

FACTS		WHAT DOES WESTERN & SOUTHERN FINANCIAL GROUP DO WITH YOUR PERSONAL INFORMATION?
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> • Social Security number and address • Account balances and transaction history • Assets, income, and credit history 	
How?	All financial companies need to share customers' personal information to run their everyday business and provide applicable products and services. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Western & Southern Financial Group chooses to share; and whether you can limit this sharing.	
Reasons we can share your personal information		Does Western & Southern Financial Group share?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus		Yes
For our marketing purposes— to offer our products and services to you		Yes
For joint marketing with other financial companies		Yes
For our affiliates' everyday business purposes— information about your transactions and experiences		Yes
For our affiliates' everyday business purposes— information about your creditworthiness		Yes
For our affiliates to market to you		Yes
For nonaffiliates to market to you		No
		Can you limit this sharing?
		No
		No
		No
		Yes
		Yes
		We don't share.
To limit our sharing of the applicable items above	<ul style="list-style-type: none"> • Call (866) 590-1349 and follow the instructions provided Please note: If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice to you. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing of the applicable items above.	
Questions?	Call (800) 926-1702	

Who we are	
Who is providing this notice?	Companies owned by Western & Southern Financial Group, Inc. A list of companies is located at the end of this notice.
What we do	
How does Western & Southern Financial Group protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. Except as authorized by you in writing, we limit access to your information to those who need it to do their jobs or service your account.
How does Western & Southern Financial Group collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • Give us your contact information • Open an account • Provide account information • Purchase products or services from us • Seek advice about your investments <p>We may also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • Sharing for affiliates' everyday business purposes—information about your credit worthiness • Affiliates from using your information to market to you • Sharing for nonaffiliates to market to you <p>State laws and individual companies may provide you additional rights to limit sharing. See below for more on your rights under state law.</p>
What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account—unless you tell us otherwise.
Definitions	
Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Our affiliates include companies with the Western & Southern name; financial companies such as The Western and Southern Life Insurance Company, Western-Southern Life Assurance Company, Western & Southern Agency, Inc., W&S Brokerage Services, Inc., W&S Wealth Solutions, Inc., W&S Advisory Services, LLC, Columbus Life Insurance Company, The Lafayette Life Insurance Company, The Lafayette Life Insurance Agency, Inc. Gerber Life Insurance Company, Gerber Life Agency, LLC, Integrity Life Insurance Company, National Integrity Life Insurance Company, W&S Financial Group Distributors, Inc., IFS Financial Services, Inc., Touchstone Securities, Inc., Touchstone Advisors, Inc., Fort Washington Investment Advisors, Inc., Eagle Realty Capital Partners, LLC, Eagle Realty Group, LLC and Fabric Technologies, Inc.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>We do not share with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • Our joint marketing partners include other financial service companies, such as banks.

Other important information

You may have other privacy protections under applicable state laws. To the extent these state laws apply, we will comply with them when we share information about you.

For California residents: In accordance with California law, we will not share information we collect about you except as permitted by California law. This may include: for our everyday business purposes, for marketing our products and services to you, and as permitted by law or otherwise authorized by you, including, for example, to service your account. We limit sharing among our affiliates to the extent required by California law. Types of information we collect, in addition to what is described in this notice, may include, but is not limited to: financial information, demographic information, medical information, and employment information. We do not sell your information, nor do we share information with nonaffiliate companies. Per the California Consumer Privacy Act and the California Privacy Rights Act, you have the right to: access your personal information that is collected, request that we delete your personal information pursuant to this Act, request information about how your information is shared and what it is used for, know with what third parties your information is shared, request correction of inaccurate personal information, and opt-out of the sharing of your personal information. To exercise any of these rights, you may visit our website at <https://www.westernsouthern.com/privacy-request> or call customer service to submit a request. For additional information regarding our privacy policies, visit our website at <https://www.westernsouthern.com/privacy-policy> or call (800) 926-1702.

For Vermont residents: We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. For additional information concerning our privacy policies, visit our website at <https://www.westernsouthern.com/privacy-policy> or call (800) 926-1702.

For Nevada residents: This notice is provided to you pursuant to state law. We may contact you by telephone to offer additional financial products that we believe may be of interest to you. You have the right to opt out of these calls by adding your name to our internal do-not-call list. To opt out of these calls, or for more information about your opt out rights, please contact our customer service department by telephoning (866) 590-1349. Nevada state law requires us to provide you with the following contact information: You may contact the Nevada Attorney General for more information about your opt out rights by calling 702-486-3132, emailing aginfo@ag.nv.gov, or by writing to: Office of the Attorney General, Nevada Department of Justice, Bureau of Consumer Protection, 100 North Carson Street, Carson City, NV 89701-4717.

For insurance customers in AZ, CA, CT, GA, IL, ME, MA, MN, MT, NV, NJ, NM, NC, ND, OH, OR, and VA only: The term "Information" means information we collect during an insurance transaction. We will not use your medical information for marketing purposes without your consent. We may share your Information with others, including insurance-support organizations, insurance regulatory authorities, law enforcement, and consumer reporting agencies, without your prior authorization as permitted or required by law. Information obtained from a report prepared by an insurance-support organization may be retained by the insurance-support organization and disclosed to other persons.

For more information on our use of Artificial Intelligence please visit <https://www.westernsouthern.com/privacy-policy>.

Who is providing this notice?

The Western & Southern Financial Group, Inc. member companies are Columbus Life Insurance Company, The Western and Southern Life Insurance Company, Western-Southern Life Assurance Company, The Lafayette Life Insurance Company, The Lafayette Life Insurance Agency, Inc., Gerber Life Agency, LLC, Integrity Life Insurance Company, National Integrity Life Insurance Company, W&S Financial Group Distributors, Inc., IFS Financial Services, Inc., Touchstone Securities, Inc., Touchstone Advisors, Inc., Western & Southern Agency, Inc., W&S Brokerage Services, Inc., W&S Wealth Solutions, Inc., W&S Advisory Services, LLC, Eagle Realty Capital Partners, LLC, and Eagle Realty Group, LLC.



Fixed Annuity Good Order Checklist

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

RECEIPT OF AN INCORRECT 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.
- The Owner(s) and the Annuitant must be within the allowed issue ages for the product being sold.
- If the Owner is not the Annuitant, please designate an Owner's Beneficiary.
- The correct state version and most current version of each form must be used. Submission of incorrect versions of forms will create significant delays in issuing the annuity contract. Please check WSEFinancialPartners.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(s).
- Appropriate signatures and dates, including those of applicable Joint Owners, must be provided on ALL forms. The state where the application was signed must also be indicated.
- Complete the appropriate Replacement questions on the application.
 - Agent and Client answers to replacement questions must be in agreement.
- Replacement Notice: Required in many states if the client has an existing life insurance policy or annuity contract, even when no replacement is occurring (based on individual state regulations). Joint Owners should also sign the notice.
 - The answers to the questions on this form (if required) are in agreement with the application.
- Complete the Entity Ownership Certificate if a non-natural person will own the contract instead of an individual.
- Complete the Spousal Consent section of the application, if this is a 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.
- Complete the Fixed Annuity Suitability Statement, if required.
- The Sales Representative has signed the application, and provided all of the appropriate information.
- Submit all pages of each form.

REPLACEMENT BUSINESS REMINDERS

- Complete the Notice Regarding Replacement (state variations may apply).
- Complete the Absolute Assignment IRC Section 1035 Policy Exchange (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.
- Provide all required surrendering company forms (contact the surrendering company for requirements).



Individual Fixed Annuity Application

MAILING INSTRUCTIONS

Send this completed application to:

REGULAR MAIL: National Integrity Life Insurance Company, P.O. Box 5720, Cincinnati, OH 45201-5720

EXPRESS MAIL: National Integrity Life Insurance Company, 400 Broadway, MS 74, Cincinnati, OH 45202-3341

FAX NUMBER: 888.220.2677

Mail Contracts to: [] Sales Representative/Licensed Agent [] Owner

(Contracts mailed to sales representative/licensed agent must be delivered within five days of receipt.)

PRODUCT ELECTION (Required) - Choose One

[] New Momentum [] SPDA Series II

ANNUITANT INFORMATION (Required)

Annuitant – The Annuitant is the person whose life expectancy is used to determine the annuity benefit and contract maturity date. The Annuitant is also the Owner unless indicated otherwise.

NAME (First, Middle, Last)

[]

SOCIAL SECURITY NUMBER

[]

DATE OF BIRTH (MM/DD/YYYY)

[]

GENDER

[] Male [] Female

TELEPHONE NUMBER (include area code)

[]

E-MAIL ADDRESS

[]

PHYSICAL ADDRESS Line 1 (No P.O. Boxes)

[]

Line 2

[]

CITY

[]

STATE

[]

ZIP

[]

MAILING ADDRESS Line 1 (if different from physical address)

[]

Line 2

[]

CITY

[]

STATE

[]

ZIP

[]

COUNTRY OF CITIZENSHIP

[]

RELATIONSHIP TO OWNER

[]

If you are not a United States citizen, are you a permanent resident of the US?

[] Yes

[] No

If yes, for how long?

[]



ANNUITANT INFORMATION (Required) - Continued

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.

NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

GENDER

Male Female

TELEPHONE NUMBER (include area code)

E-MAIL ADDRESS

ADDRESS Line 1

Line 2

CITY

STATE

ZIP

COUNTRY OF CITIZENSHIP

RELATIONSHIP TO OWNER

If you are not a United States citizen, are you a permanent resident of the US?

Yes

No

If yes, for how long?

ANNUITANT 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. Annuitant's Beneficiaries will share the death benefit equally, unless otherwise specified. Annuitant's Beneficiaries without specified percentages will share the balance of the death benefit equally. Percentages must be whole numbers, and must total 100%. If you do not elect a Beneficiary Type, the Beneficiary Type will be considered Primary.

NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER / TIN Check if TIN

DATE OF BIRTH (MM/DD/YYYY)

GENDER

Male Female

TELEPHONE NUMBER (include area code)

E-MAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO ANNUITANT

BENEFICIARY TYPE

Primary Contingent

PERCENTAGE

%



ANNUITANT BENEFICIARY INFORMATION (Required) - Continued

NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER / TIN

Check if TIN

DATE OF BIRTH (MM/DD/YYYY)

GENDER

 Male Female

TELEPHONE NUMBER (include area code)

E-MAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO ANNUITANT

BENEFICIARY TYPE

PERCENTAGE

 Primary Contingent %

NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER / TIN

Check if TIN

DATE OF BIRTH (MM/DD/YYYY)

GENDER

 Male Female

TELEPHONE NUMBER (include area code)

E-MAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO ANNUITANT

BENEFICIARY TYPE

PERCENTAGE

 Primary Contingent %

NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER / TIN

Check if TIN

DATE OF BIRTH (MM/DD/YYYY)

GENDER

 Male Female

TELEPHONE NUMBER (include area code)

E-MAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO ANNUITANT

BENEFICIARY TYPE

PERCENTAGE

 Primary Contingent %

OWNER INFORMATION (Required)

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.

OWNER TYPE (check one) Individual(s) Entity

If the Owner is a non-natural person, such as a trust or corporation, complete the Entity Ownership Certificate and designate the Owner as the Owner’s sole beneficiary AND Annuitant’s sole beneficiary.

NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER / TIN Check if TIN **DATE OF BIRTH (MM/DD/YYYY)** **GENDER**
 Male Female

TELEPHONE NUMBER (include area code) **E-MAIL ADDRESS**

PHYSICAL ADDRESS Line 1 (No P.O. Boxes) **Line 2**

CITY **STATE** **ZIP**

MAILING ADDRESS Line 1 (if different from physical address) **Line 2**

CITY **STATE** **ZIP**

COUNTRY OF CITIZENSHIP **RELATIONSHIP TO ANNUITANT**

If you are not a United States citizen, are you a permanent resident of the US? Yes No If yes, for how long?



OWNER INFORMATION (Required) - Continued

Joint Owner (if applicable) – 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)

SOCIAL SECURITY NUMBER / TIN

Check if TIN

DATE OF BIRTH (MM/DD/YYYY)

GENDER

Male

Female

TELEPHONE NUMBER (include area code)

E-MAIL ADDRESS

ADDRESS Line 1

Line 2

CITY

STATE

ZIP

COUNTRY OF CITIZENSHIP

RELATIONSHIP TO OWNER

If you are not a United States citizen, are you a permanent resident of the US?

Yes

No

If yes, for how long?

OWNER’S BENEFICIARY INFORMATION (Required)

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 the Owner’s estate if a beneficiary is not named here.

NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER / TIN

Check if TIN

DATE OF BIRTH (MM/DD/YYYY)

GENDER

Male

Female

TELEPHONE NUMBER (include area code)

E-MAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO OWNER



TRANSFER OR REPLACEMENT INFORMATION (Required)

Do you currently have existing life insurance policies or annuity contracts with National Integrity Life or any other company? Yes No

Is the purchase of this annuity intended to change or replace any existing annuity contract or life insurance policy? Yes No

CONTRACT TAX QUALIFICATION AND PREMIUM INFORMATION (Required)

How do you want us to issue this contract?

Non-Qualified Traditional IRA Roth IRA SEP IRA Funding Qualified Plan (IRC Section 401)

If Funding Qualified Plan (IRC Section 401) was selected, select one: 401(k) Pension Profit Sharing

Estimated Total Premium Amount \$

Payment Type (Check all that apply)

- Qualified Transfer
(A Transfer is a direct transfer from a qualified plan to another qualified plan or an IRA to another IRA.)
- Full 1035 Exchange
(Non-Qualified Annuity to Annuity Exchange)
- Non-Qualified Premium/Transfer
(Non-1035 Exchanges)
- Rollover
(A Rollover is a withdrawal of funds from a qualified plan or IRA by the participant/owner and the reinvestment of those funds within 60 days into another qualified plan or IRA.)
- Partial 1035 Exchange
(Non-Qualified Partial Annuity to Annuity Exchange)
- Contribution - *If not indicated, defaults to current tax year.*
\$ _____ for Current Tax Year
Qualified funds only
\$ _____ for Previous Tax Year
Qualified funds only, except SEP IRAs.

