



National Integrity Life
Insurance Company

A member of Western & Southern Financial Group



Fixed Annuity Paperwork

New York

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



National Integrity Life Insurance Company

A member of Western & Southern Financial Group

National Integrity Life Insurance Company
Annuity Operations
PO Box 5720
Cincinnati, OH 45201-5720
For assistance, call 800.433.1778

Privacy Policy Statement

Our privacy 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.; IFS Fund Distributors, Inc.; Integrity Life Insurance Company; The Lafayette Life Insurance Company; National Integrity Life Insurance Company; Touchstone Securities, Inc.; Touchstone Investment 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 always ask us for a copy of your personal information. Please call us at 800.433.1778 to access your personal information or for questions about our privacy policy. For your protection, we will verify your identity before providing you with your information. We can only give access to information that we control. We don't charge a fee for giving you 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. But 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 1-866-590-1349. 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.



Fixed Annuity Application (Check One) New Momentum SPDA Series II

MAILING INSTRUCTIONS

REGULAR MAIL: National Integrity Life Insurance Company, PO Box 5720, Cincinnati, OH 45201-5720
EXPRESS MAIL: National Integrity Life Insurance Company, 400 Broadway, MS 74, Cincinnati, OH 45202-3341

ANNUITANT INFORMATION (Required)

Annuitant – The Annuitant is the individual for whom the contract's life is based. The Annuitant is also the Owner unless indicated otherwise below.

Name—First, Middle, Last		Phone Number	Social Security Number/TIN	
Address		City	State	Zip Code
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Email Address		
State/Country of Birth		Relationship to Owner		

Contingent Annuitant – The Contingent Annuitant becomes the new Annuitant if the original Annuitant dies (nonqualified contracts only). Naming a Contingent Annuitant will prevent payment of the Death Benefit on death of the Annuitant. If Owner and Annuitant are the same, the Surrender Value will be paid instead.

Contingent Annuitant Name—First, Middle, Last		Phone Number	Social Security Number/TIN	
Address		City	State	Zip Code
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Relationship to Owner		
State/Country of Birth				

OWNER INFORMATION (Required if different from Annuitant)

Owner – The Owner controls the contract. If the Owner and Annuitant are different, different rules apply at the death of the Owner. To ensure spousal continuation and withdrawal charge waiver: (1) the Owner/Annuitant must be the same person, (2) the Owner's spouse must be the Owner's sole beneficiary AND Annuitant's sole beneficiary (3) no Contingent Annuitant can be named, and (4) no Joint Owner can be named.

If the Owner is a non-natural person, such as a trust or corporation, complete the Entity Ownership Certificate.

Name—First, Middle, Last		Phone Number	Social Security Number/TIN	
Address		City	State	Zip Code
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Email Address		
State/Country of Birth				

OWNER INFORMATION (Continued)

Joint Owner – The Joint Owner shares ownership rights with the Owner. Death distribution rules apply at first to die. **The Joint Owner is not the Owner's beneficiary unless named as Owner's Beneficiary.**

Name—First, Middle, Last		Phone Number	Social Security Number/TIN	
Address		City	State	Zip Code
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Relationship to Owner		
State/Country of Birth				

BENEFICIARY INFORMATION (Required)

Annuitant's Beneficiary – The Annuitant's Beneficiary receives the death benefit if the Annuitant dies. The death benefit goes to the Annuitant's estate if an Annuitant's beneficiary is not named here.

If you do not elect a Beneficiary Type, the Beneficiary Type will be considered Primary.

Name—First, Middle, Last		Date of Birth	Social Security Number/TIN	
Address		City	State	Zip Code
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Relationship to Annuitant	Phone Number	

Name—First, Middle, Last		Date of Birth	Social Security Number/TIN	
Address		City	State	Zip Code
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Relationship to Annuitant	Phone Number	

Name—First, Middle, Last		Date of Birth	Social Security Number/TIN	
Address		City	State	Zip Code
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Relationship to Annuitant	Phone Number	

Name—First, Middle, Last		Date of Birth	Social Security Number/TIN	
Address		City	State	Zip Code
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Relationship to Annuitant	Phone Number	

Owner's Beneficiary – If the Owner is not the Annuitant, the Owner's Beneficiary takes ownership of the contract if the Owner dies and will be required to take a payout. Ownership of the contract (and a distribution) may go to the Owner's estate if a beneficiary is not named here.

Name—First, Middle, Last		Date of Birth	Social Security Number/TIN	
Address		City	State	Zip Code
Beneficiary Type: Primary		Relationship to Owner	Phone Number	

TRANSFER OR REPLACEMENT INFORMATION (Required)

Do you currently have an existing annuity contract or life insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the purchase of this annuity change or replace any existing annuity contract or life insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONTRACT AND PREMIUM INFORMATION (Required)

How do you want National Integrity to issue this contract? Nonqualified Traditional IRA* Roth IRA* SEP IRA*
 * A contract is considered tax qualified if it is being funded from a rollover or transferred from a qualified plan, or existing IRA, or the premium is being deposited to a new IRA.

