



Fixed Annuity Paperwork

Connecticut

Privacy Policy Statement

Our privacy statement explains how we collect, use, share, and protect your personal information. So just how do we protect your privacy? Simply put, we respect your right to privacy and promise to treat your personal information responsibly. It's as simple as that. Here's how.

Our Pledge to our Customers

- We collect only the information we need to serve you and administer our business.
- We are committed to keeping your information confidential and we place strict limits and controls on the use and sharing of your information.
- We make every effort to ensure the accuracy of information.

We collect information about you when you ask about or buy one of our products or services. The information comes from your application, business transactions with us, and consumer reports – but only if applicable to the product or service that you choose. Please know that we only use that information to sell, service, or market products to you.

We may share information with our affiliated companies, such as: name and address, social security number, assets and income, property address and value, account and policy information, consumer report information, family member and beneficiary information and medical information you granted us permission to collect.

How we use information

When you enter into a business relationship with us, we may share your personal information with your agent, producer, or advisor and our companies and business partners so that they can service your policy or account. Some examples of when we may share this information include mailing your statement or processing transactions that you request. You cannot opt out of our sharing of this information for such purposes. We may also share your personal information where federal and state law requires.

We don't sell your information for marketing purposes. We may disclose the information we collect to companies that perform marketing services on our behalf or to other financial institutions with which we have joint marketing agreements. Any company with which we team must conform to our privacy standards. If we change our policy, we'll tell you and give you the opportunity to opt out before we share your information.

Confidentiality and security

We follow the data security laws that apply to us. We protect your information by using physical and technical safeguards. We limit access to your information to those who need it to do their jobs. Our business partners are also legally bound to use your information for our purposes only. They may not share it or use it in any other way.

Who we are

We are a member of the Western & Southern Financial Group, Inc ("Western & Southern Financial Group"). The member companies are:

Columbus Life Insurance Company; Fort Washington Investment Advisors, Inc.; IFS Financial Services, Inc.; IFS Fund Distributors, Inc.; Integrity Life Insurance Company; The Lafayette Life Insurance Company; National Integrity Life Insurance Company; Touchstone Securities, Inc.; Touchstone Investment Advisors, Inc.; The Western and Southern Life Insurance Company; Western & Southern Agency, Inc.; Western-Southern Life Assurance Company; and W&S Brokerage Services, Inc.

Accessing your information

You can always ask us for a copy of your personal information. Please call us at 800.325.8583 to access your personal information or for questions about our privacy policy. For your protection, we will verify your identity before providing you with your information. We can only give access to information that we control. We don't charge a fee for giving you a copy of your information now, but we may charge a small fee in the future. You can call your agent or producer to change your personal information. But we can't update information that other companies provide to us. So you'll need to contact these other companies to change your information.

Important notice about opting out

The Western & Southern Financial Group also provides this opt out notice. Federal law gives you the right to limit some but not all marketing from the Western & Southern Financial Group companies. Federal law also requires us to give you this notice to tell you about your choice to limit marketing from the Western & Southern Financial Group companies.

You may limit the Western & Southern Financial Group member companies, such as its insurance and securities affiliates, from marketing their products or services to you based on your personal information that they receive from other Western & Southern Financial Group companies. This information may include your assets and income, property address and value, account and policy information, and consumer report information.

To limit marketing offers, contact us by telephone at 1-866-590-1349. If you own a financial product jointly with someone else, any owner can opt out. Your choice to limit marketing offers from the Western & Southern Financial Group companies will apply for at least 5 years from when you tell us your choice. Once that period expires, you will receive a renewal notice that will allow you to continue to limit marketing offers from the Western & Southern Financial Group companies for at least another 5 years.

