

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.

Immediate Fixed Annuity Good Order Checklist

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

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

REMINDERS FOR ALL TYPES OF NEW CONTRACTS

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 Outdated forms will not be accepted.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

REPLACEMENT BUSINESS REMINDERS

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



MAILING INSTRUCTIONS

National Integrity Life Insurance Company will not accept this application without a National Integrity Quote. The Information on the quote and on this application should be consistent. Send the completed application and quote 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, Cincinnati, OH 45202-3341
FAX NUMBER: 888.220.2677

OWNER INFORMATION (Required)

Owner – Exercises all rights under the contract and is responsible for all taxes. The Owner is also the Annuitant unless indicated otherwise.

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 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 - Continued

Joint Owner (if applicable) – Shares control of the contract. When one Owner dies, ownership passes to the surviving Joint Owner. Complete this section when exchanging jointly owned contracts.

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?

Successor Owner – Becomes contract Owner after the death of the Owner and any Joint Owner. Will become Owner rather than any Joint Annuitant named. **REQUIRED: If the Owner and Annuitant are different (unless the Owner is an Entity).**

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

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 (Do not complete if the Owner and Annuitant are the same person)

Annuitant – The person on whose life income payments are based.

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

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

Yes

No

If yes, for how long?

Joint Annuitant – Please complete when selecting joint life payouts. **A Joint Annuitant is NOT a Joint Owner.** However, a Joint Annuitant becomes the Owner if there is no Joint Owner or Successor Owner named.

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 ANNUITANT

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

Yes

No

If yes, for how long?



BENEFICIARY INFORMATION (Required)

Beneficiary – Becomes the Owner at the death of the last Owner. The Owner’s estate will become the Owner if no surviving Beneficiary is named here. Beneficiaries who survive the Owner will share ownership or the death benefit equally among all persons named, unless otherwise specified. Beneficiaries without specified percentages will share 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

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

%



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

 %

PAYEE INFORMATION (Required - if different from the Owner)

Payee – The Payee is the Owner unless someone different is named below. Payments will be deposited directly to the payee’s checking, savings or brokerage account.

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

PAYMENT INFORMATION (Required)

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, **OR** attach a signed letter of Instruction on the Bank’s letterhead including the information requested below.)
- Brokerage Account (Account **MUST** be verified by institution.)

FINANCIAL INSTITUTION NAME

ABA ROUTING NUMBER

ACCOUNT NUMBER

NAME OF ACCOUNT OWNER (must match PAYEE)

FINANCIAL INSTITUTION PHONE NUMBER

FINANCIAL INSTITUTION ADDRESS

OTHER ACCOUNT NUMBER (if applicable)

FINANCIAL INSTITUTION REPRESENTATIVE NAME (printed)

FINANCIAL INSTITUTION REPRESENTATIVE SIGNATURE

Due to payment processing requirements with Electronic Funds Transfers (EFT) transactions, actual receipt of payment may be later than the Initial Payment Date you elect, and on each subsequent Payment Date. Please allow 3-5 business days after the Payment Date for the payment to be deposited into the account.



TRANSFER OR REPLACEMENT INFORMATION (Required)

Do you currently have existing life insurance 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 Qualified Plan (IRC Section 401)
- Inherited (Stretch) IRA Inherited (Stretch) Roth IRA Non-Qualified Extended (Stretch)

Amount of Single Premium \$

Amount of Each Annuity Payment \$ (initial payment, if increasing payout option is selected)

Payment Type (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Qualified Transfer
<i>(A Transfer is a direct transfer from a qualified plan to another qualified plan or an IRA to another IRA.)</i> | <input type="checkbox"/> Full 1035 Exchange
<i>(Non-Qualified Annuity to Annuity Exchange)</i> | <input type="checkbox"/> Non-Qualified Premium/Transfer
<i>(Non-1035 Exchanges)</i> |
| <input type="checkbox"/> Rollover
<i>(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.)</i> | <input type="checkbox"/> Partial 1035 Exchange
<i>(Non-Qualified Partial Annuity to Annuity Exchange)</i> | <input type="checkbox"/> Contribution - If not indicated, defaults to current tax year.
\$ _____ for Current Tax Year
<i>Qualified funds only</i>
\$ _____ for Previous Tax Year
<i>Qualified funds only, except SEP IRAs.</i> |

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).



INCOME OPTIONS (Required)

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

INCOME OPTIONS - Choose one of the Options listed

Single Annuitant Options

Period Certain Only (5-30 years*) _____ Years _____ Months

Temporary Life¹ for a maximum of _____ years (5-30) _____ months even if the Annuitant is still alive.

Single and Joint Annuitant Options

If a Joint Annuitant is named on the application, then the Income Option chosen below will be a Joint Life Option.

