



**Integrity Life
Insurance Company**

A member of Western & Southern Financial Group

Integrity Life Insurance Company

PO Box 5720

Cincinnati, OH 45201-5720

For assistance, call 800.325.8583

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:

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

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

CONTRACT INFORMATION - Must be completed for all requests

CONTRACT OWNER

CONTRACT NUMBER

TELEPHONE NUMBER (include area code)

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.

NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER / TIN

Check if TIN

☐

DATE OF BIRTH (MM/DD/YYYY)

TELEPHONE NUMBER (include area code)

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

RELATIONSHIP

BENEFICIARY TYPE

☐ Primary

☐ Contingent

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)



BENEFICIARY RESTRICTION INFORMATION (Continued)

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)

SOCIAL SECURITY NUMBER / TIN

Check if TIN

DATE OF BIRTH (MM/DD/YYYY)

☐

TELEPHONE NUMBER (include area code)

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

RELATIONSHIP

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 (if applicable)

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

If you are married and have designated any primary beneficiary(ies) other than your spouse, your spouse may need to consent to a non-spouse being designated as beneficiary for any portion of its benefits. You may obtain such consent by having your spouse sign below. **The company is not liable for any consequences resulting from your failure to obtain proper consent.**

I have reviewed this beneficiary designation and, as spouse of the policy owner, I consent to it and waive any rights I may have to the policy proceeds to the extent of this designation. This consent supersedes any prior spousal consent regarding the policy.

Print Name _____
SPOUSE

Sign Here _____ Date _____
SIGNATURE OF SPOUSE

DISCLOSURE, CERTIFICATION AND OWNER'S SIGNATURE (Required)

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.

Print Name _____
CONTRACT OWNER

Sign Here _____ Date _____
SIGNATURE OF CONTRACT OWNER OR PLAN TRUSTEE

Print Name _____
JOINT OWNER (IF APPLICABLE)

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