Fixed Annuity Good Order Checklist

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

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

REMINDERS FOR ALL TYPES OF NEW CONTRACTS

- Before you present the product material, please ensure that you are licensed and appointed in the state in which you are making the sale.
- For contracts issued in New York, complete the Regulation 60 packet.
- The Owner(s) and the Annuitant are within the allowed issue ages for the product being sold. The initial premium must be received prior to the maximum issue age allowed on the product.
- If the Owner is not the Annuitant, then please designate an Owner's Beneficiary.
- The correct state version and most current revision of each form must be used. Submission of incorrect versions of forms will create significant delays in issuing the annuity contract. Please check WSFinancialPartners.com for the most current version of the forms.
- Complete all sections on all of the forms; especially answer all of the questions asked on the application. Areas of the form(s) that are left blank may create delays in processing.
- Appropriate signatures and dates, including those of applicable Joint Owners, must be completed on ALL forms. The state where the application was signed must also be completed on the application.
- Complete the appropriate Replacement questions on the application.
 - The corresponding answers to both sets of questions are in agreement.
- Replacement Notice: Required in states that have adopted the NAIC model Replacement Regulations 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 questions on this form (if required) are in agreement with the application.
- Complete the Entity Ownership Certificate if the annuity being issued as a trust or funding vehicle for a qualified plan, such as a 401(k) or if another type of qualified retirement plan trust (or non-natural person) will own the contract instead of the 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.
- Complete the Fixed Annuity Suitability Statement, if required.
- The Sales Representative has signed the application, and provided all of the appropriate information.
- Provide and complete all required state specific forms available through this paperwork kit.
- Submit all pages of each form.

REPLACEMENT BUSINESS REMINDERS

- Complete the Notice Regarding Replacement (state variations may apply).
- Absolute Assignment IRC Section 1035 Policy Exchange (used for nonqualified contracts) or Authorization for Rollover or Transfer of Tax-Qualified Funds (used for qualified plans).
 - Provide the complete street address (not a P.O. Box) for the transferring company.
 - Indicate the estimated amount of the transaction.
- Provide any of the surrendering company's forms, if required (Contact the surrendering company for requirements).

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MultiVantage – Single Premium Fixed Annuity Application

MAILING INSTRUCTIONS

Send this completed application to:

REGULAR MAIL: Integrity Life Insurance Company, PO Box 5722, Cincinnati, OH 45201-5722

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

OWNER INFORMATION (Required)

Owner – The Owner controls the contract. To ensure spousal continuation, the Owner’s spouse must be the joint Owner if a joint Owner is named. Otherwise, the Owner’s spouse must be the sole primary beneficiary. If the Owner is a non-natural person, such as a trust or corporation, complete the Entity Ownership Certificate.

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

Joint Owner (if applicable) – The joint Owner shares ownership rights with the Owner. Death distribution rules apply at first to die. The Owner and joint Owner are automatically each others’ first beneficiary.

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

ANNUITANT INFORMATION (Required if different from Owner)

Annuitant – The Annuitant is the person whose life expectancy is used to determine the annuity benefit and contract maturity date.

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

BENEFICIARY INFORMATION (Required)

Primary Beneficiary – Receives benefit payable on death of Owner prior to Income Date if there is no surviving joint Owner.

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

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

BENEFICIARY INFORMATION (Continued)

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

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

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

TRANSFER OR REPLACEMENT INFORMATION (Required)

Do you currently have an existing annuity contract or life insurance policy? Yes No
 Does the purchase of this annuity change or replace any existing annuity contract or life insurance policy? Yes No

CONTRACT AND PREMIUM INFORMATION (Required)

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

Nonqualified Payment Type	Qualified Payment Type
<input type="checkbox"/> Complete 1035 Exchange/Estimated Transfer \$ _____	<input type="checkbox"/> Qualified Transfer \$ _____
<input type="checkbox"/> Partial 1035 Exchange/Estimated Transfer \$ _____	<input type="checkbox"/> Rollover \$ _____
<input type="checkbox"/> Amount Enclosed \$ _____	<input type="checkbox"/> Contribution \$ _____ For Tax Year _____
	\$ _____ For Tax Year _____
	<i>If no year is indicated, contribution defaults to current tax year.</i>

Make checks payable to **Integrity Life Insurance Company**.
 If a Wire Transfer is used to fund this contract, the following information is required: the account belongs to _____ and originated from _____ (state/country)

INTEREST RATE GUARANTEE PERIODS (Required)

Check one: 4 Year GRO 5 Year GRO 7 Year GRO 10 Year GRO
MVA Disclosure: The Guaranteed Rate Options (GROs) available under the contract are subject to a Market Value Adjustment (MVA), which may increase or decrease the available account value if funds are withdrawn during the guarantee period.

