



Annuitant Beneficiary Designation Form

This program applies only to the death benefit paid upon the Annuitant's death to the person(s) named as the Annuitant's beneficiary(ies). It does not apply to the payment of proceeds payable upon Owner's death to the Owner's beneficiary.

MAILING INSTRUCTIONS

Send this completed form 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

CONTRACT INFORMATION

Must be completed for all requests.

| | |
|------------------------|-----------------|
| Contract Owner | Contract Number |
| Social Security Number | Phone Number |

BENEFICIARY INFORMATION

For additional beneficiary designations, make copies of both pages or contact Integrity Life at 800.325.8583. Only one signature page is required.

Primary Beneficiary Contingent Beneficiary Beneficiary # ___ of ___.

| | | | |
|--------------|---------------|----------------------------|----------|
| Name | Date of Birth | Social Security Number/TIN | |
| Address | City | State | Zip Code |
| Relationship | Phone Number | Allocation | |

BENEFICIARY RESTRICTION INFORMATION

No Restriction (default)

I (we) direct that this Beneficiary may elect the form of death benefit payment.

Full Restriction - I (we) direct that the total death benefit payable to this Beneficiary be applied to the annuity option elected below.

- Life Annuity
- Life Annuity with ___ years guaranteed (10, 20)
- Designated period of ___ years (8 to 20)

Partial Restriction - I (we) direct that part of the death benefit may, at the election of the Beneficiary, be paid in a lump sum as provided in this Partial Restriction section and the remainder be applied to the annuity option elected above.

_____% This Beneficiary may receive up to this percentage of the death benefit in a lump-sum payment. The remainder is to be applied to the annuity option elected above.

\$_____ This Beneficiary may receive up to this dollar amount in a lump-sum payment. The remainder is to be applied to the annuity option elected above. If the total death benefit is less than this amount, the total death benefit will be paid in a lump sum.

Monthly payouts to Beneficiary(ies) must be a minimum of \$100.00 or a lump-sum distribution will be made.

DISBURSEMENT FREQUENCY

Frequency (check one)

- Monthly (default) Quarterly Semi annually Annually

SUCCESSOR BENEFICIARY

The Beneficiary can name a Successor Beneficiary unless the Owner designates the individual below as the Successor Beneficiary. The individual named below will receive any remaining balance in the event the Beneficiary dies prior to complete payout.

| | | | |
|----------------------------|---------------|----------------------------|----------|
| Name – First, Middle, Last | Date of Birth | Social Security Number/TIN | |
| Address | City | State | Zip Code |
| Relationship | Phone Number | Allocation | |

PLEASE READ THE FOLLOWING:

If your Annuity Contract is part of an IRC Section 401(a) Qualified Plan subject to ERISA, your spouse must be designated Beneficiary unless he or she has properly waived the right.

A Spousal Beneficiary may have the right to reregister the contract regardless of the death payout restriction elected on this form. The restricted death benefit payout cannot violate any current or future distribution requirements at law. In the event that the restriction does violate a distribution requirement at law, the Beneficiary will have the right to elect a form of payment that complies with such law at the time of death.

SPOUSAL CONSENT

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

If you are married and have designated any primary beneficiary (ies) other than your spouse, your spouse must consent by signing below. Please consult your tax advisor about the implications of this beneficiary designation.

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

| | | |
|-------------------------|--------------------|------|
| Spouse's Name (printed) | Spouse's Signature | Date |
|-------------------------|--------------------|------|

Unless otherwise noted, all Beneficiary(ies) will be considered Primary and eligible to choose any payout election governed by the Contract. This Beneficiary Designation form must be signed and will supersede any and all previous beneficiary designation on file.

| | |
|---|------|
| Signature of Contract Owner or Plan Trustee | Date |
| Signature of Joint Owner (if applicable) | Date |