



National Integrity Life
Insurance Company

A member of Western & Southern Financial Group



Immediate Fixed Annuity Paperwork

New York

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



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.

Immediate Fixed Annuity Good Order Checklist

PLEASE READ THE FOLLOWING INSTRUCTIONS TO ENSURE YOUR BUSINESS PROCESSES WITHOUT DELAYS.

RECEIPT OF AN INCORRECT OR INCOMPLETE APPLICATION OR OTHER REQUIRED FORMS WILL LEAD TO PROCESSING DELAYS OR CANCELLATION OF A PENDING CONTRACT.

REMINDERS FOR ALL TYPES OF NEW CONTRACTS

- Before you present the product material, please ensure that you are licensed, appointed, product trained and suitability CE compliant in the state in which you are making the sale.
- For contracts issued in New York, complete the Regulation 60 packet.
- SPIA Rate Lock
 - Illustration:** Expires **7** calendar days from date generated. To receive quoted income, app must be signed on or after the illustration date.
 - Cash with Application:** Contribution, illustration and application must be received in good order within **10** calendar days of the application signed date.
 - 1035 Exchanges/Qualified Transfers:** Illustration and all paperwork (application, transfer forms, replacement, etc.) must be received in good order within **10** calendar days of the application signed date and the premium must be received within **60** calendar days of the application (or NY Phase 1 Reg 60 paperwork) signed date.
- Please check WSFinancialPartners.com for the most current version of the forms. Outdated forms will not be accepted.
- Complete and submit all sections on all of the forms; especially answer all of the questions asked on the application. Sections that are left blank may create delays. Any corrections will require written authorization from the owner.
- If a life contingent Income Option was selected, provide a copy of the annuitant's driver's license, passport or birth certificate.**
- Complete the Payment Information section. Note the following **must** be submitted with the application: a voided check and the proper ABA and Account numbers in the space provided. All payouts must be distributed by Electronic Funds Transfer (EFT). For non-checking accounts, include a verification of the account information from the bank on bank letterhead.
- Complete the Entity Ownership Certificate if a non-natural person will own the contract instead of an individual.
- Complete the Spousal Consent Form, if this is a qualified contract where the owner resides in (AZ, CA, ID, LA, NM, NV, TX, WA or WI) and the owner's spouse is not named as the sole primary beneficiary.

REPLACEMENT BUSINESS REMINDERS

- Complete the Notice Regarding Replacement (state variations may apply). Replacement notices are required in states if the client has an existing life insurance policy or annuity contract. The form may be required even when no replacement is occurring based on individual state regulations.
 - The answers to the replacement questions are in agreement with the answers in both sections of the application.
- Complete the IRC Section 1035 Exchange/Assignment or Nonqualified Transfer (used for nonqualified contracts) or Authorization for Rollover or Transfer of Tax-Qualified Funds (used for qualified plans).
 - Provide the complete street address (not a P.O. Box) for the transferring company.
 - Indicate the estimated amount of the transaction.
 - Form is signed by the owner(s) and the sales representative.
- Provide all required surrendering company forms (contact the surrendering company for requirements).



IncomeSource Application for a Single Premium Individual Immediate Annuity - New York

ILLUSTRATION REQUIREMENTS AND MAILING INSTRUCTIONS

National Integrity Life Insurance Company will not accept this application without a National Integrity Illustration. The information on the illustration and on this application must be consistent. Send the completed application and illustration 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

PART 1: ANNUITANT INFORMATION (Required)

Annuitant – Individual on whose life income payments are based.

The annuitant is assumed to be the owner unless indicated otherwise in Part 2.

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

Are you a US citizen? If no, what is your country of citizenship? _____
 Yes No If no, are you a permanent resident of the US? Yes No If yes, for how long? _____

Joint Annuitant (if applicable) – Please complete when transferring contracts with joint annuitants or when selecting joint life payouts.

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

Are you a US citizen? If no, what is your country of citizenship? _____
 Yes No If no, are you a permanent resident of the US? Yes No If yes, for how long? _____

Beneficiary (Indicate additional beneficiaries in the Special Request Section, if necessary. Include the same information requested below.) – Receives payments if annuitant(s) dies. Any periodic payments to a beneficiary will be paid as due unless otherwise specified herein. The right to change the beneficiary is reserved to the owner. If more than one beneficiary is to share in the payments, the payments will be made in equal shares to the beneficiaries living at the time each payment becomes due, unless otherwise stipulated. Beneficiary becomes owner at the death of the last owner.