DISCLOSURE, CERTIFICATION AND OWNER'S SIGNATURE (Required)

SPOUSAL CONSENT – Required for contracts in AZ, CA, ID, LA, NM, NV, TX, WA and WI, if the spouse is not named as the joint Owner or, if no joint Owner is named, and the spouse is not named as the sole primary beneficiary on the contract.

If you are married to the contract owner and he/she has designated a joint Owner other than you, or if no joint Owner is named, and the Owner has designated a primary beneficiary other than you, please consult your tax advisor about the implications of this beneficiary designation.
 I certify that I am the spouse of the named contract owner, and consent to my spouse designating the person(s) listed on previous pages as joint Owner and/or beneficiaries. I understand and acknowledge that as a result of this consent, I will not receive any benefits payable under this contract except to the extent specifically provided as a designated beneficiary on this contract.

DISCLOSURE, CERTIFICATION AND OWNER'S SIGNATURE (Continued)

Spouse's Name (printed)	Spouse's Signature	Date
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For applicants except those in AR, CT, DC, FL, ND and OR: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For applicants in AR: Any person who knowing presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in CT: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of competent jurisdiction.

For applicants in DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

For applicants in FL: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

For applicants in ND: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

For applicants in OR: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement as to any material fact may be guilty of insurance fraud.

Arizona Free Look Disclosure: The Owner may request in writing factual information regarding the benefits and provisions of the annuity contract purchased. If not satisfied, the Owner may return the contract within 10 days, within 30 days if it replaced another contract, or within 30 days if the Owner is 65 years or older on the date this application was signed, after the contract is delivered, and receive a refund of all monies paid.

California Senior Financial Products Disclosure: In the process of evaluating the purchase of any annuity product, you should understand the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties or other costs or penalties as a result of their sale or liquidation. Prior to purchasing the new annuity product, you or your representative may wish to consult independent legal or financial advice before selling or liquidating any assets.

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

Note: You must cross out Item #2 of certification if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting of interest or dividends on your tax returns

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

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

Signed in the State of:

Owner's Signature	Date
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Joint Owner's Signature (if applicable)	Date
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Annuitant's Signature (if different from Owner)	Date
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SALES REPRESENTATIVE/LICENSED AGENT INFORMATION (Required)

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

Will any existing insurance or annuity be replaced or changed (or has it been), assuming the contract applied for will be issued? Yes No

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

If **NO**, complete a Fixed Annuity Suitability Statement (or the Questionnaire for Suitability in NAIC States), and submit to Integrity with this application. Integrity cannot issue the contract without required suitability information.

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

Name—First, Middle, Last	Phone Number	Agent ID Number (6 digits)	
Firm Name	Fax Number	Email Address	
Branch Address	City	State	Zip Code
Sales Representative/Licensed Agent Signature	Agent Licensed ID Number		Date

Mail contract to: Sales Representative/Licensed Agent Owner

(Contracts mailed to sales representative/licensed agent must be delivered to the owner within five days of receipt. Contracts issued in Louisiana, Pennsylvania, South Dakota and West Virginia will be mailed to the owner automatically.)



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

MAILING INSTRUCTIONS

Send this completed application to:

REGULAR MAIL: Integrity Life Insurance Company, PO Box 5722, Cincinnati, OH 45201-5722

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

ANNUITANT INFORMATION (Required)

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

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

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

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

OWNER INFORMATION (Required if different from Annuitant)

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

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

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

OWNER INFORMATION (Continued)

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

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

BENEFICIARY INFORMATION (Required)

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

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

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

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

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

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

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

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

TRANSFER OR REPLACEMENT INFORMATION (Required)

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

CONTRACT AND PREMIUM INFORMATION (Required)

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

Nonqualified Payment Type

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

Qualified Payment Type

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

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

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

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

INTEREST RATE GUARANTEE PERIODS (Required)

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

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

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

DISCLOSURE, CERTIFICATION AND OWNER'S SIGNATURE (Required)

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

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

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

Spouse's Name (printed)

Spouse's Signature

Date

For applicants except those in AR, CT, DC, FL, ND and OR: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For applicants in AR: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in CT: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of competent jurisdiction.