Nonqualified Payment Type

- Complete 1035 Exchange/Estimated Transfer \$ _____
 Partial 1035 Exchange/Estimated Transfer \$ _____
 Amount Enclosed \$ _____

Qualified Payment Type

- Qualified Transfer \$ _____
 Rollover \$ _____
 Contribution \$ _____ For Tax Year _____
 \$ _____ For Tax Year _____

If no year is indicated, contribution defaults to current tax year.

Make checks payable to **National Integrity Life Insurance Company**.

If a Wire Transfer is used to fund this contract, the following information is required: the account belongs to _____ and originated from _____ (state/country)

INTEREST RATE GUARANTEE PERIODS (Required)

New Momentum QIO _____% 5 Year GRO _____% 6 Year GRO _____%
 (Must equal 100%) 7 Year GRO _____% 10 Year GRO _____%

SPDA Series II 1 Year 3 Year 5 Year 7 Year
 (Check One)

MVA Disclosure: The Guaranteed Rate Options (GROs) available under the contract are subject to a Market Value Adjustment (MVA), which may increase or decrease the available account value if funds are withdrawn during the guarantee period.

DISCLOSURE, CERTIFICATION AND OWNER'S SIGNATURE (Required)

SPOUSAL CONSENT – Required for contracts in AZ, CA, ID, LA, NM, NV, TX, WA and WI, if the spouse is not named as the sole primary beneficiary on the contract.

If you are married to the contract owner and he/she has designated a primary beneficiary(ies) other than you, please consult your tax advisor about the implications of this beneficiary designation.

I certify that I am the spouse of the named contract owner, and consent to my spouse designating the person(s) listed on previous pages as beneficiaries. I understand and acknowledge that as a result of this consent, I will not receive any benefits payable under this contract except to the extent specifically provided as a designated beneficiary on this contract.

Spouse's Name (printed)

Spouse's Signature

Date

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

If the plan is being funded by transfer, rollover or conversion in the year of, or any year after, the owner attains age 70½, any minimum distribution requirement for the year of funding cannot be placed in this contract.

I have read the statements and answers in all parts of this application and state they are true and complete to the best of my knowledge and belief. I also understand that the National Integrity Life Insurance Company will have no liability until the contract is issued.

DISCLOSURE, CERTIFICATION AND OWNER'S SIGNATURE (Required) (Continued)

Signed in the State of:

Owner's Signature

Date

Joint Owner's Signature (if applicable)

Date

Annuitant's Signature (if different from Owner)

Date

SALES REPRESENTATIVE/LICENSED AGENT INFORMATION (Required)Does the applicant now have life insurance policies or annuity contracts with any company? Yes NoWill any existing insurance or annuity be replaced or changed (or has it been), assuming the contract applied for will be issued? Yes NoHas this application been reviewed for suitability by a financial institution or broker-dealer? (Required) Yes NoIf **NO**, complete a Fixed Annuity Suitability Statement (or the Questionnaire for Suitability in NAIC States), and submit to National Integrity with this application. National Integrity cannot issue the contract without required suitability information.

By the signature below, I certify that I have asked and recorded completely and accurately the answers to all questions on this application. I know of nothing affecting the risk that has not been recorded herein. I also certify that prior to signing this application, I delivered to the applicant any proposal, outline of coverage, buyer's guide, comparison and/or disclosure statement required by federal or state law to be delivered at the time of application.

Name—First, Middle, Last

Phone Number

Agent ID Number (6 digits)

Firm Name

Fax Number

Email Address

Branch Address

City

State

Zip Code

Sales Representative/Licensed Agent Signature

Agent Licensed ID Number

Date

Mail contract to: Sales Representative/Licensed Agent Owner

(Contracts mailed to Sales Representative/Licensed Agent must be delivered to the owner within five days of receipt.)



