



National Integrity Life Insurance Company

A member of Western & Southern Financial Group

National Integrity Life Insurance Company

PO Box 5720

Cincinnati, OH 45201-5720

For assistance, call 800.433.1778

Fax 888.220.2677

WSFinancialPartners.com

**Authorization to Disclose Contract Information**

**FORM B**

<b>For Home Office Use Only</b>	<b>Contract Number</b>	<b>Date</b>
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**AUTHORIZATION DISCLOSURE**

In accordance with New York State Department of Financial Services Regulation No. 60, please furnish, directly to National Integrity at the address shown above, the information needed to complete the New York State Disclosure Statement. New York insurance companies are required to complete the New York State Disclosure Statement within 20 calendar days. If National Integrity does not receive the disclosure information from you within 20 calendar days, an approximation will be completed.

**OWNER/APPLICANT/JOINT OWNER INFORMATION**

Name	Social Security Number/TIN	Date of Birth	
Address	City	State	Zip
Joint Owner Name (if applicable)	Social Security Number/TIN	Date of Birth	

**EXISTING CARRIER INFORMATION (If multiple carriers, use separate forms)**

Name	Contract Number(s)	<input type="checkbox"/> Life <input type="checkbox"/> Annuity	
Address	City	State	Zip

**AGENT/BROKER INFORMATION**

Name	Agent/Broker's Firm <u>Nest Egg Builders Corp</u>		
Address <u>2424 Rt 52 St 2</u>	City <u>Hopewell Jct</u>	State <u>NY</u>	Zip <u>12533</u>
Telephone <u>845 592-4064</u>	Fax <u>845-592-4067</u>	Agent ID Number	

**SIGNATURE**

Owner/Applicant Signature	Date
Joint Owner/Applicant Signature (if applicable)	Date

**ADDITIONAL INFORMATION (Required)**

IRS Plan Type (Check Box) <input type="checkbox"/> Tax Qualified or <input type="checkbox"/> Nonqualified	Product Name (Select One) <input type="checkbox"/> AdvantEdge <input type="checkbox"/> AnnuChoice® <input type="checkbox"/> AnnuQuest (Bank Only) Guar. Period(s) _____ <input type="checkbox"/> IncomeSource®	<input type="checkbox"/> MultiVantage® GRO Period _____ <input type="checkbox"/> New Momentum GRO Period(s) _____ <input type="checkbox"/> Pinnacle	<input type="checkbox"/> SmartStep <sup>SM</sup> (Bank Only) <input type="checkbox"/> SPDA Series II Guar. Period _____ <input type="checkbox"/> VAROOM® <input type="checkbox"/> Other _____
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The Estimated Amount is \$ \_\_\_\_\_ which represents:  The Entire Amount  A Partial Amount

Proceeds Applied to  New Contract  Existing National Integrity Contract # \_\_\_\_\_



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



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**New York State Department of Financial Services  
Disclosure Statement**

*(Annuity to Annuity Replacement Only)*

**FORM C1, PAGE 1**

**IMPORTANT** - IT MAY **NOT** BE IN YOUR BEST INTEREST TO SURRENDER, LAPSE, CHANGE OR BORROW FROM EXISTING ANNUITY CONTRACTS IN CONNECTION WITH THE PURCHASE OF A NEW ANNUITY CONTRACT WHETHER ISSUED BY THE SAME OR A DIFFERENT INSURANCE COMPANY. YOU ARE URGED TO CONTACT YOUR EXISTING AGENT/BROKER OR INSURANCE COMPANY **PRIOR** TO COMPLETING THE TRANSACTION. THEY CAN HELP YOU DECIDE WHETHER THE REPLACEMENT IS IN YOUR BEST INTEREST.

**FOR YOUR PROTECTION**, the New York State Department of Financial Services requires that you be given this Disclosure Statement, the **IMPORTANT** Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts and the Definition of Replacement, together with policy information on all proposed and existing coverage affected.

**APPLICANT AND AGENT INFORMATION**

Name of Applicant(s)		Telephone	
Address		City	State      Zip
Name of Agent/Broker			
Address		City	State      Zip
Telephone		Fax	

**The Information on Existing Coverage on This Form Was Obtained From**

The following replaced company(ies)

Approximations if the following replaced company(ies) failed to provide information in the prescribed time

**Description of Transaction**

The Proposed Annuity Contract		Existing Policies/Contracts Affected		
		1	2	3
National Integrity	<b>Company Name</b>			
800.433.1778	<b>Customer Service Phone Number</b>			
	<b>Annuity Contract Number</b>			
<input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Combination Fixed/Variable	<b>Type of Annuity</b>			
	<b>Annuity Issue Date</b>			
%	<b>Current Crediting Rate (If Applicable)</b>	%	%	%
%	<b>Guarantee Rate (If Applicable)</b>	%	%	%
\$	<b>Account Value</b>	\$	\$	\$
	<b>As of Date</b>			
N/A	<b>Minus Surrender Charge (If Any)</b>	\$	\$	\$
N/A	<b>Plus/Minus Market Value Adjustment (If Any)</b>	\$	\$	\$
N/A	<b>Equals Surrender Value</b>	\$	\$	\$

