



Fixed Annuity Paperwork

Florida

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 WFinancialPartners.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).

Integrity operates in all states except ME, NH, NY and VT where National Integrity operates.

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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? 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, 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
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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 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

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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

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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.



Fixed Annuity Suitability Statement

MAILING INSTRUCTIONS

Send this completed form along with the annuity application to:

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

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

CONFIRMING YOUR COURSE OF ACTION

Understanding How Fixed Annuity Suitability Requirements from Integrity Life Help Protect You

Your financial professional must have a reasonable basis for believing that a product is suitable for your particular needs. Suitability is the term for the process of considering whether a product's characteristics align with your financial needs.

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 other assets (including their liquidity)
- tax status
- income and net worth
- financial needs and time horizon
- financial objectives

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 product.

Use this Fixed Annuity Suitability Statement to determine if purchasing an annuity contract meets your financial needs by completing **ONLY PART 1**. If you do not wish to participate in this process, please complete **ONLY PART 2**.

STATEMENT OF UNDERSTANDING (must be completed by all applicants)

Please initial to indicate your understanding of the following:

- I am applying for an annuity and my payment is for an annuity contract, not a mutual fund, savings account, certificate of deposit, security or other financial product. My agent has answered all of my questions about the annuity contract and its features.
- My agent thoroughly reviewed the features of this annuity contract with me, including withdrawal charges, guarantees, contract terms and possible tax implications.
- This is not a short-term investment.
- Withdrawals from an annuity contract are subject to certain limitations and charges as described in the contract, including surrender charges for early termination. I intend to keep the annuity contract at least through the contract's surrender charge period. *This item applies to deferred annuities, but does not apply to single premium immediate annuities.*
- For NewMOMENTUM, MOMENTUM Advantage® and MultiVantageSM contracts only: Certain withdrawals are subject to a market value adjustment (MVA). The MVA reflects changes in interest rates from the time the guarantee period was selected and will result in an increase or decrease of the withdrawal amount. See product summary for important details.
- Cash withdrawals from, or a complete surrender of, the contract may be subject to income tax.
- I may incur surrender charges and income tax liabilities if I am exchanging another annuity contract for this one, but I believe this transaction is in my best interest.

FOR INTERNAL USE ONLY — REVIEWER'S COMMENTS

NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE

EXHIBIT A

- The Western and Southern Life Insurance Company**
- Western-Southern Life Assurance Company**
- Integrity Life Insurance Company**
- The Lafayette Life Insurance Company**
- National Integrity Life Insurance Company**

400 Broadway, Cincinnati, Ohio 45202
(513) 629-1800

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish to receive a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below.

YES NO

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

I have read this notice and received a copy of it.

APPLICANT'S SIGNATURE

DATE

AGENT'S SIGNATURE

DATE

AGENT'S NAME (PRINTED OR TYPED)

AGENT'S ADDRESS (PRINTED OR TYPED)

AGENT'S COMPANY (PRINTED OR TYPED)

Information on Policies which may be replaced:

<u>Company Name</u>	<u>Policy Number</u>	<u>Name of Insured</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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- The Western and Southern Life Insurance Company
 - Western-Southern Life Assurance Company
 - Integrity Life Insurance Company
 - The Lafayette Life Insurance Company
 - National Integrity Life Insurance Company
- 400 Broadway, Cincinnati, Ohio 45202
(513) 629-1800

**EXHIBIT B
COMPARATIVE INFORMATION FORM
FOR PROPOSED INSURANCE**

(Proposed Insurer)

(Insurer's Address)

(Replacing Agent's Address)

Applicant Information

Name _____
 Address _____

 Telephone () _____
 Date of Birth _____ Age _____

Policy Information

Policy Generic Name _____
 Policy Number _____
 Date of Issue _____ Issue Age _____
 Contestable Period Expires _____
 Suicide Period Expires _____
 Policy Loan Rate _____

Policy / Rider Description

<u>Policy Rider Name</u>	<u>Initial/ Continuing Benefit</u>	<u>(Age) Benefit From _____ To _____</u>	<u>Initial/ Renewable Annual Premium</u>	<u>(Age) Payable From _____ To _____</u>

Total Initial Annual Premium \$ _____ Mode of Payment _____ Amount \$ _____

Total Renewal Annual Premium \$ _____ Amount \$ _____

Exhibit B - (Continued)

COMPOSITE DISCLOSURE OF PROPOSED INSURANCE FOR PRIMARY INSURED

Year Age	Guarantees				Projections *			
	Annual Premium	Cumltv Premium	Cash Value	Death Benef.	Annual Premium	Cumltv Premium	Cash Value	Death Benef.
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
55								
60								
65								
70								
75								
85								
95								

*Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE:

The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implication.

**EXHIBIT B (Continued)
COMPARATIVE INFORMATION FORM
FOR PROPOSED INSURANCE**

(Existing Insurer)

(Insurer's Address)

Applicant Information

Name _____

Address _____

Telephone (____) _____

Date of Birth _____ Age _____

Policy Information

Policy Generic Name _____

Policy Number _____

Date of Issue _____ Issue Age _____

Contestable Period Expires _____

Suicide Period Expires _____

Policy Loan Rate _____

Policy / Rider Description

<u>Policy Rider Name</u>	<u>Initial/ Continuing Benefit</u>	<u>(Age) Benefit From To</u>	<u>Initial/ Renewable Annual Premium</u>	<u>(Age) Payable From To</u>
_____	_____	_____	_____	_____

Total Initial Annual Premium \$ _____ Mode of Payment _____ Amount \$ _____

Total Renewal Annual Premium \$ _____ Amount \$ _____

Exhibit B - (Continued)

COMPOSITE DISCLOSURE OF PROPOSED INSURANCE FOR PRIMARY INSURED

Year Age	Guarantees				Projections *			
	Annual Premium	Cumltv Premium	Cash Value	Death Benef.	Annual Premium	Cumltv Premium	Cash Value	Death Benef.
Current								
2nd								
3rd								
4th								
5th								
6th								
7th								
8th								
9th								
10th								
11th								
12th								
13th								
14th								
15th								
16th								
17th								
18th								
19th								
20th								
55								
60								
65								
70								
75								
85								
95								

*Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE:

The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implication.