IRC Section 1035 Exchange/Assignment or Nonqualified Transfer

EXISTING ACCOUNT, CONTRACT OR POLICY TO BE TRANSFERRED			
Name of Surrendering Company			
Address (No PO Box)	City	State	Zip Code
Company Phone	Contract Number		
Owner's Name	Owner's Social Security Number/TIN		
Joint Owner's Name (if applicable)	Joint Owner's Social Security Number		
Annuitant's Name	Annuitant's Social Security Number		
Contract is: <input type="checkbox"/> Enclosed <input type="checkbox"/> In Possession of Owner <input type="checkbox"/> Misplaced/Destroyed <input type="checkbox"/> N/A			
Apply proceeds to: <input type="checkbox"/> New Contract <input type="checkbox"/> Existing National Integrity Contract Number _____			
NONQUALIFIED 1035 Exchanges			
The estimated amount is \$ _____ which represents: <input type="checkbox"/> Complete 1035 exchange <input type="checkbox"/> Partial 1035 exchange			
<p>Important Notice About Partial 1035 Exchanges and Split Annuities</p> <p>The Internal Revenue Service permits exchanges of a portion of an annuity contract to another company, and allows a single annuity to be split into two new annuities without recognizing a taxable event through such a tax-free exchange. To qualify for this treatment, important requirements and restrictions must be met including limitations on withdrawals. We strongly recommend you consult with a tax professional to review your particular situation and determine if the exchange is appropriate. By signing this form, you agree and understand that National Integrity Life Insurance Company and its affiliates do not give tax advice and are not responsible for any adverse tax consequences resulting from such a partial 1035 exchange.</p>			
NONQUALIFIED TRANSFERS (Other than a 1035 Exchange)			
The estimated amount is \$ _____ from a: <input type="checkbox"/> Brokerage Account <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Certificate of Deposit			
Which represents: <input type="checkbox"/> Complete Transfer <input type="checkbox"/> Partial Transfer			
Check one of the boxes below if you do not want income tax withheld, or if you would like to specify the amount that is withheld. We do not provide tax advice and assume no responsibility or liability for any tax treatment as a result of this transfer. You will be responsible for paying all federal, state and local taxes incurred as a result of this transfer.			
<input type="checkbox"/> I do not want taxes withheld			
<input type="checkbox"/> I elect to have federal taxes withheld at a rate of ____% and state taxes (if applicable) withheld at a rate of ____%.			
<p>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.</p>			
<p>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.</p>			

ASSIGNMENT, AUTHORIZATION AND CERTIFICATION

For purposes of a Section 1035 Exchange, I hereby assign the life or annuity contract identified above, or partial proceeds thereof, to National Integrity Life Insurance Company, its successors and assigns. I hereby assign all ownership rights (including the right to surrender), claims, options, privileges, title and interest, options and rights exercisable by me as owner of the contract. All such ownership rights exercisable by me as owner are now exercisable by National Integrity and shall relate back to the date of my signature.


Alternatively, for purposes of making a nonqualified transfer, I request that the above referenced contract/policy/account(s) or partial proceeds thereof, be transferred to National Integrity Life Insurance Company and I am aware that any tax consequences, penalties or surrender charges of this transaction are solely my own responsibility.

Initiate this request immediately unless I have designated a specific date _____.

Contract Owner's Signature	Contract Owner's Name (Printed)	Date
Contract Joint Owner's Signature (if applicable)	Contract Joint Owner's Name (Printed) (if applicable)	Date
Representative's Signature	Representative's Name (Printed)	Date

LETTER OF ACCEPTANCE

On the basis of the above authorization and/or assignment please liquidate the assets described above, provide cost basis information with the check (if this is a Section 1035 Exchange), and make the check payable to National Integrity Life Insurance Company, FBO (Owner Name).

Authorized Signature of Company Officer: 

Contract Number	Date Mailed
-----------------	-------------



Authorization for Rollover or Transfer of Tax-Qualified Funds

EXISTING ACCOUNT, CONTRACT OR POLICY TO BE TRANSFERRED			
Name of Surrendering Company or Trustee of Qualified Plan			
Address (No PO Box)	City	State	Zip Code
Company Phone	Contract Number		
Owner's Name	Owner's Social Security Number/TIN		
Annuitant's Name	Annuitant's Social Security Number		
Contract is: <input type="checkbox"/> Enclosed <input type="checkbox"/> In Possession of Owner <input type="checkbox"/> Misplaced/Destroyed <input type="checkbox"/> N/A			
QUALIFIED TRANSFERS			
The qualified money being transferred to National Integrity Life Insurance Company (National Integrity) is coming from:			
<input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> SIMPLE IRA <input type="checkbox"/> TSA/403(b) <input type="checkbox"/> 457 Plan <input type="checkbox"/> Qualified Plan (e.g. 401(k) plan) <input type="checkbox"/> Qualified CD <input type="checkbox"/> IRA Mutual Fund <input type="checkbox"/> Other_____			
The estimated amount is \$_____ which represents: <input type="checkbox"/> The Entire Amount <input type="checkbox"/> A Partial Amount			
The National Integrity annuity contract should be issued as:			
<input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Qualified Plan ¹ Apply proceeds to: <input type="checkbox"/> New Contract <input type="checkbox"/> Existing National Integrity Contract			
¹ Complete the Entity Ownership Certificate (1) if the annuity being issued as a funding vehicle for a qualified plan, such as a 401(k), or (2) if another type of qualified retirement plan and trust will own the contract instead of the individual. Note: National Integrity will issue annuities as funding vehicles or investment options for such plans but will not administer such plans, provide list bill or salary reduction billing, or provide services or any other functions of a qualified plan administrator or fiduciary.			
CERTIFICATION			
I request that the above referenced contract/policy/account(s) be transferred to National Integrity Life Insurance Company. I am aware that any tax consequences, penalties or surrender charges of this transaction are solely my own.			
I am aware that National Integrity does not administer or act as a fiduciary for any qualified plan. A required minimum distribution due for the current tax year cannot be transferred or rolled over.			
Initiate this request immediately unless I have designated a specific date_____.			
Contract Owner's Signature	Contract Owner's Name (Printed)	Date	
Representative's Signature	Representative's Name (Printed)	Date	

LETTER OF ACCEPTANCE

National Integrity Life Insurance Company will accept the transfer described above and hold the amount subject to the terms of the qualified annuity to be issued by the company. Please liquidate and transfer all or part of the designated account as instructed above.

