



Request for Surrender

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

Fax Number 888.220.2677 **Faxes will not be accepted for transactions over \$100,000.**

For assistance, call 800.325.8583

OWNER INFORMATION

Owner's Name	Joint Owner's Name (if applicable)	Policy/Contract Number

Surrender:

- I wish to surrender the above numbered contract for payment of its cash/annuity value. In surrendering the contract, it is understood that all rights, privileges and benefits under said contract, except the right to receive the amount of cash/annuity surrender value, are hereby cancelled.

IMPORTANT: Notice of Withholding **MUST** be completed to avoid delay in processing your request.

NOTICE OF WITHHOLDING OF INCOME TAX

Federal tax law requires Integrity Life Insurance Company to withhold federal income tax at a rate of 10% from the taxable portion of any distribution or withdrawal, unless the recipient elects NOT to have withholding apply. You must include your correct TIN or Social Security Number to elect out of tax withholding.

Certain states may also require income tax withholding from the taxable portion of your distribution. In most cases, your federal withholding election would also apply to any state withholding election, although the rate of tax may vary among states. Please note, however, Integrity will only perform mandatory withholding if required by state law.

If you elect NOT to have tax withheld from a distribution or withdrawal or if the amount of federal income tax withheld is insufficient, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. For this purpose, you may wish to consult your tax advisor.

Federal law also requires that you provide us with your correct TIN if you elect NOT to have tax withheld from your distribution or withdrawal. (For most taxpayers, their TIN is their Social Security number.) If you fail to provide us with your TIN, we are required to withhold any taxable payment to you.

- I elect **NOT** to have taxes withheld.
- I understand that taxes **WILL BE** withheld from my distribution, at the 10% rate for federal taxes and state taxes, if applicable.



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

I authorize Integrity to credit my account at the above named financial institution. I authorize the financial institution to debit my account and to refund any overpayments by Integrity.

CERTIFICATION

I certify that I am **NOT** subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest and dividends or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

You must strike out the above paragraph if you have been notified that you are subject to backup withholding due to underreporting and you have not received a notice from the IRS advising you that backup withholding has been terminated.

Signature of Owner	Date
Signature of Joint Owner/Assignee (if applicable)	Date
Owner's Social Security Number/TIN	Joint Owner's Social Security Number/TIN

Note to Owners who are legal entities (other than custodial owners): Please include a resolution or other formal authorization of the signer's ability to act on behalf of the entity.

CUSTODIAL OWNED ACCOUNTS ONLY

Signature	Date
Printed Name	Title (Custodial Officer Title)
Signature Guarantee Stamp	Stamp Here