Primary Beneficiary(ies)

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 Annuitant			

Name—First, Middle, Last (if applicable)		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 Annuitant			

PART 1: ANNUITANT INFORMATION (Continued)**Contingent Beneficiary(ies)**

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 Annuitant		
Name—First, Middle, Last (if applicable)		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 Annuitant		

PART 2: OWNER INFORMATION (Do not complete if the owner and annuitant are the same person.)

Owner – Exercises control of the contract and is responsible for all taxes before and after the death of the annuitant. If the owner is a non-natural person, such as a trust or corporation, complete the Entity Ownership Certificate, and name the entity as 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	Email Address	Relationship to Annuitant	
Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is your country of citizenship? _____ If no, are you a permanent resident of the US? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long? _____				

Successor Owner Assumes ownership upon last owner's death. **REQUIRED**, if owner and annuitant are different (unless the owner is an entity).

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		
Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is your country of citizenship? _____ If no, are you a permanent resident of the US? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long? _____				

Joint Owner – Shares control of the contract. When one joint owner dies, ownership passes to the other owner. With the exception of exchanging jointly owned contracts, National Integrity does not normally accept joint ownership arrangements. Complete this section when exchanging jointly owned contracts. **Note:** The owners maintain control of the contract and are responsible for all taxes before and after the death of the 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	Email Address	Relationship to Owner	
Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is your country of citizenship? _____ If no, are you a permanent resident of the US? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long? _____				

PART 3: PAYEE INFORMATION (Complete if other than the owner.)

Payee – Payments will be deposited directly to the payee's checking, savings or brokerage account.

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 Annuitant		
If the payee is a minor, a custodian must be named under the resident state's Uniform Transfers to Minors Act. For example: (INSERT ADULT'S NAME), as custodian for (INSERT MINOR'S NAME), under the (INSERT MINOR'S RESIDENT STATE) Uniform Transfers to Minors Act.				
Name—First, Middle, Last (if applicable)		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 Annuitant		

PART 4: TYPE OF CONTRACT (Required)Will the National Integrity annuity be issued as a nonqualified or a tax-qualified contract? Nonqualified Tax Qualified*

* A contract is tax qualified if it is being funded from a rollover or transferred from a qualified plan or existing IRA.

PART 5: TAX-QUALIFIED CONTRACTS (Required if a qualified contract)

If tax qualified, how do you want National Integrity to issue the contract?	Is this a rollover?	<input type="checkbox"/> This is an inherited IRA
<input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Qualified Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 6: REPLACEMENT INFORMATION (Required)Do you currently have an existing annuity contract or life insurance policy? Yes No

Does the purchase of this annuity change or replace any existing annuity contract or life insurance policy?

 Yes No If yes, please complete the appropriate transfer forms.**PART 7: AMOUNT PAID WITH APPLICATION****(Checks must be made to the order of National Integrity Life Insurance Company.)**

Source of funding: _____

The money will be received by National Integrity via:

 Check Wire Transfer 1035 Exchange Qualified Transfer/Rollover Amount of single premium \$ _____ Amount of each annuity payment \$ _____ (Initial payment if Increasing Payout selected).**SPECIAL REQUEST SECTION**

PART 8: INCOME OPTIONS (All options and period certainties may not be available.)

For life contingent plans, annuitant's age verification is required. Acceptable verification documents include a copy of driver's license or birth certificate.

Only Check one option in boldface below.

- Lifetime Only** (Note: No benefit on or after the death of the annuitant.)
 - Lifetime with** (check one below)
 - Period Certain for _____ years (5-30) _____ months
 - Installment Refund
 - Cash Refund
 - Period Certain for _____ years (5-30) _____ months**
 - Temporary Life for a maximum of _____ years (5-30) _____ months** even if the annuitant is still alive. (Note: There is no benefit on or after the death of the annuitant.)
 - Joint and Survivor Lifetime with Cash Refund**
 - Joint and Survivor** (check one below)
 - Lifetime Only (Note: No benefit on or after the death of the annuitants.)
 - Lifetime with Period Certain for _____ years (5-30) _____ months
 - Lifetime with Installment Refund
- Check one (Applies to all Joint and Survivor Lifetime Options except Cash Refund)
- Payments will not reduce
 - Payments will **reduce** by (Applies to all Joint and Survivor Lifetime Options except Cash Refund)
 - _____ % (5%-75%) at the death of the annuitant only
 - _____ % (5%-75%) at the death of the joint annuitant only
 - _____ % (5%-75%) at the first death of either annuitant or joint annuitant
- Note: When selecting a reduction in payment, the reduction will not take place until the end of the period certain (if selected) or the original premium has been paid out (if an installment refund was selected).