Authorized Signature of Company Officer: *Edward J. Babbitt*

Contract Number	Date Mailed
-----------------	-------------



Entity Ownership Certificate

Completion of this form is required when a non-natural person such as a trust or corporation owns an annuity, or otherwise when entity ownership certification is required.

ENTITY INFORMATION

Full Legal Name

Complete Address of Entity

Tax Identification Number

Date of Formation

State/Country of Formation

TYPE OF ENTITY

Trust

- Irrevocable Trust
- Revocable or Living Trust
- Qualified Retirement Plan Trust
 - 401(k) Plan
 - Pension Plan
 - Profit Sharing Plan

Other Entity

- Corporation
- Partnership or LLP
- LLC

REQUIRED: Is this a Custodial Account (Custodial IRA/UGMA/UTMA Account)? Yes No

WHO MAY ACT ON BEHALF OF THE ENTITY

(a) Can more than one authorized individual act on behalf of the entity named above?

Yes No

(b) If yes, can each of the authorized individuals act individually, independently and without consent of the other individuals authorized to act on behalf of the entity?

Yes No

If yes, by signing this agreement the authorized individuals hereby certify that National Integrity Life Insurance Company (National Integrity) is authorized to follow the instructions of any one authorized individual. If no, National Integrity will require the signatures of all individuals to conduct any transaction on the annuity.

(c) The undersigned authorized individuals hereby certify that they have the power to enter into transactions to purchase annuities as well as exercise all ownership rights under the annuity contract including, but not limited to, taking loans or withdrawals, changing ownership, making investment allocations or surrendering the contract, as allowed under the contract except as otherwise stated herein.

CERTIFICATION, INDEMNIFICATION AND AGREEMENT

By signing below, I represent, warrant and certify that, the representations made in this certificate are true, complete and accurate and that the entity exists, in good standing and in compliance with state and federal laws.

I certify that National Integrity may rely on this certificate and will not be held liable for any act taken pursuant to and in reliance on this certificate or on the representations made herein. I agree, both individually and on behalf of the entity to jointly and severally indemnify National Integrity, its affiliates and assigns, officers, directors, employees and agents (Released Parties) from, and to hold such persons harmless against, any claims, demands, damages, losses, judgments, costs, defense or settlement amounts (including reasonable attorney's fees) or other losses or liability arising out of, or related to, any acts or omissions taken by National Integrity and in reliance upon the representations contained in this certificate.

CERTIFICATION, INDEMNIFICATION AND AGREEMENT (Continued)

I certify that the Released Parties have not provided any legal or tax advice of any kind to me or the entity named above. I agree to rely solely upon the legal and tax advice of my independent advisors with respect to any issues associated with the entity or the entity ownership of this an annuity.

I certify and agree that the entity named above as owner of the annuity is also hereby named and must be named as the sole beneficiary of the annuity.

I certify that the representations made in this certificate will remain true and accurate until such time as National Integrity receives and records written notice of any changes in my power to act for the entity or any change in the underlying entity, such as bankruptcy or dissolution, which would affect me as the authorized individual or my ability to act on behalf of the entity.

SIGNATURES OF ALL INDIVIDUALS OF THE ENTITY (Authorized to exercise control of the annuity).

Print Name of Authorized Individual

Signature

Print Name of Authorized Individual

Signature

Print Name of Authorized Individual

Signature

Print Name of Authorized Individual

Signature

Print Name of Authorized Individual

Signature

Executed this _____ day of _____, 20_____.

Additional Documents Required:

For Corporations, LLCs, LLPs or Partnerships, attach:

- (1) A copy of the entity formation documents;
- (2) Current certificate of good standing;
- (3) Current resolution verifying the signature authority of the person(s) signing the certificate;
- (4) A secretary's certificate authenticating and validating the resolution.

For Trusts, enclose:

- (1) A copy of the front page of the trust;
- (2) All pages naming the trustees, and successor trustees;
- (3) The signature page of the trust.

You do not need to send a copy of the entire trust.



Directions: Questionnaire for Suitability

FINANCIAL PROFESSIONAL'S CONSIDERATIONS FOR RECOMMENDING SUITABLE SALES

"Suitability Information" means information that is reasonably appropriate to determine the suitability of an annuity purchase recommendation. In order to determine the suitability of this annuity purchase, including any recommended transfer/exchange transactions related to this purchase, please complete the Questionnaire for Suitability with the contract's proposed owner. Each applicable question on the Questionnaire for Suitability should be completed. If an applicant is hesitant to provide all information, please complete as much of the information requested as possible. Failure to complete any questions may lead to delays in sending any transfer and/or exchange request (if applicable) to outside companies/carriers and/or in issuing the contract. **The Company reserves the right to contact the proposed owner directly if additional information or explanation is necessary. Additionally, the company may contact the proposed owner if a reasonable basis for contract issue cannot be determined by the information provided on the Questionnaire for Suitability.** Any changes to a signed Questionnaire for Suitability must be initialed and dated by the proposed owner.