INSTRUCTIONAL NOTES FOR COMPLETION OF COMPARATIVE INFORMATION FORM

- 1 . Existing life insurance must be identified by name of insurer and the policy number. In the event that a policy number has not been assigned by the existing insurer, an alternative identification form such as an application or receipt number must be shown.
2. If more than one existing life insurance policy is to be replaced, a separate Comparative Information Form is to be provided for each such policy.
3. In the disclosure of values premiums shall be shown only if they increase the cash value or death benefits for the primary insured.
4. Any benefits for secondary insureds shall be shown on a supplementary exhibit.
- 5 . Values will be shown for each year in which either an initial change in face value or premium payment occurs.
6. Values will be shown in the disclosure for the maximum duration policy guarantees permit. If this benefit extension requires that guaranteed policy options be utilized, the option to be used will be that (those) automatically utilized by the issuing insurer. However, if the policy application provides for applicant election, then the extension of benefits will employ the option actually elected by the applicant. Any option utilized for extension of benefits must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form.
- 7 . The dividend option elected-by an insured or applicant must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form. The dividend option elected by the insured or applicant must be employed in completing the disclosure of values.

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Instructions for Florida Suitability (Form DFS-H1-1980)

The Florida-specific "Annuity Suitability Questionnaire" is required for all **fixed and immediate annuity sales to seniors (persons age 65 or older)**. If either owner or annuitant is age 65 or older, the Questionnaire is required. The Questionnaire's *information* is required for variable annuity sales, but the requirements can be met by the suitability procedures of the broker dealer.

 **If both owner and annuitant are age 64 or younger, standard suitability requirements and procedures apply.**

DFS-H1-1980 ANNUITY SUITABILITY QUESTIONNAIRE – PAGE 1 OF 4

IMPORTANT NOTE: All questions or response areas MUST be completed before obtaining the annuitant and/or applicant's signature. If any information requested is unavailable, not applicable or unknown, include N/A, unknown or not available in the provided blank.

All 4 pages of this form must be signed, dated and submitted. IF BLANKS ARE NOT COMPLETED OR WE DO NOT RECEIVE ALL 4 PAGES SIGNED AND DATED THEN THE SUITABILITY FORM WILL BE RETURNED TO YOU FOR COMPLETION.

I. Definitions for Completion – Proposed Annuitant's Personal Information

1. Annuitant's Name (Last, First, Middle name or initial or N/A)
2. Date of Birth (Month, Day, Year)
3. Age – annuitant's age on the day the form is completed
4. Sex – male or female
5. Tax Status – for example single, married filing jointly, exempt, unknown, not disclosed
6. Number and Age of Dependents – for example, age and number of dependents, N/A, none, unknown, not disclosed

II. Definitions for Completion – Joint Annuitant Information

If there is no joint annuitant, then complete all spaces N/A

7. Joint Annuitant's Name (Last, First, Middle name or initial or N/A)
8. Date of Birth (Month, Day, Year)
9. Age – joint annuitant's age on the day the form is completed
10. Sex – male or female
11. Tax Status – for example, single, married filing jointly, exempt, unknown, not disclosed
12. Number and Age of Dependents – for example, age and number of dependents, N/A, none, unknown, not disclosed

III. Definitions for Completion – Applicant/Owner Other Than Annuitant/Joint Annuitant Information

If the owner is the same as the annuitant, complete all spaces N/A

If the owner is a non-natural person, complete all sections as applicable (see sub-points NN for Non-Natural owners)

13. Owner's Name (Last, First, Middle name or initial or N/A)
13NN – Owner's Name – (last name should be entity name, first name N/A, middle name N/A)
14. Date of Birth (Month, Day, Year)
14NN – mark field as N/A
15. Age – owner's age on the day the form is completed
15NN – mark field as N/A
16. Sex – male or female
16NN – mark field as N/A
17. Entity – if owner is a natural person, answer N/A
17NN – complete with owner's entity; for example, Trust, Corporation, Partnership, LLC, etc.
18. Tax Status of Owner – for example single, married filing jointly, exempt, unknown, not disclosed, etc.
18NN – mark field as N/A
19. Relationship to Annuitant – if owner and annuitant are the same, answer N/A, If owner and annuitant differ, and owner is a natural person answer as applicable for example, spouse, father, mother, etc.
19NN – relationship of the entity to the annuitant, such as custodian
20. Form of Ownership – if owner is a natural person, answer N/A
20NN – answers may be Trust, Corporation, Partnership, LLC, etc.

21. Supporting Documents (list) – defined as the documents that provide a basis for the relationship between the proposed annuitant, joint annuitant and the applicant/owner. If annuitant and owner are the same, complete as N/A. If annuitant and owner differ, but the relationship is of a common form (such as marriage, parent/child, siblings etc.), no supporting documents are necessary; answer as N/A. Documents that may be necessary for natural persons include power of attorney, attorney in fact, guardian, etc.
21NN – Documents listed should provide a basis for the relationship of the non-natural owner and the annuitant IF documentation is necessary; if no documentation is necessary, indicate N/A or none

IV. Definitions for Completion – Financial Section

22. Applicant = owner – complete questions based on the owner’s information
23. Joint Annuitant = complete for a named joint annuitant or N/A if no joint annuitant is named
24. Annual Income = \$ amount of income received during the calendar year, earned or unearned
25. Source of Income = source of annual income, such as salary, pension, Social Security, dividends, etc.
26. Annual Household Income = \$ amount of combined annual income received during the calendar year by all household members
27. Net Worth = \$ value of total net worth (owner’s assets minus liabilities or encumbrances to assets)
28. Liquid Assets = \$ value of financial holdings readily convertible to their cash equivalent without loss of principal

V. Do You? – Replacement/Exchange Section

If Form DFS-N1-1981 is completed, make certain the information provided matches the answers on DFS-N1-1980

29. **No alone is insufficient** – no blanks permitted; if the answer to Annuities or Life Insurance question is No, mark N/A in the Please List boxes
30. **Yes alone is insufficient** – no blanks permitted; if the answer to Annuities or Life Insurance question is Yes, complete the Please List boxes with the issuer or product names

VI. Signatures and Date

31. Applicant’s Signature = owner’s signature or initials
32. Date = calendar day that the applicant completed the information
33. Joint Applicant’s Signature = joint owner, if named, should sign; otherwise N/A
34. Date = calendar day that the joint applicant completed the information; otherwise N/A

END OF PAGE 1, ONLY 3 MORE TO GO!