Life Only²

Life with Period Certain (5-30 years*) _____ Years _____ Months

Life with Cash Refund

Life with Installment Refund

If a Joint Life Option is elected the Payment **will not reduce at death** unless indicated otherwise below. (Note: Payment reduction is not available for Life with Cash Refund.)

Payment will reduce³ to _____% (25-95%) of the current amount at the death of (select one):

the Annuitant the Joint Annuitant either the Annuitant or Joint Annuitant

¹ Pays an income for the shorter of a specified period or the life of the Annuitant.

² Pays an income until the death of the (last) Annuitant when the contract terminates and no further payments will be made regardless of the amount received.

³ The reduction will not occur until the end of the period certain (if one is selected), or the balance of the original premium is refunded (if an installment refund option is selected).

* All years may not be available.

INCREASING PAYOUT OPTION (Optional)

This option allows for automatic, annually compounding increases in the payout amount. This must be selected at issue and cannot be changed. This feature is not tied to any index or inflation rate. **Selecting an Increasing Payout Option will reduce your initial payout amount unless you pay a higher premium.**

1% 2% 3% 4% 5%



PAYMENT FREQUENCY AND PAYMENT START DATE (Required)

Make sure the quote that accompanies the application matches the selections below.

Payment Frequency - Select one

Monthly Quarterly Semi-annually Annually

Initial Payment Timing - Select one option. *Payment must occur within 1 year from issue.*

Immediately (0 Month Deferral) 1 Month 3 Months 12 Months Other _____
 Specific Day of the Month* _____ *Must be between the 1st and 28th of the month.*

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

The deferral period defaults to one month for monthly, three months for quarterly, six months for semi-annually, and twelve months for annually from the effective date. The effective date of the annuity is the date the application **and** premium are received, in good order, by National Integrity's processing office unless a later date is requested.

* The payment amount may differ if the time frame between the actual premium receipt date and the income start date are different than the quote. If you select a specific date that is less than one month from the effective date, the deferral period should be zero on the quote. The deferral period between months will always be rounded to the previous deferral period (e.g. two months and three weeks equals two months deferral).

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



NOTICE OF WITHHOLDING OF INCOME TAX (Required)

Federal tax law requires National Integrity to withhold federal income tax from the taxable portion of your annuity unless you elect not to have withholding apply. Withholding will be done on the same basis as wage withholding. **Unless you request otherwise, 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 after issue using form A-4P or MI W-P, respectively. For CT residents, mandatory withholding will apply unless form CT-W4P is submitted after issue 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

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



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

SPOUSAL CONSENT – Required for residents of 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 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all 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.

This annuity provides income payments in exchange for a premium. This annuity has NO CASH VALUE. You cannot make withdrawals from this annuity. The purchase of this annuity is permanent after the free look period.

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. No sales representative has the authority to make, or waive, any conditions or provisions of the contract. To the best of my knowledge and belief, the annuity and any additional benefits applied for are suitable for my investment time horizon, goals, objectives, financial situation and needs. **I have reviewed the quote that is being provided with this application.**



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

Signed in the State of: _____

NOTE: The **Joint Annuitant** should not sign this application unless they are the **Owner** or **Joint Owner**.

Print Name _____
OWNER

Sign Here _____
SIGNATURE OF OWNER

Date _____

Print Name _____
JOINT OWNER (if applicable)

Sign Here _____
SIGNATURE OF JOINT OWNER (if applicable)

Date _____

Print Name _____
ANNUITANT (if different from Owner)

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

Date _____



SALES REPRESENTATIVE/LICENSED AGENT INFORMATION (Required)

Does the applicant now have life insurance policies or annuity contracts with any company? Yes 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 a the Questionnaire for Suitability, and submit with this application. National Integrity Life 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

Mail Contracts to: Sales Representative/Licensed Agent Owner

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





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

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

You as the **owner** (purchaser of the annuity) can choose whether income payments will last for a period of years or as long as the **annuitant** (the person on whose life the amount and duration of life-contingent payments are based) is alive. **The option you choose on the application determines how much you will receive, how long you will receive payments, and whether beneficiaries will receive anything after the death of the annuitant. After the contract is issued, the terms of your annuity, such as the Income Payment Option, payment amount, or payment frequency, cannot be changed and you cannot withdraw any part of your annuity.**

INCOME PAYMENT OPTIONS

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

Owner, and Joint Owner if applicable, must initial the one selected option.

