

Request for Systematic Payment Plan

CONTRACT INFORMATION	
Annuitant's Name	Contract Number
Owner's Name	Owner's Social Security Number/TIN
Joint Owner's Name (if applicable)	Joint Owner's Social Security Number/TIN
SYSTEMATIC PAYMENT REQUEST – Check all that apply	
<p>Systematic payments are not allowed on single premium annuities and on contracts with the Guaranteed Minimum Withdrawal Benefit or a Guaranteed Lifetime Withdrawal Benefit.</p> <p> <input type="checkbox"/> Initial Request <input type="checkbox"/> Change of Account or Financial Institution <input type="checkbox"/> Change of Payment Amount </p>	
Amount of Payment \$ _____	
The systematic payment should begin on _____ and taken <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually	
The payment start date cannot be the 29 th , 30 th or 31 st of any month. Systematic payments will continue on the same day of the month at the interval specified above. Minimum contribution amounts may apply.	
AUTHORIZATION OF FINANCIAL INSTITUTION FOR PAYMENTS TO ANNUITY	
<p>Please check one account option, and complete the information below:</p> <p> <input type="checkbox"/> Checking Account (You MUST attach voided check, or a copy of a voided check) <input type="checkbox"/> 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.) </p>	
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

CERTIFICATION

I hereby request and authorize Integrity Life Insurance Company to collect payments in the amount indicated above, or another amount as I instruct Integrity in writing, from my account specified below by means of its systematic payment 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 payment; (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 payment; (v) each payment 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 payment 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 payment request.

Owner's Signature

Date

Joint Owner's Signature (if applicable)

Date