DFS-H1-1980 ANNUITY SUITABILITY QUESTIONNAIRE – PAGE 2 OF 4

VII. Does Your? – Income, Expenses, Experience and Expectations Section

- 1-5 *Yes/No is insufficient; no blanks permitted – answer each question Yes or No, make certain to complete the Explain boxes even if the explanation is N/A*
6. Why purchasing – an answer must be provided. Answers can be one of the following, or some other as applicable:
- Immediate income (within 60 days or less)
 - Tax shelter (protection from taxation while in force)
 - Interest earnings
 - Income stream at a stated age
 - Creditor protection (a desire to protect assets from attachment by any legal process)
7. Investment objectives – check all that apply; remember to complete line for Other with an answer if box is checked
8. Risk tolerance – check all that apply, remember to complete line for Other with an answer if box is checked, remember to complete line for Comments with comments or N/A
9. Investment experience – list all asset types owned (for example, stocks, bonds, cash equivalents, alternatives, real estate, etc.) and years of ownership
10. Source of funds – provide a specific answer; sources include these listed below or other with explanation:
- I. An existing annuity or life insurance contract
 - II. Liquid assets, including but not limited to, cash in banks, maturing certificates of deposit and money market accounts
 - III. Personal loans
 - IV. Equity loans
 - V. Mortgages or reverse mortgages
 - VI. Death benefit proceeds
 - VII. Funds received upon retirement from employment, including but not limited to 401(k) accounts, pensions and other tax-sheltered funds
 - VIII. Equities, mutual funds and bonds
 - IX. Proceeds from real estate transactions
11. Intended holding period – provide years as specified by applicant; otherwise state as not disclosed
12. Replacement – answer Yes/No (replacement is the replacement of an existing annuity contract with the proposed contract)

13. Penalty or charge for replacement – answer Yes/No or N/A as applicable
14. Amount of charge or penalty – if preceding question is answered Yes, provide \$ amount as specified by applicant or known; otherwise N/A, unknown or not disclosed depending on applicant response

VIII. Signatures and Date

15. Applicant's Signature = owner's signature or initials
16. Date = calendar day that the applicant completed the information
17. Joint Applicant's Signature = joint owner, if named, should sign; otherwise N/A
18. Date = calendar day that the joint applicant completed the information; otherwise N/A

END OF PAGE 2, HALFWAY THERE!

DFS-H1-1980 ANNUITY SUITABILITY QUESTIONNAIRE – PAGE 3 OF 4

IX. Case Analysis – Section Must Be Completed by Agent; Respond to All Questions

1. Advantages – be specific; answers may include issuer strength, liquidity options, guarantees, diversification, asset allocation, optional benefits, tax treatment, interest rate, guarantee period, etc.
2. Disadvantages – be specific; answers may include issuer strength, liquidity options, guarantees, diversification, asset allocation, tax treatment, optional benefits, interest rate, guarantee period, etc.
3. Basis for recommendation – detail the net benefit weighing advantages vs. disadvantages
4. Agent's Signature
5. Date = calendar day that the agent completed the information

X. Acknowledgements and Signatures

6. No Information Provided or Limited Information Provided – applicant checks one, only if applicable
7. Applicant's Signature = owner's signature
8. Date = calendar day that the applicant completed the information
9. Joint Applicant's Signature = joint owner, if named, should sign; otherwise N/A
10. Date = calendar day that the joint applicant completed the information; otherwise N/A

END OF PAGE 3, THE END IS IN SIGHT!

DFS-H1-1980 ANNUITY SUITABILITY QUESTIONNAIRE – PAGE 4 OF 4

XI. Signatures and Date

1. Applicant's Signature = owner's signature or initials
2. Date = calendar day that the applicant completed the information
3. Joint Applicant's Signature = joint owner, if named, should sign; otherwise N/A
4. Date = calendar day that the joint applicant completed the information; otherwise N/A

CONGRATULATIONS, YOU'RE DONE (PROVIDED YOU DIDN'T LEAVE ANY BLANKS)! IF YOU DID LEAVE BLANKS, THE SUITABILITY FORM CANNOT BE ACCEPTED IN OUR ADMINISTRATIVE OFFICE.

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ANNUITY SUITABILITY QUESTIONNAIRE

PROPOSED ANNUITANT'S PERSONAL INFORMATION

Name: Last _____ First _____ Middle _____
 Date of Birth ____ / ____ / ____ Age _____ Sex _____ Tax Status _____
 Number and Age of Dependents: _____

JOINT ANNUITANT INFORMATION

Name: Last _____ First _____ Middle _____
 Date of Birth ____ / ____ / ____ Age _____ Sex _____ Tax Status _____
 Number and Age of Dependents: _____

APPLICANT/OWNER OTHER THAN ANNUITANT/JOINT ANNUITANT

Owner: Last _____ First _____ Middle _____
 Date of Birth ____ / ____ / ____ Age _____ Sex _____
 Entity: _____
 Tax Status _____ Relationship to Annuitant(s): _____
 Form of Ownership: _____
 Supporting documents (list): _____

	APPLICANT	JOINT ANNUITANT
Annual Income:		
Source of Income:		
Annual Household Income:		
Net Worth:		
Liquid Assets:		

Do you currently own any annuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		
Do you currently own life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		

_____/_____
Applicant's Signature **Date** **Joint Applicant's Signature** **Date**



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent & Agency Services - Bureau of Investigation

ANNUITY SUITABILITY QUESTIONNAIRE

	APPLICANT	JOINT ANNUITANT
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:		
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain:		

Why are you purchasing this annuity? _____

What are your investment objectives? (Check all that apply)

- Income Growth (long term) Safety of Principal and Income
- Safety of Principal and Growth Pass assets to a beneficiary or beneficiaries at death
- Other: _____

Describe your risk tolerance: (Check all that apply)

- Conservative Moderately conservative Moderate Moderately aggressive
- Aggressive Other: _____

Comments: _____

Describe your investment experience by type and length of time: _____

What is the source of the funds for the purchase of the proposed annuity?

How long do you plan to keep the proposed annuity? _____

Will the proposed annuity replace any product? Yes No

If yes, will you pay a penalty or other charge to obtain these funds? Yes No

If yes, the amount of the charge or penalty \$ _____

	/		/		/	
Applicant's Signature		Date		Joint Applicant's Signature		Date



ANNUITY SUITABILITY QUESTIONNAIRE

Note:

This section to be completed by the agent, insurer, or Managing General Agent proposing purchase

Advantages of purchasing the proposed annuity: _____

Disadvantages of purchasing the proposed annuity: _____

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies): _____

Agent's Signature

Date Signed

Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I have chosen **NOT** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Applicant or Owner Signature

Date Signed

Joint Applicant or Owner Signature

Date Signed



ANNUITY SUITABILITY QUESTIONNAIRE

EXPLANATION OF TERMS

“Age” is the natural person’s attained age on the day the form is completed.