CUSTOMER CONTACT PROGRAM

The customer may receive a suitability verification phone call prior to contract issue to determine his or her understanding of the:

- Type of product purchased;
- Length of surrender penalty period;
- Source of funds/liquidity provisions;
- Changes being made to other coverage in connection with the purchase (replacement); and
- Whether the producer conducted a needs analysis before recommending the contract.

Knowing about the Customer Contact Program and preparing customers to receive a telephone call has significant benefits for the financial professional and our Company. These benefits include:

- Assuring owners understand what they have purchased;
- Solidifying customer understanding of the sale;
- Using best practices to assure sales are suitable and in compliance with state regulations and Company guidelines;
- Demonstrating ethical sales and suitability practices on behalf of the customer.

HOW SHOULD THE FORM BE COMPLETED?

1. General Information (Complete for all proposed owner(s))

a) Name of Owner/Owners:

Enter the name of the proposed contract's owner and joint owner (if applicable). If the proposed contract owner is not a person, such as a revocable or irrevocable trust, enter the name of the beneficial owner, the annuitant. For non-natural owners, the remainder of the questionnaire should be completed based on the annuitant's information.

b) Owner's Date of Birth:

Enter the date of birth of the proposed contract's owner and joint owner (if applicable). If the proposed owner is not a person, enter the Date of Birth of the Annuitant.

c) Name of Product Purchased:

Enter the name of the product recommended for purchase.

d) Approximate Initial Premium:

Enter the known or estimated amount of initial premium that will be used to issue the proposed contract.

e) Surrender Penalty Period:

Enter the surrender penalty period for the proposed contract. For immediate annuity contracts, this question may be left blank or "N/A" entered.

f) The Premium(s) used to purchase:

Indicate if the premium(s) used to fund the proposed contract's purchase is from a tax qualified or non-tax qualified source.

HOW SHOULD THE FORM BE COMPLETED? (continued)

2. Statement of Understanding:

Indicate with a check mark or X that each statement has been discussed, understood and agreed to by the appropriate proposed owner or owners.

For the statement: *I have replaced or exchanged other deferred annuity contracts in the past 36 months.* Enter Yes if the proposed owner has had any other deferred annuity replacements/exchanges within the past 36 months (3 years) regardless of the funding source of this proposed annuity. Indicate if a surrender penalty was incurred or any benefits were lost as a part of the other replacement or exchange. If a surrender charge was incurred or benefits were lost, please explain why this transaction was made in the space provided. Replacements/Exchanges in the last 36 months will require heightened scrutiny and may necessitate a call to you or your client for additional information.

The proposed contract owner must attest on page 3 of the Questionnaire to all statements in order for the application to be in "good order." Any statement left blank or unanswered will mean the application and any applicable proceeds accompanying it that we receive will be returned and not issued.

SUITABILITY QUESTIONNAIRE

Our Company has an important responsibility in assisting you and your client in determining the product(s) that is appropriate for him/her. The Suitability Questionnaire was designed to capture the end result of your suitability analysis, and aid us in determining that a reasonable basis for this purchase exists. You may require additional information when making your recommendation. Should questions about the suitability of the annuity arise after it is issued, it will be helpful to have a detailed summary in your file as to why your recommendation was suitable at the time it was made. Keep notes on each conversation, information discussed and presented, and every item you considered during your analysis.

The Suitability Questionnaire details are necessary to understand both the financial professional's recommendation and the proposed owner's need for a specific product. A completed Questionnaire for Suitability clearly documents the discussion you had with your client and helps demonstrate their understanding of the product you recommend.

The proposed owner is responsible for the ultimate purchase decision. Typically, if clients understand both the product they purchase and how it helps them to meet their financial goal, they will be more satisfied and be more likely to continue to work with you in the future.

After considering the information collected on the Suitability Questionnaire, you must only recommend a contract that you deem suitable for the owner. We encourage you to provide as much detailed information as possible as you complete the form. This will aid us in our review and reduce the need to seek additional information from you and your client later. Please recognize that the company will not issue the contract without a reasonable basis for determining the contract is suitable.

1. Annual Income=Approximate Annual Gross Household Income of the Owner/Owners: Enter the proposed contract owner's approximate gross annual household income according to the ranges provided. Household Income includes wages; interest and dividends from all sources; rents; royalties; and cash distributions from trusts or other entities. Income of both the proposed contract owners should be included. The Company considers \$20,000 in annual household income (which can include proceeds received from an immediate annuity) as the minimum acceptable level.

2. Financial Experience=Financial Experience of the Owner: Enter the reported financial experience of the proposed contract owner according to the predefined ranges. Base the answer on the proposed owner's personal involvement in making financial decisions.

Limited: The proposed contract owner has made limited financial decisions prior to this application with little experience with financial markets and/or credit transactions.

Moderate: The proposed owner has made previous financial decisions such as a home or automobile loan; credit card use; purchased other annuity contracts or life insurance policies; made a financed purchase; invested in a retirement plan such as a 401(k) or 403(b); purchased or held mutual funds; etc.