Income Payment Options for a Single Annuitant:

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

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

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

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

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

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

Income Payment Options for Joint Annuitants (Note: Joint Annuitants need not initial unless they are also a Joint Owner):

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

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

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



INCOME PAYMENT OPTIONS (continued)

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

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

INCOME REDUCTION OPTION FOR JOINT ANNUITANTS

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

Please initial the Income Reduction Option you selected on the application. The Income Reduction Option is not available with the Joint and Survivor Lifetime Income with Cash Refund. The payment will not be reduced until the end of the specified period certain (if selected) or the original premium has been paid out (if an installment refund was selected).

Income Reduction Option:

 Payments will not reduce
Owner(s) Initials

 Payments to the surviving annuitant will be reduced to: _____ % (25% to 95%) of the current amount
Owner(s) Initials

The reduction will occur: (Check one)

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

DEATH BENEFITS

If your Income Payment Option has a period certain feature and you die (and the joint annuitant also dies for joint life payment options), your named beneficiary will receive the remaining proceeds.

MEDICAID ELIGIBILITY

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

FEES, EXPENSES, & OTHER CHARGES

A state premium tax will be factored into the income payouts if your state taxes single premium immediate annuities. No other fees or charges will be assessed to this annuity.

TAXES

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



OTHER INFORMATION

We may change your annuity contract from time to time to follow federal or state laws and regulations. If we do, we will inform you of the change in writing.

Many states have laws that give you a set number of days to look at an annuity after you buy it. If you decide during that time that you don't want it, you can return the annuity contract and get all your money back. Read your contract (page 1) to learn about your **Right to Cancel**.

National Integrity Life Insurance Company is a member of Western & Southern Financial Group. For more information about National Integrity Life Insurance Company visit our website.

National Integrity Life Insurance Company

400 Broadway
Cincinnati, OH 45202

800.433.1778

WSFinancialPartners.com

ACKNOWLEDGEMENT

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

Owner / Applicant's Name (Printed)

Owner / Applicant's Signature

Date

Joint Owner's Name if applicable (Printed)

Joint Owner's Signature

Date

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

Agent's Name (Printed)

Agent's Signature

Date



ACORD® 1035 EXCHANGE / ROLLOVER / TRANSFER eFORM

Name of Receiving Company _____

Business Address	Mailing Address	Overnight Address
------------------	-----------------	-------------------

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)



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.

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
--	---	---

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.





Consumer Profile Information Questionnaire

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 box]

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

[Text input box]

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

[Text input box]

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

[Text input box]

NAME OF PRODUCT

[Text input box]

AMOUNT OF INITIAL PREMIUM

\$ [Text input box]

SURRENDER PENALTY PERIOD (YEARS)

[Text input box]

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 box]

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

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

- Salary/Wage Pension Social Security Investments Annuity Contracts

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

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 _____
CONSUMER SIGNATURE AND TITLE (AS APPLICABLE)

Date _____

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

Date _____

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 _____
PRODUCER'S SIGNATURE

Date _____

Producer Contact Information

TELEPHONE NUMBER (include area code)

E-MAIL ADDRESS





New York Annuity Suitability Replacement Addendum

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)

[Text input field for Owner Name]

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

[Text input field for Joint Owner Name]

2. PROPOSED PRODUCT INFORMATION

NAME OF PRODUCT

[Text input field for Product Name]

TOTAL PREMIUM

\$ [Text input field for 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 _____ SIGNATURE OF AGENT

Date _____





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 field for Owner's Name]

SOCIAL SECURITY NUMBER / TIN

[Text input field 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 _____
---	--

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
---------------------------	------



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.

Withholding Certificate for Periodic Pension or Annuity Payments

2025

Give Form W-4P to the payer of your pension or annuity payments.

Step 1:
Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2:
Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3:	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
Claim Dependent and Other Credits	Multiply the number of qualifying children under age 17 by \$2,000	\$	_____
	Multiply the number of other dependents by \$500	\$	_____
	Add other credits, such as foreign tax credit and education tax credits	\$	_____
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here		3

Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . .	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(c)	\$ _____

Step 5:
Sign Here

Your signature (This form is not valid unless you sign it.)	Date
---	------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you choose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

TIP: Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), then they will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). They will make no entries in Step 4(a) on this Form W-4P.

Example 2. Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then they will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has \$1,000 of interest income, they won't enter that amount on this Form W-4P because they entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Alex also has \$1,000 of interest income, which they entered on Form W-4, Step 4(a), they will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). They will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible

Specific Instructions (continued)

in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than

the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet (Keep for your records.)



1	Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____			
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately 	}	2	\$ _____
{	<ul style="list-style-type: none"> • \$30,000 if you're married filing jointly or a qualifying surviving spouse • \$22,500 if you're head of household • \$15,000 if you're single or married filing separately 	}				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$2,000 if you're single or head of household. • \$1,600 if you're married filing separately. • \$1,600 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,200 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.