**ADDITIONAL INFORMATION (Required)**

IRS Plan Type (Check Box) <input type="checkbox"/> Tax Qualified or <input type="checkbox"/> Nonqualified	Product Name (Select One)		
	<input type="checkbox"/> AdvantEdge <input type="checkbox"/> AnnuChoice® <input type="checkbox"/> AnnuQuest (Bank Only)	<input type="checkbox"/> IncomeSource® <input type="checkbox"/> MultiVantage® <input type="checkbox"/> New Momentum	<input type="checkbox"/> Pinnacle <input type="checkbox"/> SmartStep <sup>SM</sup> (Bank Only) <input type="checkbox"/> SPDA Series II <input type="checkbox"/> VAROOM® <input type="checkbox"/> Other _____

**SUMMARY RESULT COMPARISON<sup>1</sup>**

The Proposed Annuity						If You Continue Your Existing Annuity(ies) <sup>2</sup>				
Surrender Value to be Invested \$						Current Value \$				
Hypothetical Rates of Return						Hypothetical Rates of Return				
If Fixed Annuity			If Variable Annuity			If Fixed Annuity			If Variable Annuity	
At Guaranteed Rate	At Current Rate <sup>3</sup>	@ 0%	@ 6%	@ 12%		At Guaranteed Rate	At Current Rate <sup>3</sup>	@ 0%	@ 6%	@ 12%
					<b>SURRENDER VALUE<sup>4</sup></b>					
\$	\$	\$	\$	\$	In 1 Year	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	In 3 Years	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	In 5 Years	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	In 10 Years	\$	\$	\$	\$	\$
					<b>DEATH BENEFIT</b>					
\$	\$	\$	\$	\$	In 1 Year	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	In 3 Years	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	In 5 Years	\$	\$	\$	\$	\$
\$	\$	\$	\$	\$	In 10 Years	\$	\$	\$	\$	\$

- 1 Calculations for both current and proposed policies are based on current values and do not include possible future additional deposits or withdrawals.
- 2 If more than one policy is being replaced, the figures shown reflect the aggregate total of the values for policies currently in force on the dates shown on page 2.
- 3 Since the fixed rate declared is subject to change at any time, the rate actually declared in effect on the date of issue may differ from the current rate indicated above, and the return received on the investment may differ from our current rate.
- 4 Surrender values will vary if a Market Value Adjustment (MVA) is applicable. An MVA will increase or decrease these values, and is applied to full surrenders, partial withdrawals, transfers or annuitizations made more than 30 days before the expiration of a Guaranteed Period. An MVA is not applied to partial withdrawals that are within the Free Withdrawal Amount.

**AGENT/BROKER'S STATEMENT**

1. The primary reason(s) for recommending the new annuity contract is (are)

2. The existing annuity contract cannot meet the applicant's objectives because

3. The advantages of continuing the existing annuity contract without changes are

4. The surrender charge, if my client replaces his or her existing annuity contract, is \_\_\_\_\_% or \$\_\_\_\_\_.

5. The new annuity my client is applying for imposes a new surrender charge as follows:  
(Describe percentage rate of surrender charge for each year in which a surrender charge is imposed.)

**Contract Anniversary**

Year	0	1	2	3	4	5	6	7	—	—	—
Percentage	%	%	%	%	%	%	%	%	%	%	%

Explain, if necessary

Remarks

The attached proposal, including sales material, was used in this sale.

No proposal or sales material was used in this sale.

If more than three existing annuity contracts are to be affected by this transaction or if more than one new annuity contract is proposed, the Description of Transaction section of this Disclosure Statement must be completed for such additional annuity contracts. In addition, a composite comparison of all existing annuity contracts to all proposed annuity contracts shall be completed. The proposal, including sales material used in the sale of the proposed annuity contract, must accompany the submission of this form to the insurer. Copies must be given to the applicant.

I have personally completed this form and certify that it is correct to the best of my knowledge and ability.

Signature of Agent/Broker

Date

I hereby acknowledge that I received and read the above "Disclosure Statement" before I signed the application for the new annuity contract.

Signature of Applicant

Date

Signature of Applicant

Date



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## Sales Material Check List

### MAILING INSTRUCTIONS

Send this completed form to:

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

Print Owner's Name

Owner's Social Security Number

I understand the use of unapproved sales material is a violation of my sales agreement. I hereby certify that I used sales material previously approved for customer use by National Integrity Life Insurance Company (National Integrity), which can be viewed on National Integrity's producer website or by calling my sales support representative. I further certify that any illustrations used in this sale were developed and previously approved by National Integrity.

Copies of all sales material and illustrations used in this sale were left with the customer.