Advanced: The proposed owner has made previous financial decisions including stock or bond purchases and or trades; proposed owner has participated in private placement offerings; proposed owner has participated in advanced financial transactions; etc.

3. Risk Tolerance for the funds in this Annuity Contract: Enter the proposed contract owner's reported risk tolerance for the funds in this proposed contract based on the ranges provided.

Conservative: Proposed owner has little tolerance for volatility and/or principal loss.

Moderate: Proposed owner has some tolerance for short-term volatility and/or principal loss.

Aggressive: Proposed owner has tolerance for and expectations of volatility and principal loss and/or gain.

SUITABILITY QUESTIONNAIRE (continued)

4. Federal Income Filing Tax Bracket: Enter the proposed contract owner's Federal Income Tax Bracket (Federal Marginal Tax Rate) based on the current or previous year's IRS Federal Income Tax Form filing (IRS Form 1040).

5. Financial Objectives and Intended Use of this Annuity Contract: Enter the proposed contract owner's Financial Objective(s) and intended purpose the proposed owner is seeking to accomplish with the annuity recommended based on the objectives provided. Indicate multiple objectives where appropriate.

6. Financial Resources Used for the funding of this Annuity Contract: Enter the financial resources used for the funding of this annuity. Select all sources that may apply. All assets considered as funding for this annuity need to be part of the suitability documentation for the annuity applied for.

7. Replacement Assets Section: Answer Yes or No to the statement:

A replacement and/or exchange of the following insurance or annuity products in whole or in part will be made in conjunction with this proposed annuity purchase.

If **No**, move to the Question 8 and leave the information section blank or indicate "N/A".

If **Yes** complete the replacement/exchange section. Indicate the reason the annuity or insurance product is being replaced/exchanged. Indicate that the owner has evaluated any and all benefits the owner may lose as part of the replacement/exchange. Enter the Company or Companies and product or products that will be transferred/rolled over/liquidated/surrendered or otherwise impacted in order to fund this proposed annuity contract. Indicate if the named products will be transferred/rolled over/liquidated/surrendered or otherwise impacted in part or in full and the approximate amount that will be used to fund this proposed annuity. Report the length of time the contract/policy or product was held by the proposed owner in its current form. Enter any applicable surrender charges or redemption fees the proposed owner will realize as part of the transfer/exchange. Enter the death benefit of the existing life or annuity contract. If more than three annuity or insurance transactions are involved in this purchase, please provide all of the above information on a separate document attached to the Questionnaire for Suitability. Please make certain the proposed contract owner or owners sign and date any additional information provided.

8. Financial Time Horizon and Needs:

Answer questions 8a through 8d using the ranges provided. If the proposed contract is an immediate annuity skip answers to 8c-8d.

9. Existing Assets, including investment and life insurance holdings:

a) Approximate Household Net Worth: Enter the proposed owner's approximate household net worth as a dollar amount. Household net worth represents all assets (excluding the primary residence, autos, and furnishings) less all liabilities and debts (excluding home mortgage). In general, a minimum of \$50,000 (household) is required.

b) Approximate Household Liquid Assets: Enter the proposed owner's household liquid assets. Enter the approximate dollar amount of the proposed owner's existing cash and cash equivalent assets such as CDs, checking, savings, money market accounts, etc. as well as the approximate dollar amount of the proposed owner's existing non-retirement assets including existing mutual fund investments, brokerage accounts, stocks, bonds, etc .

c) Approximate Liquid Net Worth: Enter the proposed owner's liquid net worth. Liquid Net Worth can be found by using the owner's net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property and automobiles.

d) What % of your Liquid Net Worth does this proposed annuity contract represent: Create a percentage by dividing the approximate initial premium amount by the approximate Liquid Net Worth. The Company considers 50% of owner's net worth to be the maximum amount acceptable for nonqualified funds.

e) Enter the Owner's Approximate Retirement Plan Assets as a dollar amount.

f) Enter the Owner's Approximate Assets (in dollars) held in other annuity contracts, life insurance products and investments.

OWNER CERTIFICATION

Please have the proposed owner review the information provided on the Questionnaire for Suitability, as well as the statement of understanding carefully. The Owner should sign and date the certification and provide his/her contact information.

FINANCIAL PROFESSIONAL CERTIFICATION

Please review the information provided on the Questionnaire for Suitability, as well as the statement of understanding carefully. The Financial Professional should sign and date the certification and provide his/her contact information.

OWNER CERTIFICATION — INFORMATION NOT PROVIDED

Please have the proposed owner review the information requested on the Questionnaire for Suitability carefully, prior to electing not to provide information. Please make certain the owner is aware that the Company will not issue a contract without a reasonable basis for determining suitability. The company may contact an owner who elects not to provide information in order to make this determination. Be certain the contact information is completed and accurate. Have the proposed owner carefully read the statement of understanding, and sign and date in the appropriate areas. Please make certain the owner is prepared for a follow-up call from the Company.