Payment Source - Make checks payable to National Integrity Life Insurance Company.

Check Wire/Clearinghouse 1035 Exchange/Non-Qualified Transfer¹ Qualified Transfer/Rollover²

¹ Complete the IRC Section 1035 Exchange/Assignment or Nonqualified Transfer form.

² Complete the Authorization for Rollover or Transfer of Tax Qualified Funds form.

If a Wire Transfer is used to fund this contract, the following information is required: The account belongs to the owner/ applicant and the money is being transferred from _____ (name of Financial Institution) and originates from _____ (state/country).

INTEREST RATE GUARANTEE PERIODS (Required)

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

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

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.



SPOUSAL CONSENT, DISCLOSURE, CERTIFICATION AND OWNER'S SIGNATURE (Required)

SPOUSAL CONSENT – Required for contracts where the owner resides 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 and have designated any primary beneficiary(ies) other than your spouse, your spouse must consent by signing below. 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.

Print Name _____
SPOUSE

Sign Here _____ Date _____
SIGNATURE OF SPOUSE

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 other US person.

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.
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

If the contract is being funded by transfer, rollover or conversion in the year, 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 Insurance Company has no liability under the contract applied for until it is issued and does not offer tax or legal advice.

Signed in the State of: _____

Print Name _____
OWNER

Sign Here _____ Date _____
SIGNATURE OF OWNER

Print Name _____
JOINT OWNER (if applicable)

Sign Here _____ Date _____
SIGNATURE OF JOINT OWNER (if applicable)

Print Name _____
ANNUITANT (if different from Owner)

Sign Here _____ Date _____
SIGNATURE OF ANNUITANT (if different from Owner)



SALES REPRESENTATIVE/LICENSED AGENT INFORMATION (Required)

Does the applicant now have life insurance policies or annuity contracts with any company? Yes No

Is this contract intended to replace or change any existing insurance or annuity (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? Yes No

If **NO**, complete the Questionnaire for Suitability, and submit with this application. The Insurance Company cannot issue the contract without the 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.

Primary Representative

NAME (First, Middle, Last)

AGENT ID NUMBER (6 Digits)

TELEPHONE NUMBER (include area code)

FAX NUMBER (include area code)

FIRM NAME

E-MAIL ADDRESS

BRANCH ADDRESS

CITY

STATE

ZIP

AGENT STATE LICENSE NUMBER

PERCENTAGE

Sign Here _____ Date _____

SIGNATURE OF SALES REPRESENTATIVE / LICENSED AGENT

Secondary Representative - if applicable

NAME (First, Middle, Last)

AGENT ID NUMBER (6 Digits)

TELEPHONE NUMBER (include area code)

FAX NUMBER (include area code)

FIRM NAME

E-MAIL ADDRESS

BRANCH ADDRESS

CITY

STATE

ZIP

AGENT STATE LICENSE NUMBER

PERCENTAGE

Sign Here _____ Date _____

SIGNATURE OF SALES REPRESENTATIVE / LICENSED AGENT



ACORD® 1035 EXCHANGE / ROLLOVER / TRANSFER eFORM

Name of Receiving Company _____

Business Address	Mailing Address	Overnight Address
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This form can be used to accomplish a **FULL** or a **PARTIAL Exchange** of policies pursuant to Internal Revenue Code (IRC) Section 1035. This form can also be used for **Transfers of Funds and Direct Rollovers**. Complete the requested information concerning the existing policy and contract, check the appropriate boxes, and date and sign this form. Refer to the application, and if applicable, prospectus and any state required forms for additional important disclosures and information. Check with both the receiving and surrendering company for form requirements specific to the transaction that is being initiated.

If you are considering a replacement you have the right to receive information regarding your existing policy or contract values including, if available, an in force illustration, policy summary, premium payment amounts or the product prospectus. If the information is requested your existing company will return the requested information to you within five business days. Contact your existing carrier for additional information.

Complete one form for each surrendering company and contract. Please apply funds to:

New / Existing Contract Number: _____ **Receiving Carrier DTCC #:** _____
(for Money Settlement)

Without this contract number, the funds will be applied to a new contract.

The receiving company may not accept the exchange / rollover / transfer if the funds do not meet its minimum premium requirements.

1. SURRENDERING COMPANY POLICY / ACCOUNT / CONTRACT INFORMATION

Surrendering Company Name (Complete one form for each surrendering company)			Surrendering Company Account / Policy / Contract Number		
Street Address Line 1		Address Line 2			
City	State	Zip	Phone Number	Ext	Fax Number
Surrendering Plan Type (Non-Qualified, IRA, Roth IRA, etc.)		Surrendering Product Type (Life, Annuity, CD, MF, Other, etc.)		Estimated Amount of Transfer	
				\$	
Owner (First, Middle, Last) / Entity Name				Social Security Number / Tax ID #	
Joint Owner Name (First, Middle, Last) - Please confirm the availability of these options with the Receiving Company				Social Security Number	
Insured / Annuitant Name (First, Middle, Last) - if other than owner (applies to Life & Annuity products only)				Social Security Number	
Joint Insured / Annuitant Name (First, Middle, Last) - Please confirm the availability of these options with the Receiving Co.				Social Security Number	
Contingent Annuitant Name (First, Middle, Last) - Please confirm the availability of these options with the Receiving Co.				Social Security Number	

2. TRANSFER / ROLLOVER / 1035 EXCHANGE SURRENDERING INSTRUCTIONS

Full Partial \$ _____ or _____ %

Penalty Free Amount

(This amount is subject to change based on the product provisions. Please check with the surrendering company to verify the amount)

By executing this form, I authorize the full or partial liquidation of my existing contract or account in accordance with the sections completed above. I hereby instruct the parties to process that liquidation:

As soon as possible after receipt of all necessary forms **On a specific date:** _____

I / We also understand it is my / our responsibility to confirm with the surrendering company their processing guidelines to selecting a specific transfer date.

3. DISCLOSURES / ACKNOWLEDGMENTS

- I. I fully assign and transfer all claims, options, privileges, rights, title and interest to either all of the life insurance policy, all of the annuity contract or part of the annuity contract value identified in the Contract Information section on page 1 to the receiving company. The sole purpose of this assignment is to effect a tax-free exchange under Section 1035(a) of the Internal Revenue Code. All of the powers, elections, appointments, options and rights I have as owner of the contract, including the right to surrender, are now exercisable by the receiving company. Simultaneous with a full assignment, I also revoke all existing beneficiary designations under the Assigned Policy. Other than the above mentioned owner, no person, firm, or corporation other than myself and the insurer that issued the above numbered policy, has an interest in said policy. No proceedings in insolvency or bankruptcy have been instituted by or against me. I understand that the receiving company intends to surrender the contract for the cash value; or if this is a partial exchange, the portion assigned, subject to its terms and conditions, and to use the proceeds as the purchase payment for the new contract to be issued by the receiving company. I authorize the surrendering company to send the proceeds directly to the receiving company and understand that fees and surrender charges may apply. This exchange is subject to acceptance by the receiving company. Neither the receiving company nor the surrendering company is liable or responsible for changes in market value that may occur after the surrendering company has processed the transaction and before the proceeds are received by the receiving company in good order and allocated to the new contract. Prior to the date of receipt of the proceeds by the receiving company, no value will accrue or be earned on the receiving company contract.
- II. If this is a partial exchange, I understand that it is subject to Revenue Ruling 2003-76, which dictates how much of the original contract's cost basis must be allocated to the new contract. The cost basis should be allocated ratably between the two contracts based on the percentage of the value retained in the original contract and the percentage of the value transferred to the new contract. For example, if the contract value is \$100,000 and basis is \$50,000, and I assign 30% for a partial exchange, then \$15,000 (30% of \$50,000) of the basis would be applied to the new contract. I understand that the IRS has raised concerns about annuity contract owners using partial exchanges to avoid income tax, and I certify that I am not entering into this transaction for the purpose of reducing or avoiding income tax or the 10% penalty tax for early withdrawals.

I expressly represent that the sole purpose is to effect a partial 1035 exchange of an annuity contract. However, I acknowledge that Revenue Procedure 2011-38 states that withdrawals from annuitization, taxable owner or annuitant changes, or surrenders, other than an amount received as an annuity for a period of 10 years or more or during one or more lives, of either the original contract or the new contract during the 180 day period following the partial exchange, may affect the tax free status of the partial exchange.

Note: Other exceptions may apply and a subsequent direct transfer of all or a portion of either contract involved in the exchange could have tax and tax reporting consequences. Please consult your tax advisor. Please confirm with the carrier if they will support partial 1035 exchanges.

I acknowledge that the receiving company has made no representations concerning any tax treatment of this transaction. I understand that the receiving company has neither responsibility nor liability for the validity of this transaction or for my treatment under Section 1035(a) of the Internal Revenue Code or otherwise. Therefore, I agree to release and hold harmless the receiving company and its agents from any and all liability arising from, relating to, or in connection with, the taxation of a partial exchange of the above listed contract. I authorize the receiving company and the surrendering institution to share information necessary to maintain accurate records of the annuity cost basis and to ensure proper withholding and tax reporting. I have been directed to consult my tax or legal advisor before proceeding.

- III. I authorize the receiving company to rely upon the cost basis information provided by the surrendering company, but agree that the receiving company will assume no responsibility for determining or verifying cost basis. If cost basis is not provided, I acknowledge that more restrictive or less beneficial tax rules may apply to the amounts transferred. I acknowledge that the receiving company provides this form and participates in this transaction as an accommodation to me. The receiving company does not give tax or legal advice on the tax consequences for replacing one contract for another, and assumes no responsibility or liability for the validity of this assignment or for the tax treatment of this exchange under IRC Section 1035(a) or other laws or regulations.
- IV. I agree that if the receiving company, in its sole discretion, determines that it is unlikely to receive timely payment of the full contract cash surrender values, the receiving company may reassign ownership of the policy/contract back to me.
- V. RETURN OF LIFE INSURANCE POLICY OR ANNUITY CONTRACT - Does not apply to partial 1035 exchanges on annuity contracts. Unless the surrendering company's policy or contract is attached, I affirm that the policy or contract has been destroyed or lost and that reasonable effort has been made to locate it. To the best of my knowledge no one else has any right, title or interest in the contract, nor has it been assigned, pledged or encumbered, unless this is a life insurance policy with a loan to carry forward.
- VI. MAXIMUM ISSUE AGE DISCLOSURE - An annuity contract may not be issued should the funding requirements be received after reaching maximum issue age for the annuity contract applied for. If the funds are received after the maximum issue age, the contract may be rejected and the funds returned to their original source. The surrendering company may or may not take the funds back, which could result in a taxable event.
- VII. NON-QUALIFIED TRANSFER OF FUNDS (NON 1035 EXCHANGE) - The receiving company will apply all such funds received to an annuity contract issued to me. I understand that the receiving company assumes no responsibility for tax treatment of this matter and I shall be responsible for payment of all federal, state and local taxes incurred with respect to the liquidation of such account. I acknowledge that the earnings credited under the annuity contract will begin to accrue when the receiving company receives these proceeds and all other necessary paperwork in good order. For index annuities, fixed account interest under the annuity contract will begin to accrue on the next Issue Day.
- VIII. TRANSFER / EXCHANGE OF FUNDS INTO A TSA/403(B) - The TSA/403(b) owner / participant's employer or employer's third-party administrator must authorize and sign this transfer request in Section 5.

Authorization for a TSA/403(b) transfer / exchange to a TSA/403(b): This request is for the direct transfer / exchange of non-ERISA funds from the TSA/403(b) (annuity contract) or 403(b)(7) (custodial account) identified in Section 1 of this form to a TSA/403(b) (annuity contract) established on my behalf by the receiving company. I hereby agree to surrender my interest as indicated above and authorize the receiving company to take whatever action necessary to effect this transfer / exchange. I acknowledge that the transferred / exchanged funds shall be subject to the more stringent restrictions on distributions found in either the predecessor annuity contract or the receiving annuity contract. I intend this transaction to be a 403(b) transfer / exchange of funds pursuant to IRC section 403(b) and the final regulations. The transfer / exchange is to be executed from financial institution to financial institution in such a manner that it will not place me in actual or constructive receipt of all or any part of the transferred / exchanged funds. Because this transaction constitutes a direct rollover / transfer / exchange of funds and not a distribution, withholding does not apply. (Provide the receiving company with any records or documents they may request with respect to this transfer / exchange.)

- IX. The IRS has provided limited guidance on the tax consequences of transferring a life insurance policy with values less than the investment in the contract to a new or existing annuity contract. If the owner surrenders the newly acquired annuity contract, it's not clear whether the annuity losses are fully deductible against ordinary income or deductible as a miscellaneous deduction subject to a limitation of 2% of adjusted gross income (AGI). If the IRS views the two transactions as a single integrated transaction, they could consider it a step transaction and successfully disallow the losses as a tax deduction.

4. TAXPAYER IDENTIFICATION NUMBER CERTIFICATION

Under penalties of perjury, I certify that:

1. The number on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. 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 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 U.S. person (including a U.S. resident alien).
 Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

5. SIGNATURES

This transfer request also authorizes the receiving and surrendering company to request information on the status of this transfer or exchange by phone or in writing. By signing below, I represent that the responses herein are, to the best of my knowledge, accurate and I have read the DISCLOSURES / ACKNOWLEDGMENTS section on page 2 the ACORD 1035 Exchange / Rollover / Transfer Form.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Signature Guarantee (if applicable)

Signature of Owner / Plan Administrator / Trustee / Custodian

Date (mm/dd/yyyy)

Signature of Joint Owner / Co-Trustee (if applicable)

Date (mm/dd/yyyy)

Signature of Insured / Annuitant (if applicable)

Date (mm/dd/yyyy)

Signature of Irrevocable Beneficiary (if applicable)

Date (mm/dd/yyyy)

Signature of Spouse (Required in AZ, CA, ID, LA, NV, NM, TX, WA and WI only)
(if applicable)

Date (mm/dd/yyyy)

FOR TSA/403(b) TO TSA/403(b) TRANSFERS/EXCHANGES ONLY - EMPLOYER/THIRD PARTY ADMINISTRATOR SIGNATURE

By signing below, I am acknowledging that I have reviewed this direct transfer / rollover / exchange request and that it is authorized and approved under the employer's 403(b) plan under IRC section 403(b) and the final regulations.

