



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

For assistance, call 800.325.8583

OWNER INFORMATION

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

INCOME TAX WITHHOLDING

Federal tax law states that the taxable portion of withdrawals is subject to 10% income tax withholding, although you may elect to have it withheld at a different percentage rate or elect no withholding. **Unless you request otherwise on the form below, Integrity Life will be required to withhold 10% federal income tax.** 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 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

- To withhold the standard rate for federal income taxes
- NOT to withhold federal income taxes
- To withhold taxes as follows: _____% rate (see IRS Form W-4R and Marginal Rate Table 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
- To withhold taxes as follows: _____% or \$_____ amount



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