For applicants in DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

For applicants in FL: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

For applicants in ND: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

For applicants in OR: Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement as to any material fact may be guilty of insurance fraud.

Arizona Free Look Disclosure: The Owner may request in writing factual information regarding the benefits and provisions of the annuity contract purchased. If not satisfied, the Owner may return the contract within 10 days, within 30 days if it replaced another contract, or within 30 days if the Owner is 65 years or older on the date this application was signed, after the contract is delivered, and receive a refund of all monies paid.

DISCLOSURE, CERTIFICATION AND OWNER'S SIGNATURE (Continued)

California Senior Financial Products Disclosure: In the process of evaluating the purchase of any annuity product, you should understand the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties or other costs or penalties as a result of their sale or liquidation. Prior to purchasing the new annuity product, you or your representative may wish to consult independent legal or financial advice before selling or liquidating any assets.

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

Note: You must cross out Item #2 of certification if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting of interest or dividends on your tax returns

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

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

Signed in the State of:

Owner's Signature

Date

Joint Owner's Signature (if applicable)

Date

Annuitant's Signature (if different from Owner)

Date

SALES REPRESENTATIVE/LICENSED AGENT INFORMATION (Required)

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

Will any existing insurance or annuity be replaced or changed (or has it been), assuming the contract applied for will be issued? Yes No

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

If **NO**, complete a Fixed Annuity Suitability Statement (or the Questionnaire for Suitability in NAIC States), and submit to Integrity with this application. Integrity cannot issue the contract without required suitability information.

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

Name—First, Middle, Last (Print)

Phone Number

Agent ID Number (6 digits)

Firm Name

Fax Number

Email Address

Branch Address

City

State

Zip Code

Sales Representative/Licensed Agent's Signature

Agent License ID Number

Date

Mail contract to: Sales Representative/Licensed Agent Owner

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

Contracts issued in Louisiana, Pennsylvania, South Dakota and West Virginia will be mailed to the owner automatically.)



IRC Section 1035 Exchange/Assignment or Nonqualified Transfer

EXISTING ACCOUNT, CONTRACT OR POLICY TO BE TRANSFERRED

Name of Surrendering Company _____

Address (No PO Box) _____

City _____

State _____

Zip Code _____

Company Phone _____

Contract Number _____

Owner's Name _____

Owner's Social Security Number/TIN _____

Joint Owner's Name (if applicable) _____

Joint Owner's Social Security Number _____

Annuitant's Name _____

Annuitant's Social Security Number _____

Contract is: Enclosed In Possession of Owner Misplaced/Destroyed N/A

Apply proceeds to: New Contract Existing Integrity Contract Number _____

NONQUALIFIED 1035 Exchanges

The estimated amount is \$ _____ which represents: Complete 1035 exchange Partial 1035 exchange

Important Notice About Partial 1035 Exchanges and Split Annuities

The Internal Revenue Service permits exchanges of a portion of an annuity contract to another company, and allows a single annuity to be split into two new annuities without recognizing a taxable event through such a tax-free exchange. To qualify for this treatment, important requirements and restrictions must be met including limitations on withdrawals. We strongly recommend you consult with a tax professional to review your particular situation and determine if the exchange is appropriate. By signing this form, you agree and understand that Integrity Life Insurance Company and its affiliates do not give tax advice and are not responsible for any adverse tax consequences resulting from such a partial 1035 exchange.

NONQUALIFIED TRANSFERS (Other than a 1035 Exchange)

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

Which represents: Complete Transfer Partial Transfer

Check one of the boxes below if you do not want income tax withheld, or if you would like to specify the amount that is withheld. We do not provide tax advice and assume no responsibility or liability for any tax treatment as a result of this transfer. You will be responsible for paying all federal, state and local taxes incurred as a result of this transfer.

I do not want taxes withheld

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

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

Note: You must cross out item #2 of certification if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting of interest or dividends on your tax returns.