- a) I am authorizing this transfer / rollover request.
- b) I am confirming that there is an information sharing agreement in place with the receiving company under the IRC section 403(b) regulations.
- c) All information provided on this form is accurate.

Print Name of Employer or Third Party Administrator

Title of Employer or Third Party Administrator

Signature of Employer or Third Party Administrator

Date (mm/dd/yyyy)

6. SIGNATURES (For the receiving company's use only)

6 A. ACCEPTANCE OF 1035 EXCHANGE / TRUSTEE TRANSFER / DIRECT ROLLOVER

By signature of an authorized officer below, the receiving company accepts assignment of all (or a portion of the assets if this is a partial exchange) to the above contract for purposes of complying with the client's intention of effecting a nontaxable exchange under IRC Section 1035. Please issue payment payable to the receiving company, the owner of the contract, for the full cash surrender value of the contract or a portion if it is a partial surrender.


For Trustee Transfers / Direct Rollovers from Tax-Qualified Accounts / Contracts:

The receiving company will deposit funds received into a: _____

6 B. eCONSENT AND ACKNOWLEDGMENT (Applies to eSignature Transactions Only)

To the extent the receiving company has obtained electronic signatures to effectuate the transaction(s) set forth in this form, the receiving company, by the below signature of its authorized officer, hereby represents and warrants to the surrendering company that:

- a. This form has been completed using an electronic system that has an integrated e-signature capability;
- b. All consumer consents have been obtained under, and this form was signed using an e-signature process that complies with, all applicable federal and state e-signature requirements, including, but not limited to, the federal E-Sign Act, and the applicable states' versions of the Uniform Electronic Transactions Act;
- c. It shall indemnify, defend, and hold harmless the surrendering company from and against all losses, costs, liabilities, claims, threatened claims, demands, suits, obligations, expenses, judgments, and damages, including, but not limited to, reasonable attorneys' fees and witness' fees, arising from or related to: (i) the receiving company's breach of the warranties set forth in (a) and/or (b) above; (ii) a liability imposed by any municipal, state or federal governmental body relating to the receiving company's violation of an applicable e-signature law or regulation; and (iii) the receiving company's gross negligence, willful misconduct or illegal acts, including, but not limited to, claims that the e-signatures obtained on this form by the receiving company are invalid or were improperly obtained; provided, however, that (iv) the surrendering company shall provide the receiving company of prompt written notice of any claim that the surrendering company believes falls within this scope of this paragraph, and (v) the surrendering company shall not settle any claim that adversely affects any rights of the receiving company without the receiving company's prior written consent; and
- d. It shall promptly provide to the surrendering company and/or its designee(s) any and all information in the receiving company's possession (or within the receiving company's reasonable control) as may be necessary to evidence the validity of the electronic signatures that were obtained to effectuate the transaction(s) set forth in this form.

Print Name of Authorized Officer Amy Retzsch	Title of Authorized Officer AVP, Annuity Operations
Signature of Authorized Officer (if applicable - may not be required if LOA is used) 	Date (mm/dd/yyyy)



Beneficiary Required Distribution Election Form

MAILING INSTRUCTIONS - Send this completed form along with the proper New Business paperwork to:

REGULAR MAIL: National Integrity Life Insurance Company, PO Box 5720, Cincinnati, OH 45201-5720

EXPRESS MAIL: National Integrity Life Insurance Company, Attn: Annuity Operations, 400 Broadway, Cincinnati, OH 45202-3341

Availability: Inherited (Stretch) IRAs are available for all products except IncomeSource Select. The Non-Qualified Extended plan type is only available for Indextra NY, SPDA Series II, SmartSelect, and IncomeSource. GLWB riders are not available with Inherited (Stretch) IRA and Non-Qualified Extended elections.

SECTION 1: ANNUITY TYPE - Select One

[] Inherited (Stretch) IRA [] Inherited (Stretch) Roth IRA [] Non-Qualified Extended

Inherited (Stretch) IRA and Inherited (Stretch) Roth IRA are only available to Eligible Designated Beneficiaries who are defined as a spousal beneficiary, beneficiaries that are not more than 10 years younger than the decedent, disabled beneficiaries, chronically ill beneficiaries, and children of the decedent (only until their age of majority, then they are subject to distribution of the entire amount in 10 years.)

In the event an Inherited (Stretch) IRA or (Stretch) Roth IRA is selected above, by signing below, you certify that you are one of the following as set forth in Section 7 below: the surviving spouse, a disabled or chronically ill individual, or beneficiary who is not more than 10 years younger than the decedent. A minor child is an Eligible Designated Beneficiary but is currently not supported for New Business.

For those beneficiaries who are not eligible for stretch IRAs (as noted above), they are subject to distribution of the entire amount by December 31 of the year that contains the 10th anniversary of the decedent's death.

See Section 7 for additional terms and conditions of each option.

SECTION 2: DECEDENT / NEW OWNER INFORMATION

DECEDENT INFORMATION

NAME (First, Middle, Last)

[Empty text box for decedent name]

SOCIAL SECURITY NUMBER / TIN

[Empty text box for decedent SSN/TIN]

DATE OF BIRTH (MM/DD/YYYY)

[Empty text box for decedent date of birth]

DATE OF DEATH (MM/DD/YYYY)

[Empty text box for decedent date of death]

NEW OWNER INFORMATION

NAME (First, Middle, Last)

[Empty text box for new owner name]

SOCIAL SECURITY NUMBER / TIN

[Empty text box for new owner SSN/TIN]

DATE OF BIRTH (MM/DD/YYYY)

[Empty text box for new owner date of birth]

RELATIONSHIP TO THE DECEASED

[Empty text box for new owner relationship]

PHYSICAL ADDRESS

[Empty text box for physical address]

CITY

[Empty text box for city]

STATE

[Empty text box for state]

ZIP

[Empty text box for zip]



SECTION 3: TRANSFERS IN

Please indicate the date that a separate beneficiary account was established for you.

DATE ESTABLISHED (MM/DD/YYYY)

Did you make your election to receive stretch payments of the death benefit within 60 days from the time the benefit was payable to you? (Non-Qualified Extended only)

Yes No

Did you begin receiving payments of the death benefit prior to requesting this transfer to National Integrity Life Insurance Company (National Integrity)?

Yes No

If yes, please provide the date of your first payment.

FIRST PAYMENT DATE (MM/DD/YYYY)

Have you received your payment for the current calendar year?

Yes No

Please provide a copy of your account statement that includes the most recent December 31 value.

PREVIOUS 12/31 ACCOUNT VALUE

\$

SECTION 4: PAYMENT INFORMATION

National Integrity offers monthly, quarterly, semi-annual or annual payments. Payments can be made on any day of the month except the 29th, 30th or 31st. For indexed contracts, the start date cannot be the 14th or 27th. Payments will continue on the same day of the month at the interval specified below. Payments will be made pro rata from your allocation options. Minimum dollar amounts may apply.

FREQUENCY OF YOUR PAYMENT

Monthly Quarterly Semi-annually Annually

PAYMENT START DATE (MM/DD/YYYY)

Payments will continue as elected until the earlier of (1) the date that the value in the contract would not support an additional withdrawal; (2) the date National Integrity received written instructions from you to change frequency of the withdrawals; or (3) the date National Integrity discontinues this withdrawal option, or (4) the date you are required to receive the entire distribution.



SECTION 5: NOTICE OF WITHHOLDING INCOME TAX (Required)

Federal tax law requires National Integrity Life Insurance Company (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, National Integrity will withhold taxes as if your filing status is single with no adjustments.** If you are a resident of AR, CA, DC, DE, GA, IA, KS, MA, MD, ME, NC, NE, OK, OR, VA, VT or Puerto Rico 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, HI, NV, NH, SD, TN, TX, WA or WY. For AZ and MI residents, National Integrity will withhold at the state's standard rate unless you elect otherwise using form A-4P or MI W-P, respectively. For CT residents, mandatory withholding will apply unless form CT-W4P is submitted to opt out. Opt out is not available for single sum distributions. For MS residents, mandatory withholding will apply for early distributions (before age 59.5) or a return of excess contributions from qualified plans. 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. I direct National Integrity to:

Federal

- Withhold as single with no adjustments
- NOT to withhold federal income taxes
- Withhold based on the elections noted in Form W-4P (see IRS website for more information)

State (Certain states require additional information as noted above)

- Withhold based on the state's standard rate
- NOT to withhold state income taxes
- Withhold taxes as follows: _____ % rate or \$ _____ amount

SECTION 6: AUTHORIZATION FOR DIRECT DEPOSIT

Financial institution information for direct deposit of withdrawals from an annuity contract.

Please check one option, and complete the information below:

- Checking Account (**MUST** attach a voided check or a copy of a voided check from the account owner listed below.)
- Savings Account (Complete the information below AND have a Bank Representative verify and sign below, OR attach a signed letter of instruction on the Bank's letterhead with the information requested below.)

With Direct Deposit, please allow 3-5 business days after the payment date for the funds to be deposited into the designated account.



SECTION 6: AUTHORIZATION FOR DIRECT DEPOSIT (Continued)

FINANCIAL INSTITUTION NAME

FINANCIAL INSTITUTION PHONE NUMBER

FINANCIAL INSTITUTION ADDRESS

CITY

STATE

ZIP

NAME OF ACCOUNT OWNER

PHONE NUMBER

ABA ROUTING NUMBER

ACCOUNT NUMBER

NAME OF ADDITIONAL ACCOUNT OWNER

OTHER ACCOUNT NUMBER (if applicable)

Print Name _____
FINANCIAL INSTITUTION REPRESENTATIVE NAME

Sign Here _____
SIGNATURE OF FINANCIAL INSTITUTION REPRESENTATIVE

Date _____

If your financial institution changes, please notify National Integrity as soon as possible.

SECTION 7: TERMS AND CONDITIONS OF THE PROGRAM

The following terms and condition apply to this annuity contract. Please read them carefully. If you fail to meet these terms and conditions at any time, you may incur adverse tax consequences.

Non-Qualified Extended contracts

You are purchasing an annuity contract as a part of a death benefit distribution that involves payments to be made over your life expectancy. National Integrity will calculate and make these payments according to the payment option elected. The Internal Revenue Service (IRS) has not reviewed this contract and National Integrity does not guarantee that the payment from the contract will qualify for the tax treatment being applied.

1. The payments must be substantially equal payments made over your life expectancy. Your payments will be taxed as amounts received as an annuity and the investment in the contract will be spread over the number of periodic payments made over your life expectancy.
2. Your first payment must be distributed to you on or before the first anniversary of the deceased contract owner's date of death.
3. You must have made your election to receive stretch payments of the death benefit within 60 days from the time the benefit was payable to you.
4. You must receive your annual amount each year.
5. No additional contribution can be made to this contract.
6. You have the option to surrender the contract or take a partial withdrawal at any time. However, if you surrender the contract or take a partial withdrawal, your payments will no longer be taxed as amounts received as an annuity; instead you will receive the gain first and be taxed first on all of the gain remaining in the contract.



SECTION 7: TERMS AND CONDITIONS OF THE PROGRAM (Continued)

7. You cannot transfer or assign the contract.
8. Any optional rider offered under a product is not available on your contract.

Inherited (Stretch) IRA and Roth IRA contracts

You are purchasing an annuity contract as a part of a death benefit distribution that involves payments to be made over your life expectancy. National Integrity will calculate and make these payments according to the payment option elected. The Internal Revenue Service (IRS) has not reviewed this contract and National Integrity does not guarantee that the payment from the contract will qualify for the tax treatment being applied.

1. The payments are required minimum distributions based on your life expectancy.
2. Your first payment must be distributed to you before the end of the tax year following the deceased contract owner's date of death.
3. You must receive your annual amount each year.
4. No additional contribution can be made to this account.
5. You have the option to surrender the contract or take a partial withdrawal at any time. However, if you surrender the contract or take a partial withdrawal, your payments will no longer be taxed as amounts received as an annuity; instead you will receive the gain first and be taxed first on all of the gain remaining in the contract.
6. You cannot transfer or assign the contract.
7. Any optional rider offered under a product is not available on your contract.

The IRC defines an "Eligible Designated Beneficiary" to mean with respect to the Decedent Owner of the prior Contract, any designated beneficiary who is –

- The surviving spouse;
- A child who has not reached majority (age 18) within the meaning of Code Section 401(a)(9)(F)¹;
- Disabled (within the meaning of Code Section 72(m)(7));
- A chronically ill individual (within the meaning of Code Section 7702B(c)(2), except that the requirements of Code Section 7702B(c)(2)(A)(i) thereof shall only be treated as met if there is a certification that, as of such date, the period of inability described in such subparagraph with respect to the individual is an indefinite one which is reasonably expected to be lengthy in nature); or
- An individual not described in any of the preceding subclauses who is not more than 10 years younger than the Owner.

SECTION 8: STATEMENT OF UNDERSTANDING

I understand that National Integrity does not intend for any material, including annuity contracts, it provides to customers or potential customers to be used, and in fact it prohibits the use of such material, for the purpose of evading federal, state and local taxes and penalties.

I understand that the annuity contract I am purchasing provides certain rights to me as owner and upon my death, to my named beneficiaries. I understand that the exercise of some of those rights may result in adverse tax consequences due to the tax law restrictions associated with this contract. I also understand that the contract has withdrawal charges and may also have a market value adjustment, which apply to a full surrender and to any partial withdrawal greater than the free withdrawal amount stated in the contract, even if the withdrawal is for the required distribution amount.

¹ Currently not supported.



SECTION 9: ANNUITY PRODUCT DISCLOSURE

Note for IncomeSource Contracts: The SECURE Act eliminates “stretch IRAs” by requiring that all distributions to a designated beneficiary be made by the end of the 10th calendar year following the year in which the IRA owner dies (except if such beneficiary is a surviving spouse, disabled, chronically ill, a minor child or not more than 10 years younger than the IRA owner). Therefore, any period certain payout that would extend beyond the 10th calendar year following the last annuitant’s death will be commuted at the end of that 10-year period.