PART 9: INCREASING PAYOUT OPTION (Optional)

Allows for an automatic 1%, 2%, 3%, 4% or 5% annually compounding increase in the payout amount. This option must be selected at the time of issue. This feature is not tied to any index or inflation rates. **Selecting an Increasing Payout Option will affect the payout amount or required premium.** 1% 2% 3% 4% 5%

PART 10: PAYMENT FREQUENCY

The payment date defaults to one payment frequency from the receipt of funds.

- Monthly Quarterly Semiannually Annually

Please allow **3-5 business days after the payment date for funds to be deposited into the designated account.**

IMPORTANT: Prior to the first payment date, your initial payment will default to one month for monthly, three months for quarterly, six months for semiannually and 12 months for annually from the contract date. The contract date of the annuity is the date the application and single premium are received, in good order, by National Integrity's processing office unless a later date is requested.

INITIAL PAYMENT DATE - (Optional)

If you select a specific payment date that is less than one month from the effective date, the deferral period should be zero in the illustration. The deferral period between months will always be rounded to the previous deferral period (e.g., two months and three weeks equals two months deferral).

(Optional) Defer initial payment to: _____ (Cannot be deferred for more than one year.)

Note: Choosing a desired payment date may require a new illustration, or an application correction, to be submitted due to differences in the deferral period and payment amount. The risk of having to provide a new illustration increases when the premium used to fund the contract is coming from an external source/account, and does not accompany the application.

PART 11: PAYMENT INFORMATION (Payments will be deposited directly to payee's account.)

Please attach a voided check, a copy of a voided check, or deposit slip; **AND** complete the following information.

Financial Institution Name

ABA Routing Number

Account Number

Address

Phone Number

Checking Account (Must attach voided check) Brokerage/Other (Account must be verified by institution.)

Savings Account (A bank representative must provide this information.)

Name of Account Owner

Other Account Number (if applicable)

PART 12: NOTICE OF WITHHOLDING OF INCOME TAX

Federal tax law requires National Integrity to withhold federal income tax from the taxable portion of your annuity unless you elect not to have withholding apply. Withholding will be done on the same basis as wage withholding. Unless you request otherwise on the form below, National Integrity will be required to withhold taxes on the basis that you are married claiming three allowances. If you are a resident of CA, IA, KS, MA, ME, NE, NC, OK, OR, VA or VT and withhold federal tax, National Integrity must also withhold state tax at the state's standard rate unless you indicate otherwise. State withholding does not apply in AK, FL, ND, NH, NV, SD, TN, TX, WA and WY. If you choose not to withhold federal tax, National Integrity will also not withhold any state income tax unless you indicate otherwise.

Even if you elect not to have income tax withheld, you are still liable for the payment of income taxes on your taxable distributions. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are inadequate. Direct National Integrity to do one of the following:

- NOT to withhold federal income taxes (or state income tax, if applicable)
- Withhold federal income tax (and any applicable state income tax) on the following basis:
 Marital Status: Married Single
 Number of withholding allowances: _____
- Withhold taxes as follows:
 Federal _____% rate \$_____ amount AND State _____% rate \$_____ amount

PART 13: AGREEMENT

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 (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.

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.

It is hereby agreed by the undersigned that:

1. **This annuity provides income payment in exchange for a premium. This annuity has NO CASH VALUE. You cannot make withdrawals from this annuity. The purchase of this annuity is permanent after the free look period.**
2. I have read the application and all statements and answers as they pertain to them, and acknowledge that these statements and answers are true and complete to the best of my knowledge and belief;
3. The statements and answers in this application are the basis for any contract issued by the company, and that no information about them will be considered to have been given to the company unless it is stated in the application;
4. A sales representative does not have the company's authorization to accept risk, pass on insurability, or make, void, waive or change any conditions or provisions of the application, contract or receipt, as applicable;
5. The company and their representatives do not provide tax or legal advice and will have no liability until:
 - (i) A contract is issued on this application and delivered to and accepted by the owner; and
 - (ii) The single premium required to fund this contract is received by the company while each proposed owner and annuitant is alive.