ASSIGNMENT, AUTHORIZATION AND CERTIFICATION

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


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

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

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

LETTER OF ACCEPTANCE

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

Authorized Signature of Company Officer: 

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

Authorization for Rollover or Transfer of Tax-Qualified Funds

EXISTING ACCOUNT, CONTRACT OR POLICY TO BE TRANSFERRED

Name of Surrendering Company or Trustee of Qualified Plan _____

Address (No PO Box) _____

City _____

State _____

Zip Code _____

Company Phone _____

Contract Number _____

Owner's Name _____

Owner's Social Security Number/TIN _____

Annuitant's Name _____

Annuitant's Social Security Number _____

Contract is: Enclosed In Possession of Owner Misplaced/Destroyed N/A

QUALIFIED TRANSFERS

The qualified money being transferred to Integrity Life Insurance Company (Integrity) is coming from:

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

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

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

The Integrity annuity contract should be issued as:

Traditional IRA Roth IRA SEP IRA Qualified Plan¹

Apply proceeds to: New Contract Existing Integrity Contract

¹Complete the Entity Ownership Certificate (1) if the annuity being issued as a funding vehicle for a qualified plan, such as a 401(k), or (2) if another type of qualified retirement plan and trust will own the contract instead of the individual.

Note: Integrity will issue annuities as funding vehicles or investment options for such plans but will not administer such plans, provide list bill or salary reduction billing, or provide services or any other functions of a qualified plan administrator or fiduciary.

CERTIFICATION

I request that the above referenced contract/policy/account(s) be transferred to Integrity Life Insurance Company. I am aware that any tax consequences, penalties or surrender charges of this transaction are solely my own.

I am aware that Integrity does not administer or act as a fiduciary for any qualified plan. **A required minimum distribution due for the current tax year cannot be transferred or rolled over.**

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

Contract Owner's Signature _____

Contract Owner's Name (Printed) _____

Date _____

Representative's Signature _____

Representative's Name (Printed) _____

Date _____

LETTER OF ACCEPTANCE

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

Authorized Signature of Company Officer:



Contract Number

Date Mailed

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

CONTRACT INFORMATION	
Annuitant's Name	Contract Number
Owner's Name	Owner's Social Security Number/TIN
Joint Owner's Name (if applicable)	Joint Owner's Social Security Number/TIN (if applicable)

SYSTEMATIC WITHDRAWAL OPTIONS

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

Interest Earnings (available on fixed annuities only)

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

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

A set amount of \$_____
 Depending on the amount and timing of the withdrawal, I understand that a withdrawal charge may apply and future guaranteed amounts may be reduced.

Additional systematic withdrawal options only available to customers who have elected the optional GLWB rider with AdvantEdge, AnnuChoice II and Pinnacle V variable annuities or the GMWB rider with the AnnuChoice II and Pinnacle V variable annuities.

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

Guaranteed Annual Withdrawal Amount (available on GMWB only)

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

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

DISTRIBUTION OPTIONS

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

The withdrawal start date cannot be the 29th, 30th or 31st of any month. Systematic withdrawals will continue on the same day of the month at the interval specified above. Withdrawals will be taken from each of your investment options allocated by the values in each investment option at the time of each withdrawal. Minimum dollar amounts may apply.

This authorization applies only to the contract number shown above. A separate authorization must be completed for any additional contracts. Systematic withdrawals will continue until the earlier of (1) the date that the value in the investment options would not support an additional withdrawal; (2) the date Integrity receives written instructions from me to cancel the withdrawals; or (3) the date Integrity discontinues this withdrawal option.

AUTHORIZATION FOR DIRECT DEPOSIT

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

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

Financial Institution Name

ABA Routing Number

Account Number

Address

Phone Number

Name of Account Owner

Other Account Number (if applicable)

Financial Institution Representative Name (printed)

Financial Institution Representative Signature

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

TAXES AND WITHHOLDING

Federal tax law states that the taxable portion of withdrawals is subject to 10% income tax withholding, although you may elect to have it withheld at a different percentage rate, a specific dollar amount or elect no withholding. Unless you request otherwise, Integrity is required to withhold 10% federal income tax. If you are a resident of CA, DC, IA, KS, MA, ME, NE, NC, OK, OR, VA, VT or Puerto Rico and withhold federal tax, Integrity also must withhold state tax at the state's standard rate unless you indicate otherwise. State withholding does not apply in AK, FL, ND, NH, NV, SD, TN, TX, WA and WY. If you choose not to withhold federal tax, Integrity also will not withhold any state income tax unless you indicate otherwise. If you are a resident of DC or MI and your contract is qualified, mandatory state withholding applies without the option to change or elect out of state withholding.