SECTION 10: CERTIFICATION AND AUTHORIZATION

By signing this form I certify the following:

1. I understand that National Integrity is not responsible for monitoring the distributions required from this account and that it is my responsibility to ensure that the correct amount is withdrawn from my account each year. I hold National Integrity harmless from any liability that may arise from my failure to withdraw the required annual payment amount.
2. I understand that National Integrity does not provide tax or legal advice. I acknowledge that I am responsible for all tax consequences resulting from my decision to establish or continue an account at National Integrity.
3. Under the penalties of perjury, I certify that:
 - a. the number shown on this form is my correct taxpayer identification number, and
 - b. I am not subject to backup withholding because (i) I am exempt from backup withholding or (ii) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (iii) the IRS has notified me that I am no longer subject to backup withholding, and
 - c. I am a US citizen. National Integrity suggests that you consult with an attorney or tax advisor for proper tax advice.

Note: You must cross out item 3b 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.

I authorize National Integrity to distribute my annual payment amount in accordance with the instructions given above, and to credit my account with payments at the above named financial institution. This agreement will remain active until written notification is received and processed by National Integrity. I authorize the financial institution to debit my account and refund any overpayments by National Integrity.

For Inherited (Stretch) IRA and Roth IRA contracts:

As Owner, I read and understand the definition of an “Eligible Designated Beneficiary” in section 7. I hereby certify that I qualify as an Eligible Designated Beneficiary.

By signing, I acknowledge that I have read and understand all of the rules and information provided above.

Print Name _____
OWNER

Sign Here _____
SIGNATURE OF OWNER

Date _____

Print Name _____
AGENT

Sign Here _____
SIGNATURE OF AGENT

Date _____





Systematic Withdrawal Request

(Do not use this form to request RMDs. Separate form available.)

CONTRACT INFORMATION

ANNUITANT'S NAME

[Text input field for Annuitant's Name]

CONTRACT NUMBER

[Text input field for Contract Number]

OWNER'S NAME

[Text input field for Owner's Name]

OWNER'S SOCIAL SECURITY NUMBER/TIN

[Text input field for Owner's Social Security Number/TIN]

JOINT OWNER'S NAME (if applicable)

[Text input field for Joint Owner's Name]

JOINT OWNER'S SOCIAL SECURITY NUMBER/TIN (if applicable)

[Text input field for Joint Owner's Social Security Number/TIN]

SYSTEMATIC WITHDRAWAL REQUEST OPTIONS (Not available with SmartStep)

I request and authorize National Integrity Life Insurance Company (National Integrity) to make systematic withdrawals as follows (check only one option):

[] Interest Earnings (available on fixed annuities only)

[] Available annual free withdrawal amount in equal installments

This is determined by your account value on the last contract anniversary, or from the initial premium amount in your first contract year. I understand that if I do not take any other withdrawals over the contract year, no withdrawal charge will apply. Depending on the timing of the withdrawal, I understand that future guaranteed amounts may be reduced.

[] A percentage of the account value in the amount of _____% (not available on fixed indexed annuities)

The systematic withdrawal is a set percentage of the account value, and the amount withdrawn will fluctuate. Depending on the amount and timing of the withdrawal, I understand that a withdrawal charge may apply and future guaranteed amounts may be reduced.

[] A set amount of \$ _____

Depending on the amount and timing of the withdrawal, I understand that a withdrawal charge penalty may apply and future guaranteed amounts may be reduced.

Additional systematic withdrawal options only available to customers who have elected the optional Guaranteed Lifetime Withdrawal Benefit (GLWB) rider with AdvantEdge, AnnuChoice II, Pinnacle V and VAROOM® variable annuities, or the Guaranteed Minimum Withdrawal Benefit (GMWB) rider with the AnnuChoice II and Pinnacle V variable annuities.

[] Lifetime Payout Amount (Eligibility dates are Ages 60 and older for GLWB; 65 and older for GMWB). Any withdrawals taken before these eligibility dates will be a nonguaranteed or "excess withdrawal" and will reduce future benefits.

[] Guaranteed Annual Withdrawal Amount (available on the GMWB rider only)



SYSTEMATIC WITHDRAWAL REQUEST OPTIONS (Not available with SmartStep) - Continued

EXCESS WITHDRAWALS AND GLWB/GMWB: A CAUTION

Withdrawals in excess of the guaranteed withdrawal amount, called "excess withdrawals", will result in a permanent reduction in future guaranteed withdrawal amounts. If you would like to make an excess withdrawal and are uncertain how an excess withdrawal will reduce your future guaranteed withdrawal amounts, then you may contact us prior to requesting the withdrawal to obtain a personalized transaction-specific calculation showing the effect of the excess withdrawal.

Contracts with the Guaranteed Return Plus (GMAB) Rider: Systematic withdrawals from your contract will be taken pro-rata among your Investment Options including your Guaranteed Return Plus Investment Option, and will reduce the guaranteed minimum value associated with your contribution to the Guaranteed Return Plus Investment Option on a proportional basis.

DISTRIBUTION OPTIONS

This systematic withdrawal should begin on _____ and taken: Monthly Quarterly Semiannually Annually

The withdrawal start date cannot be the 29th, 30th or 31st of any month. For indexed contracts, the start date cannot be the 14th or 27th of any month. Systematic withdrawals will continue on the same day of the month at the interval specified above from the investment options then invested at the time of each withdrawal, allocated by values in the investment options. I understand that a withdrawal charge may be applicable if the amount withdrawn is greater than the free withdrawal amount and a market value adjustment may be applicable to withdrawals from guaranteed rate options. All interest rates are declared at an annual effective rate, taking into account daily compounding of interest. Any withdrawals or transfers during the guarantee period will dilute the benefit of daily compounding and thus lower the effective annual interest rate. Minimum dollar amounts may apply. Refer to the contract and/or prospectus for specific information.

AUTHORIZATION FOR DIRECT DEPOSIT

Please check one account option, and complete the information below:

- Checking Account (You **MUST** attach voided check, or a copy of a voided check)
- Savings Account (Complete the information below **AND** have a Bank Representative verify and sign below, **OR** attach a signed letter of instruction on the Bank's letterhead with the information requested below.)

With Direct Deposit, please allow 3-5 business days after the payment date for the funds to be deposited into the designated account

FINANCIAL INSTITUTION NAME

ABA ROUTING NUMBER

ACCOUNT NUMBER

ADDRESS

PHONE NUMBER

NAME OF ACCOUNT OWNER

OTHER ACCOUNT NUMBER (if applicable)



AUTHORIZATION FOR DIRECT DEPOSIT - Continued

Print Name _____
FINANCIAL INSTITUTION REPRESENTATIVE NAME

Sign Here _____
SIGNATURE OF FINANCIAL INSTITUTION REPRESENTATIVE

Date _____

OR make check payable to and mail to contract owner (National Integrity reserves the right to charge a fee for this method)

INCOME TAX WITHHOLDING

Federal tax law states that the taxable portion of withdrawals is subject to 10% income tax withholding, although you may elect to have it withheld at a different percentage rate or elect no withholding. **Unless you request otherwise on the form below, National Integrity will be required to withhold 10% federal income tax.** If you are a resident of AR, CA, DC, DE, GA, IA, KS, MA, MD, ME, NC, NE, OK, OR, VA, VT or Puerto Rico 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, HI, NV, NH, SD, TN, TX, WA or WY. For CT residents, mandatory withholding will apply unless form CT-W4P is submitted to opt out. Opt out is not available for single sum distributions. For MS residents, mandatory withholding will apply for early distributions (before age 59.5) or a return of excess contributions from qualified plans. 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. I direct National Integrity to:

Federal

To withhold the standard rate for federal income taxes

NOT to withhold federal income taxes

To withhold taxes as follows: _____% rate
(see IRS Form W-4R and Marginal Rate Table for more information)

State (Certain states require additional information as noted above)

Withhold based on the state's standard rate

NOT to withhold state income taxes

To Withhold taxes as follows: _____% or \$ _____ amount



CERTIFICATION

Under penalties of perjury, I certify that **(1)** the number shown on this form is my correct tax identification number, **(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.

I understand amounts withdrawn from a non tax-qualified annuity contract are first treated as taxable income to the extent of any gain and all amounts withdrawn from a tax-qualified annuity contract are treated as taxable income. If I am under age 59 ½, I understand that I may be subject to a 10% penalty tax on taxable amounts received.

I understand and acknowledge that I should seek professional tax advice about my specific situation and that **National Integrity does not provide tax advice.**

I understand that a withdrawal charge applies if the amount withdrawn is greater than the free withdrawal amount, if available. All interest rates are declared at an annual effective rate, taking into account daily compounding of interest. I understand that withdrawals or transfers during the guarantee period will dilute the benefit of daily compounding and thus lower the effective annual interest rate.

I authorize National Integrity to credit my account with any future annuity withdrawals at the above named financial institution. This agreement will remain active until written notification is received and in such time as to afford National Integrity reasonable opportunity to act on my request. I authorize the financial institution to debit my account and to refund any overpayments by National Integrity.

I understand and agree to the terms and conditions of the systematic withdrawal request.

Sign Here _____ Date _____
SIGNATURE OF OWNER

Sign Here _____ Date _____
SIGNATURE OF JOINT OWNER (IF APPLICABLE)





Individual Retirement Account Required Minimum Distributions
(For use with traditional, non-Roth, IRAs)

CONTRACT INFORMATION

OWNER NAME (First, Middle, Last)

[Text input field for Owner Name]

CONTRACT NUMBER

[Text input field for Contract Number]

SOCIAL SECURITY NUMBER / TIN

[Text input field for Social Security Number / TIN]

Check if TIN

[Check box for TIN]

DATE OF BIRTH (MM/DD/YYYY)

[Text input field for Date of Birth]

GENERAL INFORMATION

The Internal Revenue Code (IRC) requires owners to start receiving required minimum distributions (RMD) from IRAs by the required beginning date and every year thereafter. The required beginning date is April 1 of the calendar year following the year the owner reaches age 73. Only the first RMD may be delayed until April 1 of the year following the calendar year the owner attains age 73. All subsequent RMDs must be taken by December 31. Failure to take RMDs may subject the IRA owner to a 50% penalty tax on undistributed amounts.

The RMD is based on the value of the IRA on December 31 of the previous year. The value of your IRA is determined according to the IRC and related regulations and may be greater than the account value if you have certain enhanced death benefits or guaranteed living benefits. The total RMD for an owner each year is based on the sum of the RMDs for each of the owner's IRAs. Distributions from one IRA or any combination of IRAs are acceptable as long as the amount distributed meets the total RMD.

National Integrity Life Insurance Company (National Integrity) will calculate RMDs beginning the second calendar year after the contract is purchased. If a new contract is being funded by transfer, rollover or conversion in the year the owner turns age 73, or any year thereafter, the RMD for the year of funding cannot be taken from the new contract. The RMD calculated by National Integrity is based on this IRA only, and does not take into consideration any other IRAs. National Integrity's current company practice is to waive any surrender or withdrawal charges that might otherwise apply to a withdrawal of the RMD. This practice may change without notice unless such a waiver is guaranteed in your contract.

The information in this form is general and not intended as tax advice. Tax rules governing RMD are complex. Seek professional tax advice.

DISTRIBUTION CALCULATION METHOD ELECTION

If the IRA owner designates his or her spouse as the sole beneficiary, and the spouse is more than 10 years younger than the owner, the owner may elect to calculate the RMD over the recalculated joint life expectancy of the owner and spouse. In all other cases, the RMD is calculated according to the Uniform Table published by the IRS.

Choose your method for calculating RMDs:

[] Calculate my RMD using the Uniform Table.

[] My spouse is my designated beneficiary and is more than 10 years younger than me. Calculate my RMD using our recalculated joint life expectancy. If selected, complete the following information about the owner's spouse.

SPOUSE NAME (First, Middle, Last)

[Text input field for Spouse Name]

SOCIAL SECURITY NUMBER

[Text input field for Spouse Social Security Number]

DATE OF BIRTH (MM/DD/YYYY)

[Text input field for Spouse Date of Birth]



DISTRIBUTION OPTIONS ELECTION

Choose only one option below. Withdrawal start dates cannot be the 29th, 30th or 31st of any month. For indexed contracts, the start date cannot be the 14th or 27th.

Set up a systematic withdrawal of the RMD for this contract.

Begin my withdrawals on

Process my withdrawals Monthly Quarterly Semiannually Annually

My contract has the optional Guaranteed Lifetime Withdrawal Benefit (GLWB) and I elect to take my distribution using the greater of my Lifetime Payout Option (LPA) or the RMD (maximum amount). The withdrawal option is **MONTHLY** only.

Begin my withdrawals on See Disclosure.

My contract has the optional Guaranteed Minimum Withdrawal Benefit (GMWB) and I elect to take my distribution using the RMD program described in my contract. This withdrawal option is **MONTHLY** only.

Begin my withdrawals on

EXCESS WITHDRAWAL AND GLWB/GMWB: A CAUTION

Withdrawals in excess of the guaranteed withdrawal amount, called “excess withdrawals”, will result in a permanent reduction in future guaranteed withdrawal amounts. If you would like to make an excess withdrawal and are uncertain how an excess withdrawal will reduce your future guaranteed withdrawal amounts, then you may contact us prior to requesting the withdrawal to obtain a personalized transaction-specific calculation showing the effect of the excess withdrawal.

GUARANTEED MINIMUM WITHDRAWAL BENEFIT (GMWB) DISCLOSURE

The following restrictions apply to variable annuity contract owners who have elected the optional GMWB rider. (The GMWB rider was offered from September 2007 to February 2008.)

If you elect to use the systematic RMD program available with your GMWB, your Guaranteed Withdrawal Balance will not be reset (reduced) regardless of the amount of RMD as long as you follow the program rules. National Integrity will make your withdrawals on a monthly basis only. You may not take withdrawals in addition to those from the RMD program. If you opt out of the RMD program or make a withdrawal other than through the RMD program, even if taken for the purposes of the RMD, you will be removed from the RMD program and cannot be reinstated. Thereafter, any withdrawals will be treated as ordinary withdrawals, subject to terms of the rider and may result in a reset (reduction) of your Guaranteed Withdrawal Balance. Additional restrictions apply for the initial RMD distribution and for enrollment and distribution if you are over 73 in the calendar year in which you purchase your GMWB Rider. No RMD payments will be made during the Guaranteed Payment Phase. Please read the prospectus and review your GMWB rider for details.