“Annual household income” is the combined annual income received by all household members each calendar year.

“Annual income” is income received during a calendar year, whether earned or unearned.

“Form of Ownership” is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“Intended use of the annuity” means the purpose for which the senior consumer is considering the recommended purchase or exchange. This may include the following: (1) Immediate income (within 60 days or less), (2) Tax Shelter (protection from taxation of all types while in force), (3) Interest earnings, (4) Income stream at a stated age, (5) Creditor Protection (a desire to protect assets from attachment by any legal process), (6) Other, as stated by the Senior Consumer.

“Investment Objectives” are the senior consumer’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

“Liquid Assets” are financial holdings that can readily be converted into their cash equivalent, without loss of principal.

“Risk Tolerance” means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

“Source of annual income” is the income-generating source, such as pension income, dividends, or earned income etc.

“Source of the funds” to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

“Supporting documents” are the documents that provide a basis for the relationship between the Proposed Annuitant, Joint Annuitant if applicable, and the Applicant/Owner as it may exist.

“Tax Status” is the senior consumer’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

“Total Net Worth” is the senior consumer’s total assets minus total liabilities or encumbrances applicable to those assets.

/	/
Applicant’s Signature	Date
/	/
Joint Applicant’s Signature	Date

Instructions for Florida Comparison (Form DFS-H1-1981)

The Florida-specific “Disclosure and Comparison of Annuity Contracts” is **required for all annuity sales involving replacement of annuity contracts by seniors (persons age 65 or older), with the exception of broker/dealer variable to variable.** If *either* the owner *or* the annuitant is age 65 or older, the comparison form is required as an additional replacement form.



The comparison form is required *only* if the sale is an *annuity to annuity* replacement or exchange.



If *both* owner *and* annuitant are age 64 or younger, standard suitability requirements and procedures apply.

DFS-H1-1981 DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS – 4 PAGES

When considering the replacement or exchange of an annuity contract, the agent must provide information concerning differences between EACH existing annuity contract being replaced and the contract being recommended in order to determine the suitability of the recommendation and its benefit to the customer. The agent must have reasonable grounds for believing the recommendation is suitable based on the facts disclosed by the consumer.

The agent must, within 10 days of execution of the comparison form, provide to the insurer a *true and correct* executed copy of the form. The comparison form must be executed within 10 days of execution of the application. *A true and correct copy of the comparison form will also be provided to the customer no later than the date of delivery of the contract.*

IMPORTANT NOTE: All questions or response areas **MUST** be completed before obtaining the applicant’s signature. If any information requested is unavailable, not applicable or unknown, include N/A, unknown or not available in the space provided.

All 4 pages of the comparison form must be signed, dated and returned to us. **IF BLANKS ARE NOT COMPLETED OR WE DO NOT RECEIVE ALL PAGES SIGNED AND DATED, THE COMPARISON FORM WILL BE RETURNED TO YOU FOR COMPLETION. TRANSFER PAPERWORK WILL NOT BE SENT TO THE EXISTING INSURER(S) UNTIL ALL COMPLETED FORMS ARE RECEIVED IN GOOD ORDER.** The following are instructions for completing the “Replacement Annuity” section of the form. The “Existing Annuity Contract” section must be completed with the existing annuity’s information.

DFS-H1-1981 – PAGE 1 of 4

Proposed Annuity Contract

1. Annuitant(s) – complete with the name of annuitant or joint annuitants if applicable
2. Insurer – complete with the name of the insurance company
3. Application # – complete with the application number (which will be “unknown” or N/A until contract has been issued)

Replacement Annuity

1. Contract Issue Date – complete with the estimated date of issue, month, day and year
2. Generic Contract Type – complete with the general type of contract recommended such as SPDA (single premium deferred annuity); SPIA (single premium immediate annuity); FPDA (flexible premium deferred annuity); VA (variable annuity)
3. Marketing Name – Insurer’s name for the annuity product
4. Initial Premium – complete with either the exact or estimated initial premium
5. Qualified Contract – Indicate Yes if the funds are pre-tax funds from a qualified plan such as an IRA or No if the funds are after-tax funds
6. Annuity Maturity Date – complete with the age the annuity will force a distribution of the funds to the annuity owner, such as age 100
7. Death Benefit Amount – complete with the death benefit amount available at the time of purchase for the new annuity contract, most often this amount will equal the Initial Premium. If applicable, write in the period certain duration for a SPIA; otherwise N/A.
8. Change of Annuitant upon Death Available – complete with Yes if the annuity has a named contingent annuitant or joint annuitant who is the spouse; otherwise complete with No

Replacement Annuity (Continued)

9. Surrender Charge Period in Years – complete with the number of years the initial contribution will have surrender penalties assessed such as “5” or “7”; answer N/A for immediate annuities, as no surrender charges are applicable
10. First Year Surrender Charge Percentage Rate – complete with first year surrender penalty period such as “7%”; answer N/A for immediate annuity contracts
11. Surrender Charge Schedule For Remaining Years – complete with surrender charges applicable for contract years 2 through the end of the surrender charge period, such as “7, 6, 6, 5, 4, 3, 0”; answer N/A for immediate annuity contracts
12. Free Withdrawals Available – complete with Yes or No; answer N/A for immediate annuity contracts
13. Annual Free Withdrawal Percentage Rate – complete with % available free of surrender charge, per contract year, such as “10%,” answer N/A for immediate annuity contracts
14. Waiver of Surrender Charge Benefit or Similar Benefit (list limitations, requirements, exclusions) – complete with Yes or No; answer N/A for immediate annuity contracts
15. Minimum Guaranteed Interest Rate – complete with the guaranteed minimum interest rate, as stated in the contract, such as 2%
16. Market Value Adjustment? – complete with Yes if an MVA may be incurred for surrenders, answer No if no Market Value Adjustment applies to contract; answer N/A for immediate annuity contracts
17. Asset Fees – complete with N/A
18. Initial Bonus Percentage or Amount – complete with amount, if applicable, does not apply to contracts with “enhanced” first year interest rates, specific to bonus amounts; answer N/A for immediate annuity contracts
19. Potential Loss of Bonus if Exchanged – complete with Yes only if question 18 is also answered Yes, otherwise answer No or N/A, answer N/A for immediate annuity contracts
20. Limits and Exclusions for Bonuses that may be Payable – complete with limits and exclusions only if question 18 is answered yes, otherwise answer N/A; answer N/A for immediate annuity contracts
21. Interest Rate Cap – answer N/A
22. Participation Rate – answer N/A
23. Index Type – answer N/A
24. Administrative Fees or Margins – answer N/A

Other – complete with any additional information relevant to comparison or complete with “none”

Signatures and Date

1. Applicant’s Signature = owner’s signature
2. Date = calendar day that the applicant completed the information
3. Joint Applicant’s Signature = joint owner, if named, should sign; otherwise N/A
4. Date = calendar day that the joint owner completed the information; otherwise N/A

DFS-H1-1981 – PAGE 2 of 4

Disclosure and Comparison of Annuity Contracts

Disclosure of Surrender Charges if Existing Annuity is Replaced or Exchanged. Section must be completed by agent.