Signed in _____ on _____
City State Date

Signature of Owner

Signature of Joint Owner (if applicable)

Please be sure to include the National Integrity Illustration along with this application.

PART 14: SALES REPRESENTATIVE/LICENSED AGENT'S REPORT SECTION

Does the applicant now have life insurance policies or annuity contracts with any company? Yes No
Will any existing insurance or annuity be replaced or changed (or has it been), assuming the contract applied for will be issued? Yes No

Has this application been reviewed for suitability by a financial institution or broker-dealer (**required information**)?
 Yes No

If No, complete the Questionnaire for Suitability and submit to National Integrity with this application.
National Integrity cannot issue the contract without required suitability information.

By signature below, I certify that I have asked and recorded completely and accurately the answers to all questions on the application. I know of nothing affecting the risk that has not been recorded herein.

Name (Print)	Phone	National Integrity Agent ID	
Firm Name Nest Egg Builders Corp.	Fax Number 845-592-4067	Email Address	
Branch Address 2424 Route 52, Suite #2	City Hopewell Jct.	State NY	Zip Code 12533
Sales Representative/Licensed Agent Signature	Agent Number	Date	

Issue as no-commission version

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.)



Please read the important information below before you buy this annuity.

This annuity is a single premium annuity which means you buy it with one premium (payment). It is an immediate annuity which means income payments begin immediately or within 12 months after the contract is issued.

You can choose whether income payments will last for a period of years or as long as the annuitant is alive. The option you choose on the application determines how much you will receive, how long you will receive payments, and whether beneficiaries will receive anything after the death of the annuitant. After the contract is issued, the terms of your annuity, such as the Income Payment Option, payment amount, or payment frequency, cannot be changed and you cannot withdraw any part of your annuity (except under the terms of a Commutation Rider).

INCOME PAYMENT OPTIONS

Please review the available payment options below, and initial the Income Payment Option you selected on the application.

Income Payment Options for a Single Annuitant: (All Owners must initial the option selected)

_____ **Lifetime Only Income:** Pays an income for as long as the annuitant is alive. When the annuitant dies, the contract terminates and no further payments will be made regardless of the amount received.

_____ **Lifetime Income with Period Certain for _____ Years (*5-30) _____ Months (0-11):** Pays an income for as long as the annuitant is alive with a guarantee that payments will continue for at least the specified period certain. If the annuitant dies before the end of the period certain, the payments will continue to the beneficiary for the remainder of the period. *All years may not be available.

_____ **Lifetime Income with Installment Refund:** Pays an income for as long as the annuitant is alive with a guarantee that at least the premium will be returned. If the annuitant dies before the total payments made equal the premium paid, the beneficiary will receive the payments on the same installment schedule until the premium is refunded.

_____ **Lifetime Income with Cash Refund:** Pays an income for as long as the annuitant is alive with a guarantee that at least the premium will be returned. If the annuitant dies before the total payments made equal the premium paid, the beneficiary will receive the difference in a lump-sum refund.

_____ **Period Certain Income for _____ Years (*5-30) _____ Months (0-11):** Pays an income for the specified period certain. If the owner or annuitant dies before the end of the period certain, the payments will continue to the beneficiary for the remainder of the period. *All years may not be available.

_____ **Temporary Life Income for a maximum of _____ years (*5-30) _____ months (0-11):** Pays an income for the period of time (from 5 to 30 years) specified by the owner, but only as long as the annuitant is alive. If the annuitant dies before the end of the period of time specified, the contract terminates with no further payments regardless of the amount received. *All years may not be available.

Income Payment Options for Joint Annuitants: (All Owners must initial the option selected)

_____ **Joint and Survivor Lifetime Income with Cash Refund:** Pays an income for as long as either annuitant is alive with a guarantee that at least the premium will be returned. When one annuitant dies, we will continue paying the income for as long as the surviving annuitant is alive. If both annuitants die before the total payments made equal the premium paid, the beneficiary will receive the difference in a lump-sum refund.