GUARANTEED LIFETIME WITHDRAWAL BENEFIT (GLWB) DISCLOSURE

If you have an AnnuChoice, AdvantEdge or Pinnacle variable annuity with a GLWB, RMD withdrawals will be made automatically at the frequency indicated on page one. Withdrawals will represent the greater of your Lifetime Payout Amount (LPA) or your RMD. Timing of the withdrawals may be restricted so you can satisfy your RMD requirements without inadvertently taking a Nonguaranteed Withdrawal, which will reduce your benefit. If you take additional withdrawals or do not honor these automatic timing restrictions, any withdrawal that exceeds your LPA will be treated as a Nonguaranteed Withdrawal. Please read the prospectus and review your GLWB rider for details.

If you have a VAROOM contract with a GLWB, withdrawal of your RMD will not result in a Nonguaranteed Withdrawal, which will reduce your benefit, except if you have elected the spousal GLWB and your spouse is more than 10 years younger than you.



AUTHORIZATION FOR DIRECT DEPOSIT

Please check one option, and complete the information below:

- Checking Account (You **MUST** attach a voided check, or a copy of a voided check)
- Savings Account (Complete the information below **AND** have a Bank Representative verify and sign below, **OR** attach a signed letter of instruction on the Bank's letterhead with the information requested below.)

With Direct Deposit, please allow 3-5 business days after the payment date for the funds to be deposited into the designated account.

FINANCIAL INSTITUTION NAME

ABA ROUTING NUMBER

ACCOUNT NUMBER

NAME OF ACCOUNT OWNER (must match PAYEE)

OTHER ACCOUNT NUMBER (if applicable)

FINANCIAL INSTITUTION ADDRESS

CITY

STATE

ZIP

Print Name _____
FINANCIAL INSTITUTION REPRESENTATIVE NAME

Sign Here _____ Date _____
FINANCIAL INSTITUTION REPRESENTATIVE SIGNATURE

- OR make check payable to and mail to contract owner (National Integrity reserves the right to charge a fee for this method)



INCOME TAX WITHHOLDING

Federal tax law states that the taxable portion of withdrawals is subject to 10% income tax withholding, although you may elect to have it withheld at a different percentage rate or elect no withholding. **Unless you request otherwise on the form below, National Integrity Life will be required to withhold 10% federal income tax.** If you are a resident of AR, CA, DC, DE, GA, IA, KS, MA, MD, ME, NC, NE, OK, OR, VA, VT or Puerto Rico 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, HI, NV, NH, SD, TN, TX, WA or WY. For CT residents, mandatory withholding will apply unless form CT-W4P is submitted to opt out. Opt out is not available for single sum distributions. For MS residents, mandatory withholding will apply for early distributions (before age 59.5) or a return of excess contributions from qualified plans. 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. I direct National Integrity to:

Federal

- To withhold the standard rate for federal income taxes
- NOT to withhold federal income taxes
- To withhold taxes as follows: _____% rate
(see IRS Form W-4R and Marginal Rate Table for more information)

State (Certain states require additional information as noted above)

- Withhold based on the state's standard rate
- NOT to withhold state income taxes
- To withhold taxes as follows: _____% or \$ _____ amount



CERTIFICATION

Under penalties of perjury, I certify that (1) the number shown on this form is my correct tax identification number, (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.

I understand all amounts withdrawn from a tax-qualified annuity contract are treated as taxable income. If I am under age 59½, I understand that I may be subject to a 10% penalty tax on taxable amounts received.

I understand and acknowledge that I should seek professional tax advice about my specific situation and that **National Integrity does not provide tax advice.**

I understand that a withdrawal charge may apply if the amount withdrawn is greater than the free withdrawal amount. All interest rates are declared at an annual effective rate, taking into account daily compounding of interest. I understand that withdrawals or transfers during the guarantee period will dilute the benefit of daily compounding and thus lower the effective annual interest rate.

I have read and understand the requirements for RMDs. My financial representative has explained that any rollover or transfer amounts I may use to fund this contract is net of any RMD for the current tax year. I elect to have my RMD distributed to me as indicated above. I understand that distributions will continue automatically at the intervals selected until I provide written notification to National Integrity that I wish distributions to cease or be changed. I authorize the financial institution to debit my account and to refund any over payments by National Integrity.

I understand and agree to the terms and conditions of this request.

Print Name _____
OWNER

Sign Here _____
SIGNATURE OF OWNER

Date _____





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.

Consumer Profile Information Questionnaire Instructions

FINANCIAL PROFESSIONAL'S CONSIDERATIONS FOR RECOMMENDING SUITABLE SALES

Our Company is responsible for evaluating recommendations made by Financial Professionals ("Producer") to purchase the products offered by our Company. The Annuity Suitability Questionnaire ("Questionnaire") is designed to assist in documenting the proposed annuity contract ("Contract") owner's ("Consumer") financial situation, needs and objectives related to a specific recommendation to purchase, exchange or replace an annuity made by you as the Financial Professional. This Questionnaire captures the Consumer's information used to evaluate whether or not a reasonable basis exists for this recommendation to purchase the proposed Contract.

Should questions about the suitability of the recommendation to purchase the Contract arise after it is issued, it will be helpful to have a detailed summary in your files as to why your recommendation was suitable at the time it was made. It is important to keep notes on each conversation, information discussed and presented, and every item you considered during your suitability analysis. In New York, you are required to document the basis for the recommendation and the facts and analysis that support that recommendation.

Each applicable question on the Questionnaire should be completed. Please note that failure to complete any applicable questions may lead to delays in the review of the Contract, the subsequent transfer and/or exchange request (if applicable) to outside companies/carriers, and the issuance of the Contract. After considering the information collected on the Questionnaire, you must only recommend a Contract that you have a reasonable basis to believe the Consumer will benefit from certain features and the Contract is suitable. Please recognize that the company will not issue the Contract without a reasonable basis for determining that the Contract is suitable.

IMPORTANT NOTE: Any changes to a signed Questionnaire must be initialed and dated by the Consumer.

CONSUMER CONTACT PROGRAM

The Consumer may receive a suitability verification phone call prior to Contract issuance to confirm their 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 Consumer Contact Program and preparing Consumers to receive a telephone call has significant benefits for the Producer and our Company. These benefits include:

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

HOW SHOULD THE FORM BE COMPLETED?

1. Proposed Owner/Entity Information:

- If the Owner is a revocable trust, use the grantor's information.
- If the Owner is an irrevocable trust and the annuity is being purchased in conjunction with the creation of the trust, use the grantor's information. If the creation of the irrevocable trust predates the annuity being purchased and is independent of the annuity being purchased, use the trust's information.
- If the Owner is a closely held for-profit entity, use the principal owner's information. If the Owner is a not closely held for-profit entity, use the entity's information.
- If the Owner is a non-profit entity, use the entity's information.

Name of Product Purchased: Enter the name of the product being recommended for purchase.

Approximate Initial Premium: Enter the known or estimated amount of initial premium that will be used to issue the Contract.



HOW SHOULD THE FORM BE COMPLETED? - Continued

Surrender Penalty Period: Enter the surrender penalty period for the Contract. For immediate annuity contracts, this question may be left blank or "N/A" entered.

Product Tax Classification: Indicate the tax classification of the premium(s) being used to fund the Contract purchase.

2. Annual Income:

a. Annual Income and Expenses: Enter the Consumer's approximate annual household income after taxes and approximate annual household expenses.

b. Source of Income: Identify the Consumer's source of income.

3. Financial Situation and Needs, Including Financial Resources Funding this Contract:

a. through d. Answer questions 3a through 3d, and using the choices provided, select only one response per question.

e. Identify the Financial Resources Funding this Contract: Enter the financial resources used for the funding of this Contract. Select all sources that may apply.

4. Financial Experience: Select each product with which the Consumer has experience and enter the number of years of experience that the Consumer has with each identified product. If the Consumer has no experience, select "Not Applicable".

5. Insurance Needs: Indicate whether the client has adequately planned for their survivor's needs and the **face amount** of any life insurance owned by the proposed annuity owner.

6. Financial Objectives: Identify the Financial Objective(s) that the Consumer is seeking to accomplish with the annuity recommended based on the selections provided. Check all that apply.

7. Intended Use of the Contract, including any Riders:

a. Intended Use of the Contract: Identify the intended use of the Contract. Check all that apply.

b. Intended Use of any Riders: Identify the intended use of any riders attached to the Contract. Check all that apply.

8. Financial Time Horizon, Including the Duration of Existing Liabilities and Obligations:

a. Mortgages: Identify the amount of mortgages the Consumer currently maintains and the number of years until the Consumer will satisfy those obligations.

b. Personal Debt: Identify the amount of personal debt the Consumer currently maintains and the number of years until the Consumer will satisfy those obligations. Personal debt includes, but is not limited to, vehicle loans, credit card debt, personal loans and student debt.

c. Other: Identify the amount of any other liabilities or obligations that the Consumer currently maintains and the number of years until the Consumer will satisfy those liabilities or obligations.

d. Financial Time Horizon for this Contract: Identify the amount of time that the Consumer plans to hold this proposed contract.

e. Distributions from this Contract: Identify when the Consumer plans to begin taking withdrawals from the proposed contract.

f. Access to funds in this Contract: Identify the how the Consumer plans to access the funds in this proposed contract. Check all that apply.

9. Existing assets, including Investment and Insurance Holdings: Identify the amount of the Consumer's liquid and non-liquid assets based on the fields provided. Liquid assets are those assets that may be readily accessed by the Consumer without loss because of, but not limited to, contingent deferred sales charges, early withdrawal penalties and/or lack of a ready market. A Consumer's primary residence/home and other tangible property, such as vehicles and collectibles, should not be included in the Consumer's liquid or non-liquid assets. The funds being used to purchase the Contract should be included in this section of the questionnaire.

Note: When the Consumer is over the age of 59 ½ certain investment vehicles are considered liquid provided that they may be readily accessed by the Consumer without loss because of, but not limited to, contingent deferred sales charges, early withdrawal penalties and/or lack of a ready market.

10. Liquidity Needs (a. through d.): Answer questions 9a through 9d and using the choices provided, select only one response per question. If the response to 9b. through 9d. is "Yes", provide an explanation as to why any changes will occur in the next 12 months for each "Yes" response.

Issuers: Integrity Life Insurance Company | National Integrity Life Insurance Company | Western-Southern Life Assurance Company



HOW SHOULD THE FORM BE COMPLETED? - Continued

- 11. Risk Tolerance:** Enter the Consumer's risk tolerance for the proposed Contract based on the selections provided.
- 12. Tax Status:** Enter the Consumer'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).
- 13. Other Information – Product Specific Questions:** Some product features and recommendations present additional suitability concerns that need to be addressed. For this section, respond to the questions related to the product select and/or strategy being employed.
- a. Life only or Temporary Life SPIA Payouts – Who assisted with this Decision:** Identify the individual(s) who assisted the Consumer in making the decision to purchase this payout option. Check all that apply.
 - b. Life only or Temporary Life SPIA Payouts – Beneficiary Plans:** Identify how the Consumer has planned for their beneficiaries.
 - c. Period Certain SPIA Payouts – Period Expiration:** Identify whether or not the Consumer has made income plans for after the period certain SPIA payouts expire.
 - d. Fixed Indexed Annuities – Fixed Interest Option Only:** If the Consumer is purchasing the fixed interest crediting option only in an indexed annuity, identify why an indexed interest crediting option is not being used. Check all that apply.
 - e. through f. Multiple Recommendations:** Identify whether or not the Contract is being purchased in combination with the same insurance company and if so, what strategy is being employed.
- 14. Other Information – Replacement Information:**
- a. Replaced Contracts in preceding 60 months:** Identify whether the Consumer has had any other deferred annuity replacements/exchanges within the past 60 months, regardless of the funding source of this Contract.
 - b. Will this Contract be Funded by a Replacement:** Identify whether or not the Contract will be funded by replacement of an existing life insurance or annuity contract. If the response is "Yes", based on the state in which the Contract is being written, follow the instructions to complete the appropriate Consumer Profile Information Replacement Addendum forms or state mandated documentation.
- 15. Other Information – State Specific:**
- a. For California Only:** Identify whether the Consumer intends to apply for means-tested government benefits, including, but not limited to, MediCal or the veteran's aid and attendance benefit.
 - b. For Massachusetts Only:** For Massachusetts residents or applications signed in Massachusetts, identify whether or not the Consumer has previously purchased annuity contracts at the recommendation of the same Financial Professional recommendation the purchase of the Contract. If "Yes", provide the information on the previously purchased annuity contracts in the table provided.
- 16. Other Information - Non-Guaranteed Elements:** Identify whether or not the Consumer understands and accepts the non-guaranteed elements applicable to the Contract.
- 17. Additional Notes:** Provide any additional pertinent information not provided for on the Annuity Suitability Questionnaire.

STATEMENT OF UNDERSTANDING AND CONSUMER ATTESTATION

Please have the Consumer review the Statement of Understanding, Consumer Attestation and For New Jersey Residents sections carefully. The Consumer should sign and date the attestation and provide their contact information.

PRODUCER ATTESTATION

Please review the information provided on the Annuity Suitability Questionnaire, as well as the Producer Attestation carefully. The Producer should sign and date the certification and provide their contact information.

COMPANY CONTACT INFORMATION

Integrity Life Insurance Company PO Box 5720 Cincinnati, OH 45201-5720 800.325.8583	National Integrity Life Insurance Company PO Box 5720 Cincinnati, OH 45201-5720 800.433.1778	Western-Southern Life Assurance Company PO Box 2918 Cincinnati, OH 45201-2918 800.926.1702
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WSFinancialPartners.com



Consumer Profile Information Replacement Addendum Instructions

MULTI-STATE ANNUITY SUITABILITY REPLACEMENT ADDENDUM "ADDENDUM"

This Addendum is to be used in all states except Florida and New York. In order to facilitate the review of recommendations to replace insurance contracts with the proposed annuity contract ("Contract"), please provide responses to the entire Addendum as applicable. This detailed information seeks to prevent the need for additional follow-up and clarification after the application is submitted for review.