Print Agent/Broker Name

Agent/Broker Signature

Date



**New York State Department of Financial Services**  
**IMPORTANT Notice Regarding Replacement or Change**  
**of Life Insurance Policies or Annuity Contracts**

**FORM F**

**THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY REGULATION NO. 60**

YOU ARE CONTEMPLATING THE PURCHASE OF A LIFE INSURANCE POLICY OR ANNUITY CONTRACT IN CONNECTION WITH THE SURRENDER, LAPSE OR CHANGE OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. THE AGENT/BROKER IS REQUIRED TO GIVE YOU THIS NOTICE TOGETHER WITH A SIGNED DISCLOSURE STATEMENT CONTAINING THE SUMMARY RESULT COMPARISON FOR THE NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT AND ANY LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO BE CHANGED THAT SETS FORTH THE FACTS OF THE TRANSACTION AND ITS ADVANTAGES AND DISADVANTAGES TO YOU. YOUR DECISION COULD BE A GOOD ONE - OR A MISTAKE - SO MAKE SURE YOU UNDERSTAND THE FACTS. YOU SHOULD:

1. CAREFULLY STUDY THE DISCLOSURE STATEMENT, WHICH INCLUDES A SUMMARY RESULT COMPARISON, UNTIL YOU ARE SURE YOU UNDERSTAND FULLY THE EFFECT OF THE TRANSACTION.
2. ASK THE COMPANY OR AGENT/BROKER FROM WHOM YOU BOUGHT YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO REVIEW WITH YOU THE TRANSACTION AND THE DISCLOSURE STATEMENT. YOU MAY BE ABLE TO EFFECT THE CHANGES YOU DESIRE MORE ADVANTAGEOUSLY WITH THEM. THEIR CUSTOMER SERVICE TELEPHONE NUMBER IS CONTAINED IN THE DISCLOSURE STATEMENT.
3. CONSULT YOUR TAX ADVISOR. THERE MAY BE UNFAVORABLE TAX IMPLICATIONS ASSOCIATED WITH THE CONTEMPLATED CHANGES TO YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement of the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
2. Since the initial costs of a life insurance policy are charged against the cash value increases in the earlier life insurance policy years, the replacement of an old life insurance policy by a new one results in the policyholder sustaining the burden of these costs twice. Annuity contracts usually contain provision for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.
4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.
5. There may have been changes in your health since the purchase of the existing coverage.
6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.

YOU HAVE THE RIGHT, WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, TO RETURN IT TO THE INSURER AND RECEIVE AN UNCONDITIONAL FULL REFUND OF ALL PREMIUMS OR CONSIDERATIONS PAID ON IT, OR IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, A PAYMENT OF THE CASH SURRENDER BENEFITS PROVIDED UNDER THE POLICY OR CONTRACT, PLUS THE AMOUNT OF ALL FEES AND OTHER CHARGES DEDUCTED FROM GROSS CONSIDERATIONS OR IMPOSED UNDER THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, AND MAY HAVE THE RIGHT TO REINSTATE OR RESTORE ANY LIFE INSURANCE POLICIES AND ANNUITY CONTRACTS THAT WERE SURRENDERED, LAPSED OR CHANGED IN THE TRANSACTION TO THEIR FORMER STATUS TO THE EXTENT POSSIBLE AND IN ACCORDANCE WITH THE INSURER'S PUBLISHED REINSTATEMENT RULES TO THE EXTENT SUCH RULES ARE NOT INCONSISTENT WITH THE PROVISIONS OF THIS PART.

**IMPORTANT:** THIS RIGHT SHOULD NOT BE VIEWED AS REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT TO THE SAME CONDITION AS IF IT HAD NEVER BEEN REPLACED. THERE MAY BE CONSEQUENCES IN REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT, INCLUDING BUT NOT LIMITED TO:

- THE RIGHT TO REINSTATE OR RESTORE YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT APPLIES ONLY TO COMPANIES SUBJECT TO NEW YORK INSURANCE LAWS;
- YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT IS SUBJECT TO YOUR SPECIFIC COMPANY'S REINSTATEMENT RULES, WHICH MAY VARY FROM COMPANY TO COMPANY. THESE RULES MAY REQUIRE PAYMENT OF BOTH PREMIUM AND INTEREST; HOWEVER, YOU WILL NOT BE SUBJECT TO EVIDENCE OF INSURABILITY, OR A NEW CONTESTABLE OR SUICIDE PERIOD;
- YOU MAY NOT RECEIVE THE INTEREST OR INVESTMENT PERFORMANCE DURING THE PERIOD THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT WAS REPLACED; AND
- THERE MAY BE UNFAVORABLE FEDERAL INCOME TAX CONSEQUENCES AS A RESULT OF THE REINSTATEMENT OF YOUR LIFE INSURANCE POLICY OR ANNUITY CONTACT.

**IMPORTANT:** IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, THE VALUE OF THE POLICY OR CONTACT MAY INCREASE OR DECREASE DURING THE 60 DAY PERIOD DEPENDING ON THE PERFORMANCE OF THE UNDERLYING INVESTMENTS, WHICH MAY EFFECT THE VALUE OF THE REFUND YOU RECEIVE.

I HEREBY ACKNOWLEDGE THAT I READ THE ABOVE "IMPORTANT NOTICE" AND HAVE RECEIVED A COPY OF THE SAME.

Signature of Applicant	Date
Signature of Applicant	Date