



Election of Annuitization

CONTRACT INFORMATION

OWNER NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER / TIN

Check if TIN

ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBER (include area code)

DATE OF BIRTH (MM/DD/YYYY)

JOINT OWNER NAME (First, Middle, Last) – if applicable

SOCIAL SECURITY NUMBER / TIN

ANNUITANT'S NAME (First, Middle, Last)

CONTRACT NUMBER

ANNUITIZATION TYPE – Choose one option

Full Annuity Option

The entire value of your contract is applied to the full annuity option you select. Your Account Value is converted into a stream of income payments and the contract will no longer allow for withdrawals, surrenders, exchanges or transfers. A withdrawal charge or Market Value Adjustment (MVA) may be applicable. This option is permanent, irrevocable and the terms of the payout cannot be changed.

I request a Partial Annuity Option in the amount of \$ _____.

The amount listed above is applied to the partial annuity option you select. The amount applied to the option must meet minimum requirements and the remaining Account Value must be greater than the Minimum Account Value stated in the contract. The Partial Annuity Option may not be available for all products, please see your contract for details.

INCOME OPTIONS – Choose one option

Single Annuitant Option

Period Certain Only^{1,2} (5-30 years) _____ Years _____ Months

Single and Joint Annuitant Options

For life contingent options, verification of each Annuitant's age is required. Acceptable documents include a copy of a driver's license or birth certificate. If a Joint Annuitant is named on this form, then the Income Option chosen will be a Joint Life Option.

Life Only³

Life with Period Certain^{1,2} (5-30 years) _____ Years _____ Months

Life with Installment Refund (Smart Select Only)

Life with Cash Refund (Smart Select Only)

¹ See SECURE Act disclosure.
² All years may not be available.
³ Pays an income until the death of the (last) Annuitant when the contract terminates and no further payments will be made regardless of the amount received.



PAYMENT INFORMATION

PAYMENT FREQUENCY

Annual Semiannual Quarterly Monthly

PAYMENT START DATE

DATE (MM/DD/YYYY)

Immediately Alternate Start Date

(Start Date must be within 30 days of Signature. If no box is checked, an immediate payment start date will be used.)

JOINT ANNUITANT INFORMATION – Only complete for Joint Life Income Options

A Joint Annuitant is NOT a Joint Owner.

NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

GENDER

Male Female

TELEPHONE NUMBER (include area code)

RELATIONSHIP TO ANNUITANT

ADDRESS Line 1

Line 2

CITY

STATE

ZIP

BENEFICIARY INFORMATION

Annuitant's Beneficiary - The following Beneficiary is designated in the event of the Annuitant's death to receive the commuted value or unpaid installment payments as they become due dependent upon the original option elected.

NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER / TIN

Check if TIN

DATE OF BIRTH (MM/DD/YYYY)

GENDER

Male Female

TELEPHONE NUMBER (include area code)

E-MAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO ANNUITANT

BENEFICIARY TYPE

PERCENTAGE

Primary Contingent

 %

BENEFICIARY INFORMATION

NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER / TIN

Check if TIN

DATE OF BIRTH (MM/DD/YYYY)

GENDER

 Male Female

TELEPHONE NUMBER (include area code)

E-MAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO ANNUITANT

BENEFICIARY TYPE

 Primary Contingent

PERCENTAGE

 %

Owner's Beneficiary - The Owner's Beneficiary takes control of the contract if the Owner dies.

NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER / TIN

Check if TIN

DATE OF BIRTH (MM/DD/YYYY)

GENDER

 Male Female

TELEPHONE NUMBER (include area code)

E-MAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO ANNUITANT

BENEFICIARY TYPE

 Primary Contingent

PERCENTAGE

 %

NOTE: If more than one Beneficiary is to be designated, please attach a separate sheet providing Integrity with complete information on each beneficiary.



AUTHORIZATION FOR DIRECT DEPOSIT

Please check one option, and complete the information below:

- Checking Account** (You **MUST** attach a 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.)

With Direct Deposit, please allow 3-5 business days after the payment date for the funds to be deposited into the designated account.

FINANCIAL INSTITUTION NAME

ABA ROUTING NUMBER

ACCOUNT NUMBER

FINANCIAL INSTITUTION ADDRESS

FINANCIAL INSTITUTION 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 the contract owner



NOTICE OF WITHHOLDING INCOME TAX (Required)

Federal tax law requires Integrity Life Insurance Company (Integrity) to withhold federal income tax from the taxable portion of your annuity unless you elect not to have withholding apply. Withholding will be done on the same basis as wage withholding. **Unless you request otherwise, Integrity will withhold taxes as if your filing status is single with no adjustments.** If you are a resident of AR, CA, DC, DE, GA, IA, KS, MA, MD, ME, NC, NE, OK, OR, VA, VT or Puerto Rico and withhold federal tax, Integrity must also withhold state tax at the state’s standard rate unless you indicate otherwise. State withholding does not apply in AK, FL, HI, NV, NH, SD, TN, TX, WA or WY. For AZ and MI residents, Integrity will withhold at the state’s standard rate unless you elect otherwise using form A-4P or MI W-P, respectively. For CT residents, mandatory withholding will apply unless form CT-W4P is submitted to opt out. Opt out is not available for single sum distributions. For MS residents, mandatory withholding will apply for early distributions (before age 59.5) or a return of excess contributions from qualified plans. If you choose not to withhold federal tax, Integrity will also not withhold any state income tax unless you indicate otherwise.

Even if you elect not to have income tax withheld, you are still liable for the payment of income taxes on your taxable distributions. You may also be subject to tax penalties if your payments of estimated tax and withholding, if any, are inadequate. I direct Integrity to:

Federal

- Withhold as single with no adjustments
- NOT to withhold federal income taxes
- Withhold based on the elections noted in Form W-4P (see IRS website for more information)

State (Certain states require additional information as noted above)

- Withhold based on the state’s standard rate
- NOT to withhold state income taxes
- Withhold taxes as follows: _____ % rate or \$ _____ amount

REPRESENTATIVE INFORMATION (if applicable)

NAME (First, Middle, Last)

IDENTIFICATION NUMBER

BRANCH ADDRESS

CITY

STATE

ZIP

FIRM NAME

TELEPHONE NUMBER (include area code)

SECURE ACT DISCLOSURE

The SECURE Act eliminates “stretch IRAs” by requiring that all distributions to a designated beneficiary be made by the end of the 10th calendar year following the year in which the IRA owner dies (except if such beneficiary is a surviving spouse, disabled, chronically ill, a minor child or not more than 10 years younger than the IRA owner). Therefore, any period certain payout that would extend beyond the 10th calendar year following the last annuitant’s death will be commuted at the end of that 10-year period.



SPOUSAL CONSENT (if applicable)

SPOUSAL CONSENT – For contracts where 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 consequence 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

CERTIFICATIONS AND AGREEMENTS

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct tax payer 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 U.S. 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 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 authorize Integrity to credit my account with any future annuity income payments at the above named financial institution. This agreement will remain active until written notice 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 above terms and conditions on this Annuitization Request Form as a part of my transaction request.

Print Name _____
OWNER

Sign Here _____ Date _____
SIGNATURE OF OWNER

Print Name _____
JOINT OWNER

Sign Here _____ Date _____
SIGNATURE OF JOINT OWNER – IF APPLICABLE