1. Existing Annuity Contract Number – complete with the contract number of the annuity contract being replaced
2. Annuity Total Value – complete with the current value of the existing annuity
3. Annuity Surrender Value – complete with the surrender value of the existing annuity
4. Surrender Charges Applicable at Exchange – complete with a dollar amount representing surrender charges or fees that will be deducted from Annuity Total Value if applicant exchanges or otherwise terminates existing annuity contract
5. Anticipated surrender date – complete with the anticipated date of surrender of the existing contract

Acknowledgements and Signatures

1. Agent’s Name – complete with printed name of agent
2. Florida License Number – complete with your Florida license ID number
3. Agent’s Signature – complete with your signature
4. Date Signed – complete with the date you signed the form
5. Applicant’s Name – complete with printed name of contract owner
6. Date Signed – complete with the date the owner signed the form
7. Applicant’s Signature – the contract owner’s signature
8. Joint Applicant’s Name – complete with printed name of the joint owner (if applicable); otherwise N/A
9. Date Signed – complete with the date the joint owner (if applicable) signed the form; otherwise N/A
10. Joint Applicant’s Signature – the joint owner’s signature (if applicable); otherwise N/A

DFS-H1-1981 – PAGE 3 of 4

Explanation of Terms (This page is required to have owner's signature and date and must be returned to the Insurer)

1. Applicant's Signature – the contract owner's signature
2. Date Signed – complete with the date the owner signed the form
3. Joint Applicant's Name – the joint owner's signature (if applicable); otherwise N/A
4. Date Signed – complete with the date the joint owner (if applicable) signed the form; otherwise N/A

DFS-H1-1981 – PAGE 4 of 4

Explanation of Terms (Continued)

This page is required to have owner's signature and date and must be returned to the Insurer

1. Applicant's Signature – the contract owner's signature
2. Date Signed – complete with the date the owner signed the form
3. Joint Applicant's Name – the joint owner's signature (if applicable); otherwise N/A
4. Date Signed – complete with the date the joint owner (if applicable) signed the form; otherwise N/A

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**DISCLOSURE OF SURRENDER CHARGES IF
EXISTING ANNUITY IS REPLACED OR EXCHANGED**

EXISTING ANNUITY CONTRACT NO. _____

Annuity Total Valueⁱ \$ _____ Annuity Surrender Valueⁱⁱ \$ _____

Surrender Chargesⁱⁱⁱ Applicable at exchange \$ _____ ~ this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of ____ / ____ / ____.

ACKNOWLEDGEMENTS AND SIGNATURES

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

Agent's Name (please print)

Florida License No.

Agent's Signature

Date Signed

NOTE: NO QUESTIONS OR RESPONSE AREAS ARE TO BE LEFT BLANK WHEN OFFERED TO THE ANNUITANT AND/OR APPLICANT FOR SIGNATURE. IF ANY INFORMATION REQUESTED IS UNAVAILABLE, NOT APPLICABLE OR UNKNOWN, THE INSURANCE AGENT OR INSURER MUST INDICATE THAT.

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

APPLICANT: DO NOT SIGN THIS FORM IF:

- 1. ANY ITEM HAS BEEN LEFT BLANK;**
- 2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED; OR**
- 3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

Applicant's Name (please print)

Date Signed

Applicant's Signature

Joint Applicant's Name (please print)

Date Signed

Joint Applicant's Signature

EXPLANATION OF TERMS

“Generic Contract Type” is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).

“Marketing Name” is the name adopted by the insurer to identify the contract form.

“Qualified Contract” means a product used to fund any type of pension plan approved by the Internal Revenue Service.

“Annuity Maturity Date” is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

“Surrender Charge” is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

“Surrender Charge Period” is the number of annuity contract years a surrender charge may be applicable.

“Initial Surrender Charge Percentage Rate” is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

“Surrender Charge Percentage Schedule for Remaining Years” the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the “free withdrawal” limit.

“Minimum Guaranteed Interest Rate” is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

“Initial Bonus Percentage or Amount” is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

“Potential Loss of Bonus if Exchanged” refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

“Interest Rate Cap” is the maximum interest earnings that will be credited to the annuity contract.

_____/_____
Applicant Signature

_____/_____
Date

_____/_____
Joint Applicant Signature

_____/_____
Date

EXPLANATION OF TERMS

(CONTINUED)

“Participation Rate” is the percentage of the increase or return of the underlying stock market index that will be used to calculate the return.

“Index Type” is the financial measurement used by the insurer to make certain calculations within an annuity contract. Examples of such indices include Standard and Poor’s 500 and the Russell 2000.

“Market Value Adjustment” is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

“Administrative Fees or Margins” are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

“Asset Fees” are the fees the insurer charges that are a percentage of the value of the annuity contract.

“Death Benefit Amount” is the net amount that would be paid to the annuitant’s designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

“Free Withdrawals” are the withdrawals that may be taken from an annuity’s values that are not subject to surrender or other charges and are a provision of the annuity contract.

“Annual Free Withdrawal Percentage Rate” is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

“Change of Annuitant upon Death” is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

“Waiver of Surrender Charge Benefit or Similar Benefit or Provision” is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

ⁱ This amount represents the current value of the existing annuity, less any withdrawals or other deductions.

ⁱⁱ This amount represents the surrender value of the existing annuity.

ⁱⁱⁱ Surrender charges or fees that will be deducted from #1 if you exchange or otherwise terminate your existing annuity.

Applicant Signature

Date

Joint Applicant Signature

Date



Buyer's Guide to Fixed Deferred Annuities

Prepared by the National Association of Insurance Commissioners.

