



SYSTEMATIC CONTRIBUTION REQUEST FORM

CONTRACT INFORMATION

ANNUITANT'S NAME (First, Middle, Last)

CONTRACT NUMBER

OWNER'S NAME (First, Middle, Last)

OWNER'S SOCIAL SECURITY NUMBER / TIN

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

JOINT OWNER'S SOCIAL SECURITY NUMBER / TIN

SYSTEMATIC CONTRIBUTION REQUEST - Check all that apply

Systematic contributions are not allowed on single premium annuities and on contracts with the Guaranteed Minimum Withdrawal Benefit or a Guaranteed Lifetime Withdrawal Benefit.

☐ Initial Request ☐ Change of Account or Financial Institution ☐ Change of Contribution Amount

AMOUNT OF CONTRIBUTION

\$

SYSTEMATIC CONTRIBUTION BEGIN DATE

The contribution start date cannot be the 29th, 30th or 31st of any month. Systematic contributions will continue on the same day of the month at the interval specified above. Minimum contribution amounts may apply.

SYSTEMATIC CONTRIBUTION MODE

☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly

AUTHORIZATION OF FINANCIAL INSTITUTION FOR CONTRIBUTIONS TO ANNUITY

Please check one account option, and complete the information below:

☐ Checking Account (**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 including the information requested below.)

FINANCIAL INSTITUTION NAME

ABA ROUTING NUMBER

ACCOUNT NUMBER

NAME OF ACCOUNT OWNER

FINANCIAL INSTITUTION PHONE NUMBER

FINANCIAL INSTITUTION ADDRESS

OTHER ACCOUNT NUMBER (if applicable)

FINANCIAL INSTITUTION REPRESENTATIVE NAME
(printed)

FINANCIAL INSTITUTION REPRESENTATIVE SIGNATURE



CERTIFICATION

I hereby request and authorize Integrity Life Insurance Company to collect contributions in the amount indicated above, or another amount as I instruct Integrity in writing, from my account specified below by means of its systematic contribution plan (the Plan). I understand and agree that (i) Integrity will initiate electronic debit entries or make a charge by any other commercially accepted practice to the Account maintained at the financial institution named below; (ii) debits/charges will be made on the day of the month based on the day of the first contribution; (iii) this authorization will remain in effect until 30 days after Integrity has received written notice from me or the financial institution of its termination; (iv) Integrity requires at least 31 days prior notice to make any change to the Account, financial institution or amount of contribution; (v) each contribution will be allocated among investment options in accordance with the then current allocation percentages; and (vi) the Plan does not change any contract provisions. Integrity may terminate its systematic contribution plan at any time, at its discretion.

I request and authorize the financial institution named below to honor debit entries or other charges initiated by Integrity and to debit/charge the account specified for such amounts.

I understand and agree to the terms and conditions of the systematic contribution request.

Print Name _____
OWNER

Sign Here _____
SIGNATURE OF OWNER

Date _____

Print Name _____
JOINT OWNER (if applicable)

Sign Here _____
SIGNATURE OF JOINT OWNER (if applicable)

Date _____