_____ **Joint and Survivor Lifetime Only Income:** Pays an income for as long as either annuitant is alive. When one annuitant dies, we will continue paying the income for as long as the surviving annuitant is alive. When both annuitants die, the contract terminates and no further payments will be made regardless of the amount received.

_____ **Joint and Survivor Lifetime Income with Period Certain for _____ Years (*5-30) _____ Months (0-11):** Pays an income for as long as either annuitant is alive with a guarantee that payments will continue for at least the specified period certain. When one annuitant dies, we will continue paying the income for as long as the surviving annuitant is alive. If both annuitants die before the end of the period certain, the payments will continue to the beneficiary for the remainder of the period. *All years may not be available.

_____ **Joint and Survivor Lifetime Income with Installment Refund:** Pays an income for as long as either annuitant is alive with a guarantee that at least the premium will be returned. When one annuitant dies, we will continue paying the income for as long as the surviving annuitant is alive. If both annuitants die before the total payments made equal the premium paid, the beneficiary will receive the payments on the same installment schedule until the premium is refunded.

Income Payment Options available for joint annuitants, continue on page 2.

INCOME REDUCTION OPTION FOR JOINT ANNUITANTS

The *Joint and Survivor Lifetime Only*, *Joint and Survivor Lifetime with Period Certain* and *Joint and Survivor Lifetime with Installment Refund* options offer an **Income Reduction Option** that allows the Owner to choose whether income to the surviving annuitant will remain the same or be reduced on either the annuitant or joint annuitant's death.

Please initial the Income Reduction Option you selected on the application. The income reduction option is not available with the *Joint and Survivor Lifetime Income with Cash Refund*.

Income Reduction Option: (All Owners must initial the option selected)

_____ Payments will not reduce

_____ Payments to the surviving annuitant will be reduced by: _____ % (5% to 75%)

The reduction will occur*: (Check one)

- at the death of the annuitant only
 at the death of the joint annuitant only
 at the first death of either the annuitant or joint annuitant

*Under the Income Reduction Option, the payment will not be reduced until the end of the specified period certain (if selected) or the original premium has been paid out (if an installment refund was selected).

MEDICAID ELIGIBILITY

Your annuity will affect Medicaid eligibility calculations for you and your spouse. An annuity must be set up to meet state Medicaid requirements when it is purchased. It cannot be changed later. If you are concerned about Medicaid eligibility you should consult a qualified Medicaid planner or attorney before you purchase this annuity.

TAXES

Neither the Company nor its agents give tax advice. Therefore, it is recommended that you seek advice from your attorney, accountant or other qualified financial representative regarding annuity taxation as it applies to you. Taxes must be paid on earnings when they are received. You may be responsible for income taxes on amounts distributed under the Contract, including a possible 10% penalty for distributions prior to age 59½.

ACKNOWLEDGEMENT

I acknowledge that I received a copy of this Disclosure and understand the Income Payment Option I selected.

Owner / Applicant's Name (Printed)

Owner / Applicant's Signature

Date

Joint Owner's Name if applicable (Printed)

Joint Owner's Signature

Date

I certify that a copy of this Disclosure has been provided to the applicant. This completed document must accompany the application.

Agent's Name (Printed)

Agent's Signature

Date



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: Complete 1035 exchange Partial 1035 exchange

Important Notice About Partial 1035 Exchanges and Split Annuities
 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.

NONQUALIFIED TRANSFERS (Other than a 1035 Exchange)

The estimated amount is \$ _____ from a: Brokerage Account Mutual Fund Certificate of Deposit

Which represents: Complete Transfer 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.

I do not want taxes withheld

I elect to have federal taxes withheld at a rate of ____% and state taxes (if applicable) withheld at a rate of ____%.

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.

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.

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
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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:

Traditional IRA Roth IRA SEP IRA SIMPLE IRA TSA/403(b) 457 Plan

Qualified Plan (e.g. 401(k) plan) Qualified CD IRA Mutual Fund Other_____

The estimated amount is \$_____ which represents: The Entire Amount A Partial Amount

The National Integrity annuity contract should be issued as:

Traditional IRA Roth IRA SEP IRA Qualified Plan¹

Apply proceeds to: New Contract Existing National Integrity Contract

¹Complete 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 (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