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various insurance departments to coordinate insurance laws for the benefit of all consumers.

This guide does not endorse any company or policy.

It is important that you understand the differences among various annuities so you can choose the kind that best fits your needs. This guide focuses on fixed deferred annuity contracts. There is, however, a brief description of variable annuities. If you're thinking of buying an equity-indexed annuity, an appendix to this guide will give you specific information. This guide isn't meant to offer legal, financial or tax advice. You may want to consult independent advisors. At the end of this guide are questions you should ask your agent or the company. Make sure you're satisfied with the answers before you buy.

WHAT IS AN ANNUITY?

An annuity is a contract in which an insurance company makes a series of income payments at regular intervals in return for a premium or premiums you have paid. Annuities are most often bought for future retirement income. Only an annuity can pay an income that can be guaranteed to last as long as you live.

An annuity is neither a life insurance nor a health insurance policy. It's not a savings account or a savings certificate. You shouldn't buy an annuity to reach short-term financial goals.

Your value in an annuity contract is the premiums you've paid, less any applicable charges, plus interest credited. The insurance company uses the value to figure the amount of most of the benefits that you can choose to receive from an annuity contract. This guide explains how interest is credited as well as some typical charges and benefits of annuity contracts.

A deferred annuity has two parts or periods. During the accumulation period, the money you put into the annuity, less any applicable charges, earns interest. The earnings grow tax-deferred as long as you leave them in the annuity. During the second period, called the payout period, the company pays income to you or to someone you choose.

WHAT ARE THE DIFFERENT KINDS OF ANNUITIES?

This guide explains major differences in different kinds of annuities to help you understand how each might meet your needs. But look at the specific terms of an individual contract you're considering and the disclosure document you receive. If your annuity is being used to fund or provide benefits under a pension plan the benefits you get will depend on the terms of the plan. Contact your pension plan administrator for information.

This buyer's guide will focus on individual fixed deferred annuities.

Single Premium or Multiple Premium

You pay the insurance company only one payment for a single premium annuity. You make a series of payments for a multiple premium annuity. There are two kinds of multiple premium annuities. One kind is a flexible premium contract. Within set limits, you pay as much premium as you want, whenever you want. In the other kind, a scheduled premium annuity, the contract spells out your payments and how often you'll make them.

Immediate or Deferred

With an immediate annuity, income payments start no later than one year after you pay the premium. You usually pay for an immediate annuity with one payment.

The income payments from a deferred annuity often start many years later. Deferred annuities have an accumulation period, which is the time between when you start paying premiums and when income payments start.

Fixed or Variable

- Fixed

During the accumulation period of a fixed deferred annuity, your money (less any applicable charges) earns interest at rates set by the insurance company or in a way spelled out in the annuity contract. The company guarantees that it will pay no less than a minimum rate of interest. During the payout period, the amount of each income payment to you is generally set when the payments start and will not change.

- Variable

During the accumulation period of a variable annuity the insurance company puts your premiums (less any applicable charges) into a separate account. You decide how the company will invest those premiums, depending on how much risk you want to take. You may put your premium into a stock, bond or other account, with no guarantees, or into a fixed account, with a minimum guaranteed interest. During the payout period of a variable annuity, the amount of each income payment to you may be fixed (set at the beginning) or variable (changing with the value of the investments in the separate account).

HOW ARE THE INTEREST RATES SET FOR MY FIXED DEFERRED ANNUITY?

During the accumulation period, your money (less any applicable charges) earns interest at rates that change from time to time. Usually, what these rates will be is entirely up to the insurance company.

Current Interest Rate

The current interest rate is the rate the company decides to credit to your contract at a particular time. The company will guarantee it will not change for some time period.

- The initial rate is an interest rate the insurance company may credit for a set period of time after you first buy your annuity. The initial rate in some contracts may be higher than it will be later. This is often called a bonus rate.
- The renewal rate is the rate credited by the company after the end of the set time period. The contract tells how the company will set the renewal rate, which may be tied to an external reference or index.

Minimum Guaranteed Rate

The minimum guaranteed interest rate is the lowest rate your annuity will earn. This rate is stated in the contract.

Multiple Interest Rates

Some annuity contracts apply different interest rates to each premium you pay or to premiums you pay during different time periods.

Other annuity contracts may have two or more accumulated values that fund different benefit options. These accumulated values may use different interest rates. You get only one of the accumulated values depending on which benefit you choose.

WHAT CHARGES MAY BE SUBTRACTED FROM MY FIXED DEFERRED ANNUITY?

Most annuities have charges related to the cost of selling or servicing it. These charges may be subtracted directly from the contract value. Ask your agent or the company to describe the charges that apply to your annuity. Some examples of charges, fees and taxes are:

Surrender or Withdrawal Charges

If you need access to your money, you may be able to take all or part of the value out of your annuity at any time during the accumulation period. If you take out part of the value, you may pay a withdrawal charge. If you take out all of the value and surrender, or terminate the annuity, you may pay a surrender charge. In either case, the company may figure the charge as a percentage of the value of the contract, of the premiums you've paid or of the amount you're withdrawing. The company may reduce or even eliminate the surrender charge after you've had the contract for a stated number of years. A company may waive the surrender charge when it pays a death benefit.

Some annuities have stated terms. When the term is up, the contract may automatically expire or renew. You're usually given a short period of time, called a window, to decide if you want to renew or surrender the annuity. If you surrender during the window, you won't have to pay surrender charges. If you renew, the surrender or withdrawal charges may start over.

In some annuities, there is no charge if you surrender your contract when the company's current interest rate falls below a certain level. This may be called a bail-out option.

In a multiple-premium annuity, the surrender charge may apply to each premium paid for a certain period of time. This may be called a rolling surrender or withdrawal charge.

Some annuity contracts have a market value adjustment feature. If interest rates are different when you surrender your annuity than when you bought it, a market value adjustment may make the cash surrender value higher or lower. Since you and the insurance company share this risk, an annuity with a MVA feature may credit a higher rate than an annuity without that feature.

Be sure to read the Tax Treatment section and ask your tax advisor for information about possible tax penalties on withdrawals.

Free Withdrawal

Your annuity may have a limited free withdrawal feature that lets you make one or more withdrawals without a charge. The size of the free withdrawal is often limited to a set percentage of your contract value. If you make a larger withdrawal, you may pay withdrawal charges. You may lose any interest above the minimum guaranteed rate on the amount withdrawn. Some annuities waive withdrawal charges in certain situations, such as death, confinement in a nursing home or terminal illness.