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

Direct Integrity:

- NOT to withhold federal income taxes (or state income tax, if applicable)

- To withhold taxes as follows:

Federal standard rate or _____% rate or \$_____ amount

State standard rate (if applicable) or _____% rate or \$_____ amount

CERTIFICATION

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

Note: You must cross out item #2 of certification if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting of interest or dividends on your tax returns.

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

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

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

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

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

Owner's Signature

Date

Joint Owner's Signature (if applicable)

Date

This page intentionally left blank.

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

CONTRACT INFORMATION		
Owner Name	Contract Number	
Social Security Number/TIN	Date of Birth	
GENERAL INFORMATION		
<p>The Internal Revenue Code (IRC) requires owners to start receiving required minimum distributions (RMD) from IRAs by the required beginning date and every year thereafter. The required beginning date is April 1 of the calendar year following the year the owner reaches age 70 ½. Only the first RMD may be delayed until April 1 of the year following the calendar year the owner attains age 70 ½. All subsequent RMDs must be taken by December 31. Failure to take RMDs may subject the IRA owner to a 50% penalty tax on undistributed amounts.</p> <p>The RMD is based on the value of the IRA on December 31 of the previous year. The value of your IRA is determined according to the IRC and related regulations and may be greater than the account value if you have certain enhanced death benefits or guaranteed living benefits. The total RMD for an owner each year is based on the sum of the RMDs for each of the owner's IRAs. Distributions from one IRA or any combination of IRAs are acceptable as long as the amount distributed meets the total RMD.</p> <p>Integrity Life Insurance Company (Integrity) will calculate RMDs beginning the second calendar year after the contract is purchased. If a new contract is being funded by transfer, rollover or conversion in the year the owner turns age 70½, or any year thereafter, the RMD for the year of funding cannot be taken from the new contract. The RMD calculated by Integrity is based on this IRA only, and does not take into consideration any other IRAs. Integrity's current company practice is to waive any surrender or withdrawal charges that might otherwise apply to a withdrawal of the RMD. This practice may change without notice unless such a waiver is guaranteed in your contract.</p> <p>The information in this form is general and not intended as tax advice. Tax rules governing RMD are complex. Seek professional tax advice.</p>		
DISTRIBUTION CALCULATION METHOD ELECTION		
<p>If the IRA owner designates his or her spouse as the sole beneficiary, and the spouse is more than 10 years younger than the owner, the owner may elect to calculate the RMD over the recalculated joint life expectancy of the owner and spouse. In all other cases, the RMD is calculated according to the Uniform Table published by the IRS.</p> <p>Choose your method for calculating RMDs:</p> <p><input type="checkbox"/> Calculate my RMD using the Uniform Table.</p> <p><input type="checkbox"/> My spouse is my designated beneficiary and is more than 10 years younger than me. Calculate my RMD using our recalculated joint life expectancy. If selected, complete the following information about the owner's spouse.</p>		
Spouse's Name (first, middle, last)	Date of Birth	Social Security Number
DISTRIBUTION OPTIONS ELECTION		
<p>Choose only one option below:</p> <p><input type="checkbox"/> Set up a systematic withdrawal of the RMD for this contract, beginning on _____ and processed <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually</p> <p><input type="checkbox"/> My contract has the optional Guaranteed Lifetime Withdrawal Benefit (GLWB) and I elect to take my distribution using the greater of my Lifetime Payout Option (LPA) or the RMD (maximum amount). The withdrawal option is MONTHLY only. Begin my withdrawals on _____. See Disclosure.</p> <p><input type="checkbox"/> My contract has the optional Guaranteed Minimum Withdrawal Benefit (GMWB) and I elect to take my distribution using the RMD program described in my contract. This withdrawal option is MONTHLY only. Begin my withdrawals on _____.</p>		

