

Non-Financial Service Request Form

REQUEST INFORMATION

To make the following request Please complete
 Change Address Sections 1, 2, and 7
 Change Name Sections 1, 3, and 7
 Change Beneficiary Sections 1, 4, 5, and 7

SECTION 1: IDENTIFYING INFORMATION

CONTRACT NUMBER(S)

OWNER'S NAME (First, Middle, Last)

OWNER'S SOCIAL SECURITY NUMBER / TIN Check if TIN

OWNER'S PHONE NUMBER (include area code)

JOINT OWNER'S NAME (if applicable - First, Middle, Last)

JOINT OWNER'S SOCIAL SECURITY NUMBER / TIN

ANNUITANT'S NAME (First, Middle, Last)

ANNUITANT'S SOCIAL SECURITY NUMBER / TIN

PAYEE'S NAME (First, Middle, Last)

PAYEE'S SOCIAL SECURITY NUMBER / TIN

SECTION 2: CHANGE OF ADDRESS

For: Owner Annuitant Assignee Payee

NAME (First, Middle, Last)

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

DAYTIME TELEPHONE NUMBER (include area code)

EVENING TELEPHONE NUMBER (include area code)

SECTION 3: NAME CHANGE OR CORRECTION

For: Owner Owner's Beneficiary Annuitant Annuitant's Beneficiary Payee Assignee

FROM

TO

SOCIAL SECURITY NUMBER / TIN

NOTE: Please note that court documents evidencing the change should accompany this form.



SECTION 4: CHANGE OF BENEFICIARY

Before changing the beneficiary, please understand your contract terms. Please see your contract for further details.

To Change the Annuitant's Beneficiary: Unless otherwise indicated, all named beneficiaries will be considered primary beneficiaries.

(The annuitant's beneficiary receives the death benefit in the contract upon the annuitant's death) The following designations of beneficiaries are made, subject to the provisions of the contract, and subject to the rights of any assignee of record. Please note for any contract owned by a trust or entity that trust or entity must remain the beneficiary of the contract.

NAME (First, Middle, Last)

RELATIONSHIP

SOCIAL SECURITY NUMBER / TIN

Check if TIN

DATE OF BIRTH (MM/DD/YYYY)

BENEFICIARY TYPE

Primary

Contingent

TELEPHONE NUMBER (include area code)

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

NAME (First, Middle, Last)

RELATIONSHIP

SOCIAL SECURITY NUMBER / TIN

Check if TIN

DATE OF BIRTH (MM/DD/YYYY)

BENEFICIARY TYPE

Primary

Contingent

TELEPHONE NUMBER (include area code)

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

NAME (First, Middle, Last)

RELATIONSHIP

SOCIAL SECURITY NUMBER / TIN

Check if TIN

DATE OF BIRTH (MM/DD/YYYY)

BENEFICIARY TYPE

Primary

Contingent

TELEPHONE NUMBER (include area code)

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

If more beneficiaries are named, please submit a separate written request. Please include the names of the beneficiaries, their address, Social Security Numbers, relationship to the owner or annuitant and their date of birth. The owner must sign and date the separate request.



SECTION 4: CHANGE OF BENEFICIARY - Continued

To Change the Owner's Beneficiary: Unless otherwise indicated, all named beneficiaries will be considered primary beneficiaries. Refer to your contract for more information regarding settlement options.

(The owner's beneficiary takes control of the contract upon the owner's death and may be required to take a payout based on the contract's provisions. Please complete this section in the event that the owner and annuitant are different on the contract.) The following designations of beneficiaries are made, subject to the provisions of the contract, and subject to the rights of any assignee of record. Please note for any contract owned by a trust or entity that trust or entity must remain the beneficiary of the contract.

NAME (First, Middle, Last) <input type="text"/>	RELATIONSHIP <input type="text"/>
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SOCIAL SECURITY NUMBER / TIN <input type="text"/>	<u>Check if TIN</u> <input type="checkbox"/>	DATE OF BIRTH (MM/DD/YYYY) <input type="text"/>	BENEFICIARY TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
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TELEPHONE NUMBER (include area code) <input type="text"/>	EMAIL ADDRESS <input type="text"/>
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ADDRESS <input type="text"/>	CITY <input type="text"/>	STATE <input type="text"/>	ZIP <input type="text"/>
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NAME (First, Middle, Last) <input type="text"/>	RELATIONSHIP <input type="text"/>
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SOCIAL SECURITY NUMBER / TIN <input type="text"/>	<u>Check if TIN</u> <input type="checkbox"/>	DATE OF BIRTH (MM/DD/YYYY) <input type="text"/>	BENEFICIARY TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
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TELEPHONE NUMBER (include area code) <input type="text"/>	EMAIL ADDRESS <input type="text"/>
---	--

ADDRESS <input type="text"/>	CITY <input type="text"/>	STATE <input type="text"/>	ZIP <input type="text"/>
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NAME (First, Middle, Last) <input type="text"/>	RELATIONSHIP <input type="text"/>
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SOCIAL SECURITY NUMBER / TIN <input type="text"/>	<u>Check if TIN</u> <input type="checkbox"/>	DATE OF BIRTH (MM/DD/YYYY) <input type="text"/>	BENEFICIARY TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
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TELEPHONE NUMBER (include area code) <input type="text"/>	EMAIL ADDRESS <input type="text"/>
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ADDRESS <input type="text"/>	CITY <input type="text"/>	STATE <input type="text"/>	ZIP <input type="text"/>
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If more beneficiaries are named, please submit a separate written request. Please include the names of the beneficiaries, their address, Social Security Numbers, relationship to the owner or annuitant and their date of birth. The owner must sign and date the separate request.



SECTION 5: SPOUSAL CONSENT (if applicable)

SPOUSAL CONSENT - Spousal consent is required if changing beneficiary on a contract subject to ERISA's spousal consent requirements to a person other than a spouse (if married). Spousal consent is also required for contracts where the owner resides or has resided in AZ, CA, ID, LA, NM, NV, TX, WA or WI, unless the spouse is named as an annuitant, owner, or 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

SECTION 6: IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW CONTRACT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens a contract.

What this means for you: When you open a contract, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.

SECTION 7: CERTIFICATION AND AUTHORIZATION

I/We certify that the information provided is accurate to the best of my/our knowledge and that I/we authorize Integrity Life Insurance Company to act in accordance with the elections indicated on this form.

Print Name _____
OWNER

Sign Here _____ Date _____
SIGNATURE OF OWNER

Print Name _____
JOINT OWNER (if applicable)

Sign Here _____ Date _____
SIGNATURE OF JOINT OWNER (if applicable)