FINANCIAL PROFESSIONAL CERTIFICATION — INFORMATION NOT PROVIDED

Please review the information requested on the Questionnaire for Suitability carefully. You cannot make a recommendation to purchase the annuity without considering the information requested on the Suitability Questionnaire. The Company will not issue a contract without a reasonable basis for determining suitability. The Company may contact the owner directly when information requested in order to determine suitability is not provided. **Be certain the owner's contact information is completed and accurate.** Carefully read the Financial Professional's certification statement, and sign and date in the appropriate area. Make certain to include your contact information including your email address on the questionnaire.



Questionnaire for Suitability

CONFIRMING YOUR COURSE OF ACTION

Your financial professional must have a reasonable basis for recommending that an annuity contract is suitable for your particular needs and financial goals. Suitability is the term for the process of considering whether a contract's characteristics align with your financial needs and goals.

Your financial professional must document a reasonable basis for recommending that a particular course of action is suitable for you. In making this assessment he or she must consider:

- Your age and annual income
- Your assets and their liquidity
- Your tax status
- Your net worth and financial needs
- Your time horizon and financial objectives
- Your financial experience and risk tolerance

Help yourself and your financial professional by providing timely, accurate and complete information about your personal circumstances and goals. At the same time, ask as many questions as necessary to gain a confident understanding of how the course of action you are considering may provide a risk management solution.

Your financial professional must be familiar with your personal information and should review the costs and benefits of the recommended transaction(s) with you.

GENERAL INFORMATION

Name(s) of Owner/Owners (Please provide combined financial information if joint owners are applicable)

Owner's Date of Birth

Joint Owner's Date of Birth

Name of Product Purchased

Approximate Initial Premium

Surrender Penalty Period (years)

The premium used to purchase this contract/certificate is from:

- Qualified Funds (pre-tax)
- Nonqualified Funds (previously taxed)

STATEMENT OF UNDERSTANDING (Must be completed by all owners)



You must attest to all statements in order for your application to be in "good order." Any statement left blank or unanswered will mean your application and any applicable proceeds will be returned and not issued.

- I am applying for an annuity contract that is a long-term financial product. My premium payment is for an annuity contract not a mutual fund, savings account, certificate of deposit, security or other financial product or program. If I am purchasing an immediate annuity, I understand that the purchase is permanent and cannot be surrendered.
- My Financial Professional has answered all of my questions about the annuity contract I am purchasing, the consequences of this transaction/purchase as a whole, the contract's features, benefits and limitations including withdrawal and surrender charges, guarantees, contract terms and potential tax implications.
- After making this annuity purchase, I have adequate liquid income to cover my living expenses including medical expenses – current and anticipated – for at least the duration of the contract's surrender charge period(s). I am aware that withdrawals from this annuity contract are subject to limitations and potential charges.

I have replaced or exchanged other deferred annuity contract(s) within the preceding 36 months. Yes No

If Yes, did you incur a surrender charge or other fee as part of the replacement/exchange? Yes No

If Yes, please explain: _____

If Yes, did you incur a loss of benefits as part of the replacement/exchange? Yes No

If Yes, please explain: _____

Please Note – Your signature attesting to the statements above is required at the end of this form.

SUITABILITY QUESTIONNAIRE

1. Annual income: approximate gross household income of contract owner(s) (check one):
 \$0-\$20,000 \$20,001-\$35,000 \$35,001-\$50,000 \$50,001-\$75,000
 \$75,001-\$100,000 \$100,001-\$250,000 \$250,001-\$500,000 \$500,001+
2. Financial experience (check one):
 Limited Moderate Advanced
3. Risk Tolerance for the Funds in this Annuity Contract (check one):
 Conservative Moderate Aggressive
4. Federal Income Filing Tax bracket (check one):
 0% 10% 15% 25% 28% 33% 35%+
5. Financial Objectives & Intended Use of this Annuity Contract (check all that apply):
 Income Tax Deferral Accumulation Capital Preservation Immediate Income
 Principal Protection Eventual Income Insurance Benefits Guaranteed Interest Rate
 Tax Planning Withdrawal Benefit Extra Credits/Bonus Features
 Estate Planning Pass Assets to Beneficiaries/Wealth Transfer
6. Financial resources used for the funding of this annuity contract (check all that apply):
 Earnings and Wages Retirement Fund Transfer(s)/Rollover(s)
 Cash Value from Life Insurance or Annuity Savings/Checking/Money Market Account
 Mutual Fund(s) Redemption Gift
 Stock/Bond Redemption Death Benefit Proceeds/Inheritance
 Trust Proceeds Legal Settlement/QDRO
 CD Reverse Mortgage/Home Equity Loan

7. Replacement Assets Section:

A replacement and/or exchange of the following insurance or annuity products in whole or in part will be made in conjunction with this annuity purchase. Yes No (if No, skip to question 8)

If Yes, complete the questions below:

If you are replacing or exchanging an insurance or annuity product you currently own, please indicate the reason for the replacement.