Contract Fee

A contract fee is a flat dollar amount charged either once or annually.

Transaction Fee

A transaction fee is a charge per premium payment or other transaction.

Percentage of Premium Charge

A percentage of premium charge is a charge deducted from each premium paid. The percentage may be lower after the contract has been in force for a certain number of years or after total premiums paid have reached a certain amount.

Premium Tax

Some states charge a tax on annuities. The insurance company pays this tax to the state. The company may subtract the amount of the tax when you pay your premium, when you withdraw your contract value, when you start to receive income payments or when it pays a death benefit to your beneficiary.

WHAT ARE SOME FIXED DEFERRED ANNUITY CONTRACT BENEFITS?

Annuity Income Payments

One of the most important benefits of deferred annuities is your ability to use the value built up during the accumulation period to give you a lump sum payment or to make income payments during the payout period. Income payments are usually made monthly but you may choose to receive them less often. The size of income payments is based on the accumulated value in your annuity and the annuity's benefit rate in effect when income payments start. The benefit rate usually depends on your age and sex, and the annuity payment option you choose. For example, you might choose payments that continue as long as you live, as long as your spouse lives or for a set number of years.

There is a table of guaranteed benefit rates in each annuity contract. Most companies have current benefit rates as well. The company can change the current rates at any time, but the current rates can never be less than the guaranteed benefit rates. When income payments start, the insurance company generally uses the benefit rate in effect at that time to figure the amount of your income payment.

Companies may offer various income payment options. You (the owner) or another person that you name may choose the option. The options are described here as if the payments are made to you.

- **Life Only** – The company pays income for your lifetime. It doesn't make any payments to anyone after you die. This payment option usually pays the highest income possible. You might choose it if you have no dependents, if you have taken care of them through other means or if the dependents have enough income of their own.

- **Life Annuity with Period Certain** – The company pays income for as long as you live and guarantees to make payments for a set number of years even if you die. This period certain is usually 10 or 20 years. If you live longer than the period certain, you'll continue to receive payments until you die. If you die during the period certain, your beneficiary gets regular payments for the rest of that period. If you die after the period certain, your beneficiary doesn't receive any payments from your annuity. Because the "period certain" is an added benefit, each income payment will be smaller than in a life-only option.
- **Joint and Survivor** – The company pays income as long as either you or your beneficiary lives. You may choose to decrease the amount of the payments after the first death. You may also be able to choose to have payments continue for a set length of time. Because the survivor feature is an added benefit, each income payment is smaller than in a life-only option.

Death Benefit

In some annuity contracts, the company may pay a death benefit to your beneficiary if you die before the income payments start. The most common death benefit is the contract value or the premiums paid, whichever is more.

CAN MY ANNUITY VALUE BE DIFFERENT DEPENDING ON MY CHOICE OF BENEFIT?

While all deferred annuities offer a choice of benefits, some use different accumulated values to pay different benefits. For example, an annuity may use one value if annuity payments are for retirement benefits and a different value if the annuity is surrendered. As another example, an annuity may use one value for long-term care benefits and a different value if the annuity is surrendered. You can't receive more than one benefit at the same time.

WHAT ABOUT THE TAX TREATMENT OF ANNUITIES?

Below is a general discussion about taxes and annuities. You should consult a professional tax advisor to discuss your individual tax situation.

Under current federal law, annuities receive special tax treatment. Income tax on annuities is deferred, which means you aren't taxed on the interest your money earns while it stays in the annuity. Tax-deferred accumulation isn't the same as tax-free accumulation. An advantage of tax deferral is that the tax bracket you're in when you receive annuity-income payments may be lower than the one you're in during the accumulation period. You'll also be earning interest on the amount you would have paid in taxes during the accumulation period. Most states' tax laws on annuities follow the federal law.

Part of the payments you receive from an annuity will be considered as a return of the premium you've paid. You won't have to pay taxes on that part. Another part of the payments is considered interest you've earned. You must pay taxes on the part that is considered interest when you withdraw the money. You may also have to pay a 10% tax penalty if you withdraw the accumulation before age 59 ½. The Internal Revenue Code also has rules about distributions after the death of a contract holder.

Annuities used to fund certain employee pension benefit plans (those under Internal Revenue Code Sections 401(a), 401(k), 403(b), 457 or 414) defer taxes on plan contributions as well as on interest or investment income. Within the limits set by the law, you can use pretax dollars to make payments to the annuity. When you take money out, it will be taxed.

You can also use annuities to fund traditional and Roth IRAs under Internal Revenue Code Section 408. If you buy an annuity to fund an IRA, you'll receive a disclosure statement describing the tax treatment.

WHAT IS A "FREE LOOK" PROVISION?

Many states have laws which give you a set number of days to look at the annuity contract after you buy it. If you decide during that time that you don't want the annuity, you can return the contract and get all your money back. This is often referred to as a free look or right to return period. The free look period should be prominently stated in your contract. Be sure to read your contract carefully during the free look period.

HOW DO I KNOW IF A FIXED DEFERRED ANNUITY IS RIGHT FOR ME?

The questions listed below may help you decide which type of annuity, if any, meets your retirement planning and financial needs. You should think about what your goals are for the money you may put into the annuity. You need to think about how much risk you're willing to take with the money. Ask yourself:

- How much retirement income will I need in addition to what I will get from Social Security and my pension?

- Will I need that additional income only for myself or for myself and someone else?
- How long can I leave my money in the annuity?
- When will I need income payments?
- Does the annuity let me get money when I need it?
- Do I want a fixed annuity with a guaranteed interest rate and little or no risk of losing the principal?
- Do I want a variable-annuity with the potential for higher earnings that aren't guaranteed and the possibility that I may risk losing principal?
- Or, am I somewhere in between and willing to take some risks with an equity-indexed annuity?

WHAT QUESTIONS SHOULD I ASK MY AGENT OR THE COMPANY?

- Is this a single premium or multiple premium contract?
- Is this an equity-indexed annuity?
- What is the initial interest rate and how long is it guaranteed?
- Does the initial rate include a bonus rate and how much is the bonus?
- What is the guaranteed minimum interest rate?
- What renewal rate is the company crediting on annuity contracts of the same type that were issued last year?
- Are there withdrawal or surrender charges or penalties if I want to end my contract early and take out all of my money? How much are they?
- Can I get a partial withdrawal without paying surrender or other charges or losing interest?
- Does my annuity waive withdrawal charges for reasons such as death, confinement in a nursing home or terminal illness?
- Is there a market value adjustment (MVA) provision in my annuity?
- What other charges, if any, may be deducted from my premium or contract value?
- If I pick a shorter or longer payout period or surrender the annuity, will the accumulated value or the way interest is credited change?
- Is there a death benefit? How is it set? Can it change?
- What income payment options can I choose? Once I choose a payment option, can I change it?