EXCESS WITHDRAWAL AND GLWB/GMWB: A CAUTION

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

GUARANTEED MINIMUM WITHDRAWAL BENEFIT (GMWB) DISCLOSURE

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

If you elect to use the systematic RMD program available with your GMWB, your Guaranteed Withdrawal Balance will not be reset (reduced) regardless of the amount of RMD as long as you follow the program rules. Integrity will make your withdrawals on a monthly basis only. You may not take withdrawals in addition to those from the RMD program. If you opt out of the RMD program or make a withdrawal other than through the RMD program, even if taken for the purposes of the RMD, you will be removed from the RMD program and cannot be reinstated. Thereafter, any withdrawals will be treated as ordinary withdrawals, subject to terms of the rider and may result in a reset (reduction) of your Guaranteed Withdrawal Balance. Additional restrictions apply for the initial RMD distribution and for enrollment and distribution if you are over 70½ in the calendar year in which you purchase your GMWB Rider. No RMD payments will be made during the Guaranteed Payment Phase. Please read the prospectus and review your GMWB rider for details.

GUARANTEED LIFETIME WITHDRAWAL BENEFIT (GLWB) DISCLOSURE

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

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

AUTHORIZATION FOR DIRECT DEPOSIT

Please check one option, and complete the information below:

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

Financial Institution Name

ABA Routing Number

Account Number

Address

Phone Number

Name of Account Owner

Other Account Number (if applicable)

Financial Institution Representative Name (Printed)

Financial Institution Representative Signature

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

TAXES AND WITHHOLDING ELECTION

Federal tax law states that the taxable portion of withdrawals is subject to 10% income tax withholding, although you may elect to have it withheld at a different percentage rate, a specific dollar amount or elect no withholding. Unless you request otherwise, Integrity will be required to withhold 10% federal income tax. If you are a resident of CA, DC, IA, KS, MA, ME, NE, NC, OK, OR, VA, VT or Puerto Rico and withhold federal tax, Integrity must also withhold state tax at the state's standard rate unless you indicate otherwise. State withholding does not apply in AK, FL, ND, NH, NV, SD, TN, TX, WA and WY. If you choose not to withhold federal tax, Integrity will also not withhold any state income tax unless you indicate otherwise. If you are a resident of DC or MI and your contract is qualified, mandatory state withholding applies without the option to change or elect out of state withholding.

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. You direct Integrity:

NOT to withhold federal income taxes (or state income tax, if applicable)

To withhold taxes as follows:

Federal standard rate or _____% rate or \$ _____ amount

State standard rate (if applicable) or _____% rate or \$ _____ amount

CERTIFICATION

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

Note: You must cross out item #2 of certification if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting of interest or dividends on your tax returns.

I have read and understand the requirements for RMDs. My financial representative has explained that any rollover or transfer amounts I may use to fund this contract is net of any RMD for the current tax year. I elect to have my RMD distributed to me as indicated above. I understand that distributions will continue automatically at the intervals selected until I provide written notification to Integrity that I wish distributions to cease or be changed. **I understand and acknowledge that I should see professional tax advice about my specific situation and that Integrity does not provide tax advice.**

Owner's Signature

Date

This page intentionally left blank.



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 Integrity Life Insurance Company (Integrity) is authorized to follow the instructions of any one authorized individual. If no, 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 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 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 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 Integrity receives and records written notice of any changes in my power to act for the entity or any change in the underlying entity, such as bankruptcy or dissolution, which would affect me as the authorized individual or my ability to act on behalf of the entity.

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

Print Name of Authorized Individual

Signature

Print Name of Authorized Individual

Signature

Print Name of Authorized Individual

Signature

Print Name of Authorized Individual

Signature

Print Name of Authorized Individual

Signature

Executed this _____ day of _____, 20_____.

Additional Documents Required:

For Corporations, LLCs, LLPs or Partnerships, attach:

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

For Trusts, enclose:

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

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

Directions: Questionnaire for Suitability

FINANCIAL PROFESSIONAL'S CONSIDERATIONS FOR RECOMMENDING SUITABLE SALES

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

CUSTOMER CONTACT PROGRAM

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

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

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

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

HOW SHOULD THE FORM BE COMPLETED?