- Annuitization Contract Benefits Contract Guarantees Bonus
 Interest Rate Other (please describe) _____

I have reviewed all elements of the replacement or exchange with my financial professional including surrender charges, and the potential loss of other benefits, and believe this transaction is in my best interest. Yes No

Details of the contracts I will in whole or in part replace or exchange:

	Contract 1	Contract 2	Contract 3
Company			
Product Name			
Surrender Type	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Full <input type="checkbox"/> Partial
Surrender Amount			
Length of Time Held (Yrs)			
Charges or other fees	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Death Benefit Amount			

SUITABILITY QUESTIONNAIRE (continued)**8. Financial time horizon and needs:**

- a. After making this purchase, I have adequate resources for unforeseen financial emergencies? Yes No
- b. I have a reverse mortgage. Yes No
- c. I plan to access the funds in this annuity by:
- Penalty-Free Withdrawals Annuitization Required Minimum Distributions (qualified plans only)
- Lump Sum Immediate Annuity N/A (I do not plan to access funds in this contract)
- d. When do you plan to begin taking distributions from this annuity?
- Less than 1 year Between 1 and 3 years 4-6 years 7-9 years 10+years

9. Existing assets, including investment and life insurance holdings:

- a. Approximate Household Net Worth \$ _____
- b. Approximate Household Liquid Assets \$ _____
- c. Approximate Liquid Net Worth \$ _____
- d. What % of your Liquid Net Worth does this annuity contract represent? _____%
- e. Approximate Retirement Plan Assets \$ _____
- f. Approximate Assets Held in Other Annuity Contracts, Investments and Life Insurance Policies \$ _____

OWNER CERTIFICATION

I attest to the Statement of Understanding. I have completed or reviewed this form and to the best of my knowledge the information provided on the Annuity Suitability Questionnaire is accurate. I understand the insurer may contact me to verify information provided or to seek further information. My financial professional has reviewed the features and benefits of this purchase as well as any applicable fees and charges associated with this purchase. I acknowledge that my financial professional does not provide legal or tax advice. I believe that the purchase of this annuity contract is suitable for my financial needs and objectives.

Proposed Owner(s)' Signature(s)	Date
---------------------------------	------

Owner(s)' Name(s)

Owner(s)' Contact Information (One contact method is required):
Please contact me with any questions or additional information necessary by:

Phone Number	Cell Phone	Email Address
--------------	------------	---------------

Best time to contact me:

FINANCIAL PROFESSIONAL CERTIFICATION

I have made a reasonable effort to obtain information from the proposed owner(s) concerning his/her financial status, objectives and other pertinent information. I have delivered information to the applicant concerning the costs and benefits of the annuity. Based on the facts disclosed by the proposed owner(s), and all information known to me at this time, I have reasonable grounds to believe that the recommendation to purchase or exchange this annuity contract is suitable and that certain features of the annuity will provide benefit. Furthermore, I agree to maintain and make available upon request to the insurer or the insurance commissioner, records of the information collected, including any additional needs analysis forms, and other information used as the basis for this annuity contract recommendation for the number of years required by state laws or regulations. **I understand the insurer may contact the proposed owner for additional information.**

Financial Professional's Signature	Date
------------------------------------	------

Financial Professional's Name

Financial Professional's Contact Information:
Please contact me with any questions or additional information necessary by:

Phone Number	Cell Phone	Email Address (REQUIRED)
--------------	------------	--------------------------

Best time to contact me:

OWNER CERTIFICATION – INFORMATION NOT PROVIDED

I attest to the Statement of Understanding. I have chosen NOT to provide the requested relevant information necessary for my financial professional to make a suitability determination regarding the purchase or exchange of this annuity transaction. **I understand the insurer may contact me regarding this choice, and may not issue this contract to me.**

Proposed Owner(s)' Signature(s)	Date
---------------------------------	------

Owner(s)' Name(s)

Owner(s)' Contact Information (One contact method is required):
Please contact me with any questions or additional information necessary by:

Phone Number	Cell Phone	Email Address
--------------	------------	---------------

Best time to contact me:

FINANCIAL PROFESSIONAL CERTIFICATION – INFORMATION NOT PROVIDED

I have made a reasonable effort to obtain information from the proposed owner(s) concerning his/her financial status, objectives and other pertinent information. I have delivered information to the applicant concerning the costs and benefits of the annuity and the annuity transaction(s) as a whole. The proposed owner(s) has not provided complete relevant information as requested and has decided to purchase this annuity without providing requested information. **I understand the insurer may contact the proposed owner for additional information. If the insurer is unable to obtain the necessary information from the proposed owner, the contract may not be issued.**

Financial Professional's Signature	Date
------------------------------------	------

Financial Professional's Name

Financial Professional's Contact Information:
Please contact me with any questions or additional information necessary by:

Phone Number	Cell Phone	Email Address (REQUIRED)
--------------	------------	--------------------------

Best time to contact me:



**New York State Department of Financial Services
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? YES NO
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? YES NO
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? YES NO
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? YES NO
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? YES NO
6. CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID? YES NO

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES 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: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Agent/Broker	Date