HOW SHOULD THE FORM BE COMPLETED?

1. Proposed Owner/Entity ("Consumer") Information:

Owner/Entity Name: Enter the name of the Consumer(s). If the Consumer is not a person, such as a revocable or irrevocable trust, enter the name of the beneficial owner, the annuitant. For non-natural Consumers, the remainder of the questionnaire should be completed based on the annuitant's information.

2. Proposed Product Information:

Name of Product: Enter the name of the product recommended for purchase.

Total Premium: Enter the known or estimated amount of initial premium that will be used to issue the Contract.

3. Replacement Information and Comparison:

a. **Primary Reasons for Purchasing the New Annuity Contract:** Identify the applicable reasons for recommending the replacement of the Consumer's existing life insurance or annuity contracts. Not all options are applicable to all replacement types.

b. **Advantages of Continuing the Existing Annuity Contract(s):** Identify the applicable advantages of continuing the Consumer's existing life insurance or annuity contracts. Check all that apply. Indicating "None" or leaving this section blank will be considered not in good order and require follow-up with the client.

4. Replacement Information for Contract(s) Being Replaced:

a. **Replaced Company:** Enter the name of the company(s) being replaced.

b. **Product Name:** Enter the name of the product(s) being replaced.

c. **Existing Contract Type:** Select the contract type that correlates to the contract being replaced.

d. **Replacement Type:** Identify the type of replacement.

e. **Issue Date:** Enter the month and year that the existing contract was purchased.

f. **Guaranteed Minimum Interest Rate:** As applicable to deferred annuity products, enter the existing contract's guaranteed minimum interest rate.

g. **Current Interest Crediting Rate:** As applicable to deferred annuity products, enter the existing contract's current interest crediting rate.

h. **Account Value:** Enter the existing contract's account value.

i. **Surrender Charge Amount:** Enter the amount of any surrender charges to be incurred upon surrender of the existing contract.

j. **Market Value Adjustment (MVA):** As applicable to existing contracts with a MVA component, enter the amount of the MVA and indicate whether that MVA is positive or negative.

k. **Death Benefit Amount:** Enter the existing contract's death benefit amount.

l. **Withdrawal/Income Rider:** Identify whether or not the existing contract has any guaranteed withdrawal or income rider component. If the response to this question is "Yes", identify the name of the rider and the withdrawal/income benefit base.

m. SPIA Recommendations:

1. Enter the annuitization payout amount if the Consumer's existing contract (or comparable) is annuitized with their current carrier.

2. Identify the comparable annuitization quote payout type used for comparison.

3. Enter additional information regarding the availability of the desired annuitization payout option from the consumer's existing contract.

CONSUMER CERTIFICATION

Please have the Consumer review the Important Information to Consider and the Consumer Certification statement carefully. The Consumer should sign and date the certification.

PRODUCER CERTIFICATION

Please review the information provided on the Annuity Suitability Replacement Addendum, as well as the Producer Certification carefully. The Producer should sign and date the certification.





NOTE: This form is to be completed in its entirety with the Consumer pursuant to the instructions.

1. PROPOSED OWNER / ENTITY ("CONSUMER") INFORMATION

OWNER / ENTITY NAME (First, Middle, Last)

[Text input field]

DATE OF BIRTH / AGE (MM/DD/YYYY)

[Text input field]

JOINT OWNER'S NAME (First, Middle, Last)

[Text input field]

DATE OF BIRTH / AGE (MM/DD/YYYY)

[Text input field]

NAME OF PRODUCT

[Text input field]

AMOUNT OF INITIAL PREMIUM

\$ [Text input field]

SURRENDER PENALTY PERIOD (YEARS)

[Text input field]

PRODUCT TAX CLASSIFICATION (Check One)

- Qualified Non-Qualified

2. ANNUAL INCOME

a. ANNUAL INCOME AND EXPENSES

Approximate annual household income (net after taxes/take home): \$ [Text input field]

Approximate annual household expenses: \$ [Text input field]

b. SOURCE OF INCOME (check all that apply):

- Salary/Wage Pension Social Security Investments Annuity Contracts

Rental Property Other (Specify): [Text input field]

3. FINANCIAL SITUATION AND NEEDS, INCLUDING FINANCIAL RESOURCES FUNDING THIS CONTRACT

a. Do you have a reverse mortgage? Yes No

b. EMPLOYMENT STATUS (Check One)

- Employed Unemployed Self-Employed Homemaker Retired Student

c. WHEN DO YOU EXPECT TO RETIRE? (Check One)

- Retired Less than a year 1 to 3 years 4 to 7 years 8 to 10 years 10+ years

d. MARITAL STATUS (Check One)

- Single Married Widowed Divorced



3. FINANCIAL SITUATION AND NEEDS, INCLUDING FINANCIAL RESOURCES FUNDING THIS CONTRACT - Continued

e. IDENTIFY THE FINANCIAL RESOURCES FUNDING THIS CONTRACT (Check all that apply)

- Earnings and Wages
- Stock/Bond Redemption
- Cash Value from Life Insurance or Annuity
- Mutual Fund Redemption
- Trust Proceeds
- Retirement Fund Transfer/Rollover
- Legal Settlement/QDRO
- CD
- Savings/Checking/Money Market Account
- Gift
- Sale of Primary Residence
- Reverse Mortgage/Home Equity Loan
- Sale of Business
- Sale of Investment Property
- Death Benefit Proceeds/Inheritance

4. FINANCIAL EXPERIENCE

How many years of experience do you have with the products below?

- Fixed and Indexed Annuities Years
- Certificates of Deposit (CDs) Years
- Equities/Securities Years
- Variable Annuities Years
- Not Applicable
- Other (Specify):

5. INSURANCE NEEDS

Have you adequately planned for your survivors' needs? Yes No

How much in life insurance **face amount** do you currently own? \$

6. FINANCIAL OBJECTIVES

IDENTIFY THE FINANCIAL OBJECTIVES FOR THIS CONTRACT (Check all that apply)

- Tax Deferral
- Accumulation
- Tax Planning
- Principal Protection
- Income Planning
- Insurance Benefits
- Additional Death Benefit
- Guaranteed Interest Rate
- Wealth Transfer
- Pay for Education
- Other (Specify):

7. INTENDED USE OF THE CONTRACT, INCLUDING ANY RIDERS

a. What is the intended use of this contract? (Check all that apply)

- Fund Life Insurance
- Supplement Current Income
- Provide Death Benefit
- Maximize Social Security
- Supplement Future Income
- Avoid Forced Annuity (Maturity)
- Growth
- Tax Planning
- Estate Planning
- Other (Specify):

b. What is the intended use of any riders attached to this contract? (Check all that apply)

- Not Applicable
- Generate Income
- Increase Death Benefit



8. FINANCIAL TIME HORIZON, INCLUDING THE DURATION OF EXISTING LIABILITIES AND OBLIGATIONS

Liabilities And Obligations	Amount	Years to Satisfy
a. Mortgages:	\$ _____	_____
b. Personal Debt (e.g., Vehicles, Credit Card Debt):	\$ _____	_____
c. Other (please explain): _____	\$ _____	_____
Total existing liabilities and obligations: \$ _____		
d. What is your financial time horizon for this product? (Check One)		
<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 6 years <input type="checkbox"/> 7 to 9 years <input type="checkbox"/> 10+ years		
e. When do you plan to begin taking distributions from this contract? (Check One)		
<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 to 3 years <input type="checkbox"/> 4 to 6 years <input type="checkbox"/> 7 to 9 years <input type="checkbox"/> 10+ years		
f. How do you plan to access the funds in this contract? (Check all that apply)		
<input type="checkbox"/> Penalty-Free Withdrawals <input type="checkbox"/> Annuitization <input type="checkbox"/> Required Minimum Distributions <input type="checkbox"/> Lump Sum		
<input type="checkbox"/> Immediate Annuity <input type="checkbox"/> Income Rider <input type="checkbox"/> Deferred Income Annuity <input type="checkbox"/> Not Applicable		

9. EXISTING HOUSEHOLD ASSETS, INCLUDING INVESTMENTS AND INSURANCE HOLDINGS

Including the funds being used to purchase this contract, list all **household** assets (including the assets of a **spouse**) as they would be **prior** to this purchase.

Liquid Assets (Exclude primary residence/home and personal belongings)	Amounts*
a. Cash/Checking/Savings/Money Market/CDs (if qualified assets include if over 59 ½):	\$ _____
b. Non-Qualified Annuities (out of surrender):	\$ _____
c. Qualified Annuities (out of surrender) (if qualified assets include if over 59 ½):	\$ _____
d. Stocks/Bonds/ETFs/Mutual Funds (if qualified assets include if over 59 ½):	\$ _____
e. Retirement Plans (401(k)/403(b)) (if qualified assets include if over 59 ½):	\$ _____
f. Life Insurance Cash Value (out of surrender):	\$ _____
g. Other (please explain): _____	\$ _____
Liquid Net Worth (total liquid assets): \$ _____	

Non-Liquid Assets (Includes any assets not included above and exclude primary residence/home and personal belongings)	Amounts*
h. Annuities (in surrender or if qualified assets include if under 59 ½):	\$ _____
i. Stocks/Bonds/ETFs/Mutual Funds (if qualified assets include if under 59 ½):	\$ _____
j. Retirement Plans (401(k)/403(b)) (if under 59 ½):	\$ _____
k. Investment Real Estate (excludes primary residence/home):	\$ _____
l. Life Insurance Cash Value (in surrender):	\$ _____
m. Other (please explain): _____	\$ _____
Non-Liquid Net Worth (total non-liquid assets): \$ _____	

* Should include the funds being used to make this purchase



10. LIQUIDITY NEEDS

a. Do you have adequate resources to address emergency needs, including, but not limited to, out-of-pocket medical expenses? Yes No

b. Do you anticipate any changes in monthly income in the next 12 months? Yes No

If yes, please explain:

c. Do you anticipate any changes in monthly expenses in the next 12 months? Yes No

If yes, please explain:

d. Do you anticipate any significant liquidity needs (e.g. home purchase, college, wedding) in the next 12 months? Yes No

If yes, please explain:

11. RISK TOLERANCE

What is your risk tolerance for this annuity application? (Check one)

- Conservative:** I want to preserve my principal, with minimal risk, even if this account does not generate significant income or returns and does not keep pace with inflation.
- Moderately Conservative:** I am willing to accept low risk to my principal, and I am seeking a modest level of return.
- Moderate:** I am willing to accept some risk to my principal and I am seeking higher returns, and understand I could lose a portion of the money invested in variable products.
- Moderately Aggressive:** I am willing to accept high risk to my principal, and seek high returns over time, and understand I could lose a portion of the money invested including high volatility.
- Aggressive:** I am willing to accept maximum risk to my principal to aggressively seek maximum returns, and I understand I could lose most, or all, of the money invested in variable products.

Note: Fixed deferred annuities are not suitable for clients with moderately aggressive to aggressive risk tolerances.

12. TAX STATUS

IDENTIFY YOUR FEDERAL TAX BRACKET (Check One):

- 0% 10% 12% 22% 24% 32% 35%+

13. OTHER INFORMATION – PRODUCT SPECIFIC QUESTIONS

Single Premium Immediate Annuities (This section applies to Life Only, Temporary Life and Period Certain SPIA recommendations)

a. For Life Only or Temporary Life payouts, apart from the writing agent, identify who assisted you with this decision. (Check all that apply)

- Spouse Children Attorney Tax Advisor Financial Advisor Not Applicable

Other (Specify):



13. OTHER INFORMATION – PRODUCT SPECIFIC QUESTIONS - Continued

Single Premium Immediate Annuities (This section applies to Life Only, Temporary Life and Period Certain SPIA recommendations) - Continued

b. For Life Only or Temporary Life payouts, have you planned for your beneficiaries/heirs? (Check one)

I have adequately planned for my beneficiaries/heirs outside of this contract

I do not plan to leave assets to a beneficiary/heir

Not Applicable

c. For Period Certain payouts, do you have adequate assets and plans for income after the period expires? (Check one)

Yes No Not Applicable

Fixed Indexed Annuities

d. For fixed indexed annuities, if a fixed interest crediting allocation option is selected at 100%, explain why you are not using an indexed crediting allocation? (Check all that apply)

You plan to use indexed crediting options in the future You want access to income rider

Other (Explain): Not Applicable

Multiple Recommendations

e. Is this contract being purchased in combination with additional annuity contracts with this insurance company? Yes No

f. If Yes, please identify the strategy being employed (Check all that apply)

You are seeking flexibility with regard to the timing of annuitization and withdrawals

You are seeking to obtain immediate income and to maximize income riders on other products

You are seeking to provide multiple beneficiaries ease of processing claims in the future

Other (Explain):

14. OTHER INFORMATION – REPLACEMENT INFORMATION

a. Have you replaced other annuity contracts within the preceding 60 months? Yes No

If Yes, explain:

b. Will this annuity contract be funded by a replacement or exchange from a life insurance or annuity contract? Yes No

If Yes:

For New York Only - Complete the New York Annuity Suitability Replacement Addendum Form and Regulation 60 replacement process and associated forms.

For All Other States excluding Florida- Complete the Consumer Profile Information Replacement Addendum Form.



15. OTHER INFORMATION - STATE SPECIFIC

For California Only

- a. Does the client intend to apply for means-tested government benefits, including, but not limited to, MediCal or the veteran's aid and attendance benefit? Yes No

For Massachusetts Only

- b. Has the contract owner previously purchased annuity contracts with the same financial professional listed on the application? Yes No

If Yes, provide information on those contracts below:

Company Name	Product Name	Contract Value	Length of Time Held
1.		\$	Years
2.		\$	Years
3.		\$	Years
4.		\$	Years

16. OTHER INFORMATION

WILLINGNESS TO ACCEPT NON-GUARANTEED ELEMENTS IN THE CONTRACT, INCLUDING VARIABILITY IN PREMIUM, CASH VALUE, DEATH BENEFIT OR FEES

Non-guaranteed elements are those contract elements that may be changed at the insurance company's discretion without your consent or request and that affect the contract charges or benefits. Non-guaranteed elements may include, where applicable:

Fixed Annuity (including Immediate Annuities): Interest crediting rates (subject to the guaranteed minimum interest rate). Margin and discount rates for living and deceased commutation benefits. Payout rates for additional contributions.