FINAL POINTS TO CONSIDER

Before you decide to buy an annuity, you should review the contract. Terms and conditions of each annuity contract will vary.

Ask yourself if, depending on your needs or age, this annuity is right for you. Taking money out of an annuity may mean you must pay taxes. Also, while it's sometimes possible to transfer the value of an older annuity into a new annuity, the new annuity may have a new schedule of charges that could mean new expenses you must pay directly or indirectly.

You should understand the long-term nature of your purchase. Be sure you plan to keep an annuity long enough so that the charges don't take too much of the money you put in. Be sure you understand the effect of all charges.

If you're buying an annuity to fund an IRA or other tax-deferred retirement program, be sure that you're eligible. Also, ask if there are any restrictions connected with the program.

Remember that the quality of service that you can expect from the company and the agent is a very important factor in your decision.

When you receive your annuity contract, **READ IT CAREFULLY!!** Ask the agent and company for an explanation of anything you don't understand. Do this before any free look period ends.

Compare information for similar contracts from several companies. Comparing products may help you make a better decision.

If you have a specific question or can't get answers you need from the agent or company, contact your state insurance department.

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Florida Policy Disclosure



PLEASE READ CAREFULLY. This information has been prepared for you so that you may make an informed decision on the use of any of your policy values to fund the purchase of a new policy. Please see the reverse side of this form for explanatory notes and instructions as to how this form has been completed.

Part A: Current Policy Information

LIFE

ANNUITY

Policy Owner's Name: _____ Policy Number: _____

Current Death Benefit: \$ _____ Current Premium Amount: \$ _____ Mode of Payment: _____

Cash Surrender Value: \$ _____ Paid-up Value: \$ _____ Dividend Value: \$ _____

(The Benefit and Values stated above will be reduced if funds are used to purchase the policy proposed in Part B, below.)

Part B: Proposed Policy Information

Initial Death Benefit: \$ _____ Proposed Premium Amount: \$ _____ Mode of Payment: _____

Proposed Effective Date: _____ Premium Payable to Age: _____ or for _____ years

NOTE: If you are replacing your current policy, or using 26% or more of your policy values, you may request a written comparison between your current policy and the proposed policy. The comparison is to illustrate the policy values for both policies.

Part C: Source Of Funding for the Proposed Policy

A loan in the amount of \$ _____ will be taken from the value of your current policy each _____ (mode), bearing a current loan interest rate of _____%.

A partial surrender in the amount of \$ _____ will be taken from the value of your current policy each _____ (mode).

A dividend withdrawal in the amount of \$ _____ will be taken from the value of your current policy each _____ (mode).

Part D: Your Current Policy Could Terminate

If the policy values of your current policy are used as a source of funding for the purchase of an additional policy, it is estimated that your current policy will terminate on _____ (date).

It is estimated that you will begin making premium payments for the proposed policy from your own funds on _____ (date) in the amount of \$ _____ to be paid each _____ (mode).

NOTE: Since the values and premiums stated on this form may change over time, the estimated date upon which you will need to begin making premium payments from your own funds for the proposed policy may also change. Policy termination and payment initiation date estimations assume the continuation of current (or guaranteed) factors. Such calculations are based on the assumption that any premiums or interest due on loans are paid when due.

Policy Owner's Signature: _____ Date: _____

Agent or Company Officer Signature: _____ Date: _____

Florida Licensed Agent Identification Number or Corporate Title: _____



Policy Disclosure Form and Instructions

Complete one form for each previously issued policy.

Any required replacement and sales forms must also be completed.

One copy is delivered to the policy owner and one copy maintained by the insurer.

Any and all information applicable to the transaction shall be fully and completely disclosed on this form. If the information requested does not apply to the transaction, the words “not applicable” or “N/A” shall be entered.

Part A

The information to be disclosed in Part A of this form shall apply to the current, in-force policy for which policy values are being utilized as a source of funding for the purchase of additional insurance contract(s). For purposes of this form, “current death benefit” is defined as the sum of the death benefit payable under the base policy, all life insurance and dividends, minus outstanding indebtedness. The term “cash surrender value” is defined as the cash value of the policy or contract net of any outstanding indebtedness and surrender charges, and less any dividend value. The term “paid-up value” is defined as the total cash value of all policy dividends left on deposit with the company to accumulate at interest.

Part B

The information to be disclosed in Part B of this form shall apply to the proposed additional insurance contract(s) being funded by policy values in a current, in-force policy. For purposes of the form, “proposed premium amount” is defined as any recurring payment that is planned to be paid or which is required to be paid under the proposed policy.

Part C

The information to be disclosed in Part C of this form shall apply to the current, in-force policy, and shall indicate the manner in which the policy values are being used to fund the purchase of the proposed policy. Part C is not to be completed if the current policy is totally surrendered. However, in the event of a total surrender of the current policy, Parts A, B, D and the signature block of this form must still be completed.

When completing Part C of this form, each and every source of funding for the proposed policy must be identified, i.e., whether a policy loan, partial surrender, or dividend withdrawal or any combination thereof is being utilized. If more than one source of funding will be utilized to fund the initial and/or future premiums for the proposed policy, all applicable sections of Part C shall be completed.

For the purpose of this form, a “partial surrender” is defined as any amount taken from the value of the current policy that is less than the total cash value available under such policy. The term “mode” is defined as the frequency upon which a policy loan, partial surrender or dividend withdrawal will be taken from the value of the current policy. In the event of a single loan, surrender or withdrawal, the words “one time only” shall be entered in the space provided. The term “loan interest rate” is defined as the rate of interest in effect on the date that this form is completed, as specified in the current policy contract.

Part D

The information to be disclosed in Part D of this form shall apply to the current, in-force policy and the proposed additional policy, respectively.

Signatures

In order to evidence that the required disclosure has been made, this form shall be signed and dated by the soliciting agent or by a corporate officer, as well as by the policy owner. For identification purposes, the agent or corporate officer shall enter his or her Florida license number or corporate title, respectively, in the space provided.

** Used for Internal Replacements Only **

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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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