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

a) Name of Owner/Owners:

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

b) Owner's Date of Birth:

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

c) Name of Product Purchased:

Enter the name of the product recommended for purchase.

d) Approximate Initial Premium:

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

e) Surrender Penalty Period:

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

f) The Premium(s) used to purchase:

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

HOW SHOULD THE FORM BE COMPLETED? (continued)

2. Statement of Understanding:

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

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

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

SUITABILITY QUESTIONNAIRE

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

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

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

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

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

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

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

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

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

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

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

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

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

SUITABILITY QUESTIONNAIRE (continued)

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

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

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

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

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

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

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

8. Financial Time Horizon and Needs:

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

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

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

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

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

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

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

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

OWNER CERTIFICATION

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

FINANCIAL PROFESSIONAL CERTIFICATION

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

OWNER CERTIFICATION — INFORMATION NOT PROVIDED

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

FINANCIAL PROFESSIONAL CERTIFICATION — INFORMATION NOT PROVIDED

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



Questionnaire for Suitability

CONFIRMING YOUR COURSE OF ACTION

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

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

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

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

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

GENERAL INFORMATION

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

Owner's Date of Birth

Joint Owner's Date of Birth

Name of Product Purchased

Approximate Initial Premium

Surrender Penalty Period (years)

The premium used to purchase this contract/certificate is from:
 Qualified Funds (pre-tax)
 Nonqualified Funds (previously taxed)

STATEMENT OF UNDERSTANDING (Must be completed by all owners)



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

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

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

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

If Yes, please explain: _____

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

If Yes, please explain: _____

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

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

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

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

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

OWNER CERTIFICATION

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

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

Owner(s)' Contact Information (One contact method is required):

Please contact me with any questions or additional information necessary by:

Phone Number	Cell Phone	Email Address
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Best time to contact me:

FINANCIAL PROFESSIONAL CERTIFICATION

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

Financial Professional's Signature	Date
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Financial Professional's Name

Financial Professional's Contact Information:

Please contact me with any questions or additional information necessary by:

Phone Number	Cell Phone	Email Address (REQUIRED)
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Best time to contact me:

OWNER CERTIFICATION – INFORMATION NOT PROVIDED

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

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

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

Phone Number	Cell Phone	Email Address
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Best time to contact me:

FINANCIAL PROFESSIONAL CERTIFICATION – INFORMATION NOT PROVIDED

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

Financial Professional's Signature	Date
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Financial Professional's Name

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

Phone Number	Cell Phone	Email Address (REQUIRED)
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Best time to contact me:

Send completed and signed paperwork to:

REGULAR MAIL:

Integrity Life Insurance Company
P.O. Box 5720
Cincinnati, OH 45201-5720

EXPRESS MAIL:

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



Integrity Life
Insurance Company

A member of Western & Southern Financial Group

Western & Southern: Our Strength. Your Future.

Built on a heritage dating to 1888, Western & Southern Financial Group (Western & Southern) today stands strong. As a dynamic family of diversified financial services providers, Western & Southern has demonstrated resolve and resiliency throughout challenging economic cycles. We are a *Fortune* 500 company (*FORTUNE* magazine, May 2012). Our financial strength continues to be the cornerstone of our success. We are proud of our top-tier industry ratings, which you can check at WSFinancialPartners.com/ratings. Western & Southern remains committed to helping safeguard your future well-being with our strength, stability and full range of risk management financial solutions.

Payment of benefits under the annuity contract is the obligation of, and is guaranteed by, the insurance company issuing the annuity. Guarantees are based on the claims-paying ability of the insurer. Integrity annuity products are backed by the full financial strength of Integrity Life Insurance Company, Cincinnati, OH. W&S Financial Group Distributors is an affiliated agency of the issuer. Issuer has sole financial responsibility for its products. All are members of the Western & Southern Financial Group.

No bank guarantee	Not a deposit	May lose value	Not FDIC/NCUA insured	Not insured by any federal government agency
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