Fixed Indexed Annuity: Interest crediting rates on the fixed allocation option (subject to the guaranteed minimum interest rate), step-ups to the income riders, withdrawal percentage for optional income riders, the income rider charge percentage for the optional income rider and cap rate, participation rate, and spread (subject to contractual maximums and minimums).

Variable Annuity: Interest crediting rates on the fixed account (subject to the guaranteed minimum interest rate), mortality and expense charges, optional death benefit riders, step-ups to the income riders, withdrawal percentage for optional income riders and the income rider charge percentage for the optional income rider.

- Do you understand and accept these non-guaranteed elements applicable to this contract? Yes No

17. ADDITIONAL NOTES



STATEMENT OF UNDERSTANDING AND CONSUMER ATTESTATION

Statement of Understanding: I have been reasonably informed of the various features of the proposed annuity contract and potential consequences of the sales transaction, both favorable and unfavorable, such as the potential surrender period and surrender charge, any secondary guarantee period, equity-index features, availability of cash value, potential tax implications if I sell, modify, surrender or annuitize the annuity contract, death benefit, mortality and expense fees, cost of insurance charges, investment advisory fees, policy exclusions or restrictions, potential charges for and features of riders, limitations on interest returns, guaranteed interest rates, insurance and investment components, and market risk, and the manner in which the Producer is compensated for the sale and servicing of the policy.

Consumer Attestation: As evidenced by my signature below, I attest to the Statement of Understanding and I acknowledge that I have completed this form and/or reviewed this completed form and to the best of my knowledge, the information provided is complete and accurate. I understand that the insurer may contact me to verify the information provided or to seek further information. I acknowledge that the Producer does not provide legal or tax advice. I believe that the purchase of this annuity contract is suitable for my financial needs and objectives.

For New Jersey Residents: As evidenced by my signature below, I acknowledge that the solicitation, negotiation and sale of this annuity and its suitability are subject to the regulatory oversight of the New Jersey Department of Banking and Insurance (DOBI). I understand that I may contact the Department by calling 800.446.7467 or visiting the Department's website www.state.nj.us/dobi.org for assistance.

Sign Here _____ Date _____
CONSUMER SIGNATURE AND TITLE (AS APPLICABLE)

Sign Here _____ Date _____
JOINT CONSUMER SIGNATURE AND TITLE (AS APPLICABLE)

Consumer Contact Information

TELEPHONE NUMBER (include area code)

E-MAIL ADDRESS

PRODUCER ATTESTATION

As evidenced by my signature below:

- I have delivered information to the Consumer consistent with the Statement of Understanding above;
- I have made a reasonable effort to obtain information from the Consumer that is reasonably appropriate to determine the suitability of a recommendation commensurate with the materiality of the transaction to the Consumer's financial situation at the time of the recommendation and the complexity of the transaction recommended;
- In furtherance of the Consumer's needs and objectives under the circumstances now prevailing, based upon the suitability information provided by the Consumer and all products, services, and transactions available to me, believe this recommendation is suitable; and
- I agree to maintain and make available upon request to the insurer or a regulator, records of the information collected, including any additional analysis forms and other information used as the basis for this annuity contract recommendation as required by state laws and regulations.

I understand the insurer may contact the Consumer for additional information.

Sign Here _____ Date _____
PRODUCER'S SIGNATURE

Producer Contact Information

TELEPHONE NUMBER (include area code)

E-MAIL ADDRESS





INSTRUCTIONS: This form is to be completed in its entirety with the Consumer when an annuity contract is being funded by replacement in New York.

1. PROPOSED OWNER / ENTITY (“CONSUMER”) INFORMATION

OWNER / ENTITY NAME (First, Middle, Last)

JOINT OWNER’S NAME (First, Middle, Last)

2. PROPOSED PRODUCT INFORMATION

NAME OF PRODUCT

TOTAL PREMIUM

\$

3. REPLACEMENT INFORMATION AND COMPARISON

a. What are the primary reasons for purchasing the new annuity contract? (Check at least one)

- Lower Fees and Expenses Increased Death Benefit Addition of Income Rider (Fixed Indexed Only)
- Existing Contract Maturing Lock in Gains/New Benefit Base Higher Annuitization Payout (SPIA only)
- Adding Joint Annuitant Estate Tax/Planning Uncapped Index Options (Indexed Only)
- Additional Index Options (Indexed Only) Payout Option Not Available at Existing Carrier (SPIA Only)
- Partial Annuitization Not Available at Existing Carrier (SPIA Only)
- Potential for Higher Returns (Deferred Only) Enhanced Surrender from Existing Carrier
- Higher **Current** Interest Rates (Fixed Only) Higher Guarantee Minimum Interest Rate (Fixed Only)

b. What are the advantages of continuing the existing contract(s) without changes? (Check at least one)

- No New Surrender Charge Period (Deferred Only) Maintain Higher Death Benefit
- Maintain Higher Guaranteed Minimum Interest Rate (GMIR) Maintain Accrued Living Benefits
- Lower Fees and Expenses



4. REPLACEMENT INFORMATION FOR CONTRACT(S) BEING REPLACED

	Contract 1	Contract 2
a. Replaced Company(s):		
b. Product Name:		
c. Existing Contract Type (Check One):	<input type="checkbox"/> Life Insurance <input type="checkbox"/> Indexed Annuity <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity	<input type="checkbox"/> Life Insurance <input type="checkbox"/> Indexed Annuity <input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity
d. Replacement Type (Check One):	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> Full <input type="checkbox"/> Partial
e. Issue Date (MM/YYYY):		
f. Guaranteed Minimum Interest Rate:		
g. Current Interest Crediting Rate:		
h. Account Value:	\$	\$
i. Surrender Charge Amount:	\$	\$
j. Market Value Adjustment:	\$ <input type="checkbox"/> Positive <input type="checkbox"/> Negative	\$ <input type="checkbox"/> Positive <input type="checkbox"/> Negative
k. Death Benefit Amount:	\$	\$
l. Withdrawal/Income Rider (GMIB, GLWB):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1. If Yes, provide rider name:		
2. If Yes, provide rider withdrawal benefit base:	\$	\$
m. SPIA Recommendations Only		
1. (Required) Payout of the existing contract if annuitized. If not provided on initial submission then an inforce illustration will be required.	\$	\$
2. (Required) Payout type used for comparison (e.g life and 10)		
3. Please use this space to provide additional information regarding the availability of the desired annuitization payout option from the current contract.		



ADDITIONAL NOTES

Empty box for additional notes.

IMPORTANT INFORMATION TO CONSIDER

The liquidation of an annuity or life insurance product to fund the purchase of an annuity may have tax consequences. The Company does not provide tax advice. Prior to liquidating any assets, you should consult with your tax advisor.

The liquidation of some investment and/or insurance products may subject you to surrender charges and fees and you will be subject to new surrenders charges or limits on accessing your funds in the new annuity contract.

You may lose a portion or all of the guaranteed benefits in your existing annuity or life insurance product to include, but not limited to any living benefits such as guaranteed withdrawal and income riders, guaranteed minimum benefits as well as any guaranteed death benefits associated with the contract or attached riders.

The insurance benefits and other features of variable insurance products may cause higher internal expenses than other investment alternatives.

For investors under the age of 72, required minimum distributions may exceed the allowable free withdrawal amounts from the annuity contract and/or withdrawal and income riders resulting in surrender charges and/or reduction in guaranteed benefits.

Be sure to review the product prospectus (as applicable) and/or marketing materials for each existing and new investment for specific information regarding fees, expenses and benefits.

CONSUMER CERTIFICATION

By signing below, you acknowledge that the information provide on this form is complete and accurate to the best of your knowledge and you have reviewed the "Important Information to Consider". You acknowledge that you understand that you may be subject to a surrender charge or may have limited access to the contract principal pursuant to the underlying contract and/or lose any guaranteed benefits in your existing investments being liquidated to fund this purchase. Your signature below confirms that you have reviewed this form and determined that this replacement is in your best interest.

Sign Here _____
CONSUMER SIGNATURE AND TITLE (AS APPLICABLE)

Date _____

Sign Here _____
JOINT CONSUMER SIGNATURE AND TITLE (AS APPLICABLE)

Date _____



PRODUCER CERTIFICATION

As evidenced by my signature below, I certify that in the case of this replacement transaction:

- I have reviewed the existing product features, benefits and expenses and provided the client with information on this annuity recommendation, including the prospectus (as applicable) and/or marketing materials.
- I took into consideration the following factors to determine the replacement is suitable:
 - Whether the consumer will incur:
 - a surrender charge;
 - increased premium or fees;
 - decreased death benefit or income amount;
 - the commencement of a new surrender period;
 - a loss of existing benefits (such as death, living or other contractual benefits);
 - tax implications if the consumer surrenders or borrows from the policy; and
 - increased fees, investment advisory fees, premium loads or charges or riders and similar product enhancements.
 - Whether the consumer would benefit from policy enhancements and improvements, such as:
 - decreased premium or fees;
 - increased coverage duration; and
 - increased death benefit or income amount.
 - Whether the consumer has had another policy replacement, in particular, a replacement within the preceding 60 months.

Based on the information reviewed and disclosed above, I believe this replacement is suitable.

Sign Here _____

PRODUCER'S SIGNATURE

Date _____





Financial Representative Best Interest Certification

As evidenced by my signature below:

OWNER'S NAME (First, Middle, Last) (printed)

[Empty box for Owner's Name]

JOINT OWNER'S NAME (First, Middle, Last) (printed) (if applicable)

[Empty box for Joint Owner's Name]

- In recommending this sales transaction, I acted in the best interest of the Consumer.
This sales transaction is based on my evaluation of the relevant suitability information of the Consumer.
I acted with the care, skill, prudence and diligence that a prudent person acting in a like capacity and familiar with such matters would use under the prevailing circumstances.
I only considered the interests of the Consumer when making the recommendation.
I believe the Consumer will benefit from certain features of the policy; that the Consumer has the financial ability to meet the financial commitments under the policy; and that the particular policy as a whole, the underlying subaccounts to which funds are allocated at the time of the sales transaction, and riders and similar product enhancements, if any, are suitable for the Consumer based on the Consumer's suitability information.
In the case of a replacement of a policy, I believe that the replacement is suitable.
I have informed the Consumer about various features of the policy and potential consequences of the sales transaction, both favorable and unfavorable, as applicable, including but not limited to:
Guaranteed interest rate, Product restrictions, Index features, Availability of cash value, Non-guaranteed elements, Limitations on interest returns, Surrender period and surrender charges, Potential charges for and features of riders, Potential tax implications associated with various transactions.
I have disclosed to the Consumer in a summary format all relevant suitability considerations and product information, both favorable and unfavorable, that provide the basis for this recommendation.
I have documented, in written format, the basis for this recommendation, which includes (select all that apply):
Guaranteed Income, Immediate Income, Guaranteed Interest Rates, Low Fees and Expenses, Principal Protection, Estate Planning, Tax Deferral, Tax Planning, Inherited/Stretch Options, Other:
I have adequate knowledge to make this recommendation.
I have provided the Consumer with the required compensation disclosures.
I agree to maintain and make available upon request to the insurer or the Department of Financial Services, records of the information collected, disclosures made, documentation regarding the basis of this recommendation, and any additional analysis forms and other information used in connection with this annuity contract recommendation.

Print Name _____ AGENT NAME

Sign Here _____ Date _____ SIGNATURE OF AGENT





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

FAX NUMBER: 888.220.2677

CONTRACT INFORMATION

OWNER'S NAME (First, Middle, Last)

[Text input box for Owner's Name]

SOCIAL SECURITY NUMBER / TIN

[Text input box for Social Security Number / TIN]

Check if TIN

[Check box for TIN]

SALES ILLUSTRATIONS

[] Sales illustration(s) were presented in the sale. Please submit them with this form.

SALES MATERIALS

Check the sales material(s) you provided to your client. You do not need to submit a copy of these materials with this form.

[] Client Brochure [] Product Summary

List any additional sales materials that were provided to your client:

Sales Material/Description

Form Number/Revision Date

AGENT SIGNATURE/CERTIFICATION

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 sales were developed and previously approved by National Integrity. I also certify that I have provided the most current prospectuses (if applicable) to the customer.

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

Print Name _____
AGENT/BROKER NAME

Sign Here _____
SIGNATURE OF AGENT/BROKER

Date _____





**DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK
DEFINITION OF REPLACEMENT**

FORM A

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

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

1. LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED? 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 INSURANCE REGULATION 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT/BROKER IS REQUIRED TO PROVIDE YOU WITH THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. YOU WILL ALSO RECEIVE A COMPLETED DISCLOSURE STATEMENT NO LATER THAN THE TIME YOUR NEW POLICY OR NEW CONTRACT IS DELIVERED.

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





Authorization to Disclose Contract Information

FORM B

For Home Office Use Only	Contract Number	Date
---------------------------------	------------------------	-------------

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 (optional)	Date of Birth	
Address	City	State	Zip
Joint Owner Name (if applicable)	Social Security Number/TIN (optional)	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		
Address	City	State	Zip
Telephone	Fax	Agent ID Number	

SIGNATURE

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

ADDITIONAL INFORMATION AND PRODUCT NAME (Required) (check a box in each section)

IRS Plan Type <input type="checkbox"/> Tax Qualified or <input type="checkbox"/> Nonqualified	Product Name (Select One) <input type="checkbox"/> AnnuChoice® <input type="checkbox"/> Pinnacle <input type="checkbox"/> VAROOM® <input type="checkbox"/> SmartStep (Bank Only) <input type="checkbox"/> Other _____	<input type="checkbox"/> IncomeSource® Single Premium Immediate Annuity <input type="checkbox"/> IncomeSource Select Deferred Income Annuity <input type="checkbox"/> SeniorSelect <input type="checkbox"/> AnnuQuest (Bank Only)* <input type="checkbox"/> New Momentum* *List GRO/Guar. Period(s) _____	<input type="checkbox"/> SPDA Series II* <input type="checkbox"/> MultiVantage®* <input type="checkbox"/> SmartSelect*
Reg.60 Process <input type="checkbox"/> 1-Step <input type="checkbox"/> 2-Step			

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

Proceeds Applied to New Contract Existing National Integrity Contract # _____





DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK
IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE
POLICIES OR ANNUITY CONTRACTS.

