| City | State | Zip Code |
| Beneficiary | | |
| Name (First, Middle, Last) | Social Security Number | Date of Birth |
| Address | | Telephone Number |
| City | State | Zip Code |
| Beneficiary | | |
| Name (First, Middle, Last) | Social Security Number | Date of Birth |
| Address | | Telephone Number |
| City | State | Zip Code |
| Beneficiary | | |
| Name (First, Middle, Last) | Social Security Number | Date of Birth |
| Address | | Telephone Number |
| City | State | Zip Code |
| Beneficiary | | |
| Name (First, Middle, Last) | Social Security Number | Date of Birth |
| Address | | Telephone Number |
| City | State | Zip Code |

Additional beneficiary designations may be added on a separate page.



Department of Financial Services of the State of New York
Definition of Replacement

FORM A

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT/BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

- 1. LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED?
2. CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES?
3. CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE?
4. REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES?
5. ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES?
6. CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID?

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE REGULATION NO. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT/BROKER IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

Signature of Applicant Date
Signature of Applicant Date
TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION:
Signature of Agent/Broker Date



Western & Southern: Our Strength. Your Future.

**Financial
Strength**
1888
Heritage

Built on a heritage dating to 1888, Western & Southern Financial Group (Western & Southern) today stands strong. As a dynamic family of diversified financial services providers, Western & Southern has demonstrated resolve and resiliency throughout challenging economic cycles. Our financial strength continues to be the cornerstone of our success. We are proud of our top-tier industry ratings, which you can check at WSFinancialPartners.com/ratings. Western & Southern remains committed to helping safeguard your future well-being with our strength, stability and full range of risk management financial solutions.

Legacy Forward II is a single premium universal life policy issued and guaranteed by National Integrity Life Insurance Company, Greenwich, NY. National Integrity Life Insurance operates in ME, NH, NY and RI, and is a member of Western & Southern Financial Group, Cincinnati, OH.

| | | | | |
|--------------------------|----------------------|-----------------------|------------------------------|---|
| No bank guarantee | Not a deposit | May lose value | Not FDIC/NCUA insured | Not insured by any federal government agency |
|--------------------------|----------------------|-----------------------|------------------------------|---|