FORM F

THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY INSURANCE 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 OR BROKER IS REQUIRED TO GIVE YOU THIS NOTICE. A SIGNED DISCLOSURE STATEMENT WILL ALSO BE PROVIDED TO YOU 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. **THE DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU NO LATER THAN UPON DELIVERY OF THE POLICY OR CONTRACT.**
2. ASK THE COMPANY, AGENT OR BROKER FROM WHOM YOU BOUGHT YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO REVIEW WITH YOU THE TRANSACTION. YOU MAY BE ABLE TO EFFECT THE CHANGES YOU DESIRE MORE ADVANTAGEOUSLY WITH THEM.
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 11 NYCRR PART 51 (INSURANCE REGULATION 60).

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 AFFECT 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





Department of Financial Services of the State of New York 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.

- **THIS DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU BY NO LATER THAN DELIVERY OF THE NEW ANNUITY CONTRACT. PLEASE REVIEW THIS DOCUMENT CAREFULLY, AS IT CONTAINS IMPORTANT INFORMATION COMPARING YOUR EXISTING CONTRACT TO THE NEW CONTRACT.**
- **IMPORTANT 60 DAY REFUND PERIOD:**
WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF YOUR NEW ANNUITY CONTRACT, YOU HAVE THE RIGHT TO RETURN IT AND RECEIVE A REFUND IF YOU ARE NOT SATISFIED WITH THE NEW CONTRACT. FOR FURTHER DETAILS ON THE TERMS OF THE REFUND, SEE THE **IMPORTANT** NOTICE FORM PROVIDED TO YOU WHEN YOU APPLIED FOR YOUR NEW CONTRACT.
- **PLEASE CONTACT THE COMPANY, AGENT/BROKER IF YOU HAVE ANY QUESTIONS.**

FOR YOUR PROTECTION, the Department of Financial Services of the State of New York requires that you be given the **IMPORTANT Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts** and the **Definition of Replacement** forms at the time you apply for your coverage. This **Disclosure Statement**, which contains information on all proposed and existing coverage affected, may be provided to you at the time you apply for your coverage or at a later date, **but** no later than at the time of contract delivery.

APPLICANT AND AGENT/BROKER INFORMATION

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

SECTION 1. DESCRIPTION OF TRANSACTION

AS OF DATE

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

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"/> MultiVantage® <input type="checkbox"/> SmartSelect <input type="checkbox"/> AnnuChoice® <input type="checkbox"/> New Momentum <input type="checkbox"/> SmartStep (Bank Only) <input type="checkbox"/> AnnuQuest (Bank Only) <input type="checkbox"/> Pinnacle <input type="checkbox"/> SPDA Series II <input type="checkbox"/> IncomeSource® Single Premium Immediate Annuity <input type="checkbox"/> VAROOM® <input type="checkbox"/> IncomeSource Select Deferred Income Annuity <input type="checkbox"/> Other _____
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¹ Surrender charge should include any administrative and cumulative rider charges included and should also be included in item 4 on page 5 of this Statement.



Section 2. SUMMARY RESULT COMPARISON² - Do not complete if purchasing an Immediate Annuity or Deferred Income Annuity.

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

- 2 Calculations for both current and proposed policies are based on current values and do not include possible future additional deposits or withdrawals.
- 3 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.
- 4 Note that the annual investment rates need to be reduced by management and other fund expenses and other contractual charges (other than surrender charge).
- 5 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.
- 6 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.



Section 3. SUMMARY RESULT COMPARISON² - Only complete if purchasing an Immediate Annuity or Deferred Income Annuity.

The Proposed Annuity		If You Annuitize Your Existing Annuity(ies) ³
Surrender Value to be Invested \$		Current Value \$
\$	Annuity Payment Amount	\$
	Payment Frequency	
	Payout Option	
%	Annual Increase % (If Any)	%

If You Continue Your Current Annuity(ies) and DO NOT Annuitize Your Annuity(ies)

	Fixed Annuity		Variable Annuity ⁵		
	At Guaranteed Rate	At Current Rate ⁶	@ 0%	@ 6%	@ 12%
SURRENDER VALUE⁶					
In 5 Years	\$	\$	\$	\$	\$
In 10 Years	\$	\$	\$	\$	\$
DEATH BENEFIT					
In 5 Years	\$	\$	\$	\$	\$
In 10 Years	\$	\$	\$	\$	\$

You should determine whether it would be more advantageous to annuitize your existing deferred annuity contract according to the terms of the original contract. This may also allow you to avoid a surrender charge. Once an immediate annuity converts into a stream of income payments and it cannot be surrendered. 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.



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

- Sales material was used for this sale.
- No sales material, other than the attached proposal, was used in this sale.
- No sales material or proposal 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, Section 1 of this Disclosure Statement must be completed for such additional annuity contracts. In addition, a composite comparison shall be completed for all existing annuity contracts to all proposed annuity contracts. The sales material, including any proposal, or a list of such information used in the sale of the proposed life insurance policy or annuity contract, must accompany the submission of this form to the replacing insurer. Copies of the sales materials, and any proposals, 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
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Department of Financial Services of the State of New York Disclosure Statement
(Life Insurance to Annuity Replacement Only)

FORM C2, PAGE 1

IMPORTANT - IT MAY NOT BE IN YOUR BEST INTEREST TO SURRENDER, LAPSE, CHANGE OR BORROW FROM EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS IN CONNECTION WITH THE PURCHASE OF A NEW LIFE INSURANCE OR ANNUITY CONTRACT WHETHER ISSUED BY THE SAME OR A DIFFERENT INSURANCE COMPANY.

- **THIS DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU NO LATER THAN UPON DELIVERY OF THE NEW POLICY OR CONTRACT. PLEASE REVIEW THIS DOCUMENT CAREFULLY AS IT CONTAINS IMPORTANT INFORMATION COMPARING YOUR EXISTING POLICY OR CONTRACT TO THE NEW POLICY OR CONTRACT.**
- **IMPORTANT 60 DAY REFUND PERIOD:**
WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF YOUR NEW LIFE INSURANCE OR ANNUITY CONTRACT, YOU HAVE THE RIGHT TO RETURN IT AND RECEIVE A REFUND IF YOU ARE NOT SATISFIED WITH THE NEW POLICY OR CONTRACT. FOR FURTHER DETAILS ON THE TERMS OF THE REFUND, SEE THE IMPORTANT NOTICE FORM PROVIDED TO YOU WHEN YOU APPLIED FOR YOUR NEW POLICY OR CONTRACT.
- **PLEASE CONTACT THE COMPANY, AGENT/BROKER IF YOU HAVE ANY QUESTIONS.**

FOR YOUR PROTECTION, the Department of Financial Services of the State of New York requires that you be given the IMPORTANT Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts and the Definition of Replacement forms at the time you apply for your coverage. This Disclosure Statement, which contains information on all proposed and existing coverage affected, may be provided to you at the time you apply for your coverage or at a later date, but no later than at the time of contract delivery.

APPLICANT AND AGENT/BROKER INFORMATION

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

Section 1. Description of Transaction

AS OF DATE

The Proposed Annuity Contract		Existing Policies Affected		
		1	2	3
National Integrity	Company Name			
800.433.1778	Customer Service Phone Number			
	Contract Number			
	Issue Date			
<input type="checkbox"/> Fixed <input type="checkbox"/> Variable <input type="checkbox"/> Combination Fixed/Variable	Type of Insurance			
\$	Base Policy Face Amount	\$	\$	\$
	Rider			
	Rider			
	Rider			
	Rider			
	Rider			
	Rider			
\$	Total Annualized Premium	\$	\$	\$
N/A	Current Surrender Charge	\$	\$	\$
%	Guarantee Interest Rate	%	%	%
%	Current Loan Interest Rate	%	%	%
	Current Loan Balance			
	Contestable Expiry Date			
	Suicide Expiry 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"/> MultiVantage®	<input type="checkbox"/> SmartSelect
	<input type="checkbox"/> AnnuChoice®	<input type="checkbox"/> New Momentum	<input type="checkbox"/> SmartStep (Bank Only)
	<input type="checkbox"/> AnnuiQuest (Bank Only)	<input type="checkbox"/> Pinnacle	<input type="checkbox"/> SPDA Series II
	<input type="checkbox"/> IncomeSource® Single Premium Immediate Annuity	<input type="checkbox"/> VAROOM®	
	<input type="checkbox"/> IncomeSource Select Deferred Income Annuity	<input type="checkbox"/> Other _____	



		Existing Policies Affected		
EXISTING COVERAGE TO BE CHANGED BY		1	2	3
Lapse or Surrender		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amendment or Reissue		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loan or Withdrawal		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Death Benefit				
Reduction To		\$	\$	\$
Reduction Paid-Up For		\$	\$	\$
Extended Term To				
Other				
Cash Released by Change	Year	\$	\$	\$
	Year	\$	\$	\$
	Year	\$	\$	\$
Use of Cash Released				

Section 2. Summary Result Comparison

Proposed with Existing Coverage Changed			Existing Coverage Unchanged	
Guaranteed	Non-Guaranteed		Guaranteed	Non-Guaranteed
		Annualized Premium		
\$	\$	Current Year	\$	\$
\$	\$	5 Years Hence	\$	\$
\$	\$	10 Years Hence	\$	\$
		Surrender Value*		
\$	\$	End of 1st Year	\$	\$
\$	\$	5 Years Hence	\$	\$
\$	\$	10 Years Hence	\$	\$
		Death Benefit		
\$	\$	End of 1st Year	\$	\$
\$	\$	5 Years Hence	\$	\$
\$	\$	10 Years Hence	\$	\$
		Dividends		
\$	\$	End of 1st Year	\$	\$
\$	\$	5 Years Hence	\$	\$
\$	\$	10 Years Hence	\$	\$

* 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 life insurance policy cannot meet the applicant's objectives because

3. The advantages of continuing the existing life insurance policy without changes are

Remarks:

- Sales material was used for this sale.
 No sales material, other than the attached proposal, was used in this sale.
 No sales material or proposal was used in this sale.

If more than three existing life insurance policies are to be affected by this transaction, or if more than one new annuity contract is proposed, Section 1 of this Disclosure Statement must be completed for such additional annuity contracts. In addition, a composite comparison shall be completed for all existing life insurance policies to all proposed annuity contracts. The sales material, including any proposal, or a list of such information used in the sale of the proposed annuity contract, must accompany the submission of this form to the replacing insurer. Copies of the sales materials, and any proposals, 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





Fixed Deferred Annuities Comparison - Independent Insurance Agents & Broker-Dealers

For additional information regarding this disclosure, including where the referenced products can be purchased, please contact us at 1-800-433-1778.

In New York, National Integrity Life Insurance Company currently offers various fixed deferred annuities through independent insurance agents, banks and broker-dealers. **The table below shows the key differences between the fixed deferred annuity products offered generally by independent insurance agents and broker-dealers;** although National Integrity makes each of these products available to all independent insurance agents and broker-dealers, some may choose to offer only certain of these products. You should therefore confirm the availability of these products with your agent, adviser or representative.

National Integrity offers through other distributors (including banks) other versions of its fixed deferred annuity products that may have different costs and/or benefits, such as the length of the withdrawal charge schedule and whether an interest rate bonus is offered. For a full comparison of all National Integrity fixed deferred annuities, including those offered through banks, please call 1-800-433-1778 or visit:

<https://www.westernsouthern.com/distributors/products/annuities/fixed-annuities/NYfixedannuities>

These tables are not intended to describe all product features, or features that are the same between products. Please refer to product materials for more details, and ask your agent, adviser or representative for the most current interest crediting rates to help you in your decision.

Product Name	MultiVantage (NIL-16 1701 NY R1)	New Momentum (NIL 04-04 NY Rev.)	SPDA Series II (NIL 03-02-2 NY)
Premium Type	Single Premium	Flexible Premium	Single Premium
Interest Rate Bonus	1.00%, first year of the initial GRO & Renewal GRO	0.75%, first contract year only	1.00%, first contract year only
Market Value Adjustment ¹	Yes	Yes	No
Return of Premium (ROP) Guarantee	No	No	Yes, included
Maximum Issue Age	89	85	85
Available Guaranteed Rate Options (GROs)	4, 5, 7 or 10 years ²	1, 5, 6, 7 & 10 years ³	1, 3 or 5 years
Withdrawal Charge Schedule	4, 5 or 7 years (Initial GRO) ² 4 or 5 years (Renewal GRO) ²	7 years	7 years
General Account or Separate Account ⁴	Separate Account	Separate Account	General Account

¹ A Market Value Adjustment (MVA) applies to withdrawals in excess of the free withdrawal amount. It reflects the effect of the change in the interest rates we offer between the time the GRO was selected and the time the MVA is applied. Generally, if interest rates increase, the MVA reduces your contract's value. On the other hand, if interest rates decrease, the MVA increases your contract's value. The MVA does not apply during the last 30 days of the GRO or to the death benefit. The contractual MVA limit for MultiVantage and New Momentum applies to negative MVAs only.

² Renewal GROs greater than 7 years are not available. The length of the Withdrawal Charge Schedule matches the length of the Initial GRO Period for the 4, 5, and 7 year GROs and matches the length of the Renewal GRO Period for the 4 and 5 year GROs. Withdrawals Charges are limited to 7 years for Initial GROs longer than 7 years.

³ For New Momentum, you can choose among one or more of the available GROs.

⁴ Insurance products are issued by an insurance company using a general account or a separate account. In a general account structure the assets are invested in the insurance company's general account, and the entire general account of the insurance company supports the guarantees for all products backed by the assets in the general account. The assets in a general account are not attributable to any single product liability. Separate account assets are segregated from the general account of the insurer, and specifically support the product(s) issued by the insurer through the separate account. A separate account's assets are used first to meet the guarantees for any product using the separate account, and if the separate account assets are insufficient, contract owners would look to the general account to make up any potential shortfall on an equal basis with all general account claimants.

