

Systematic Withdrawal Request
(Do not use this form to request RMDs. Separate form available.)

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 (if applicable)

SYSTEMATIC WITHDRAWAL OPTIONS

I request and authorize Integrity Life Insurance Company (Integrity) to make systematic withdrawals as follows (**check only one option**):

Interest Earnings (not available on fixed indexed or variable annuities)

Available annual free withdrawal amount in equal installments
I understand if I do not take any other withdrawals over the contract year, no withdrawal charge will apply.

A percentage of the account value of _____% (not available on fixed indexed annuities)
The systematic withdrawal is a set percentage of the account value, and the amount withdrawn will fluctuate. Depending on the amount and timing of the withdrawal, I understand a withdrawal charge may apply.

A set amount of \$_____
Depending on the amount and timing of the withdrawal, I understand a withdrawal charge may apply.

Additional systematic withdrawal options only available to customers who have elected the optional Guaranteed Lifetime Withdrawal Benefit (GLWB) rider or the Guaranteed Minimum Withdrawal Benefit (GMWB) rider.

Lifetime Payout Amount (must be eligible to receive benefit). Any withdrawals taken before you are eligible will be a nonguaranteed or "excess withdrawal" and will reduce future benefits.

Guaranteed Annual Withdrawal Amount (available on the GMWB rider only)

EXCESS WITHDRAWALS AND GLWB/GMWB: A CAUTION

Withdrawals in excess of the guaranteed withdrawal amount, called "excess withdrawals", will result in a permanent reduction in future guaranteed withdrawal amounts. If you would like to make an excess withdrawal and are uncertain how an excess withdrawal will reduce your future guaranteed withdrawal amounts, then you may contact us prior to requesting the withdrawal to obtain a personalized transaction-specific calculation showing the effect of the excess withdrawal.

Contracts with the Guaranteed Return Plus (GMAB) Rider: Systematic withdrawals from your contract will be taken pro-rata among your Investment Options including your Guaranteed Return Plus Investment Option, and will reduce the guaranteed minimum value associated with your contribution to the Guaranteed Return Plus Investment Option on a proportional basis.



DISTRIBUTION OPTIONS

This systematic withdrawal should begin on _____ and taken Monthly Quarterly Semiannually Annually

The withdrawal start date cannot be the 29th, 30th or 31st of any month. For Indextra contracts, the start date cannot be the 14th or 27th of any month. Systematic withdrawals will continue on the same day of the month at the interval specified above. Withdrawals will be taken from each of your investment options allocated by the values in each investment option at the time of each withdrawal. Minimum dollar amounts may apply.

This authorization applies only to the contract number shown above. A separate authorization must be completed for any additional contracts. Systematic withdrawals will continue until the earlier of (1) the date that the value in the investment options would not support an additional withdrawal; (2) the date Integrity receives written instructions from me to cancel the withdrawals; or (3) the date Integrity discontinues this withdrawal option.

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.)

With Direct Deposit, please allow 3-5 business days after the payment date for the funds to be deposited into the designated account.

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

OR make check payable to and mail to contract owner (Integrity reserves the right to charge a fee for this method)



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 state's standard rate
- NOT to withhold state income taxes
- To withhold taxes as follows: _____% or \$ _____ amount



CERTIFICATION

Under penalties of perjury, I certify that **(1)** the number shown on this form is my correct tax identification number, **(2)** that I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me that I am no longer subject to backup withholding, **and (3)** I am a US citizen or resident alien.

Note: You must cross out item #2 of certification if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting of interest or dividends on your tax returns.

I understand amounts withdrawn from a non tax-qualified annuity contract are first treated as taxable income to the extent of any gain and all amounts withdrawn from a tax-qualified annuity contract are treated as taxable income. If I am under age 59 ½, I understand that I may be subject to a 10% penalty tax on taxable amounts received.

I understand and acknowledge that I should seek professional tax advice about my specific situation and that **Integrity does not provide tax advice.**

I understand that a withdrawal charge may apply if the amount withdrawn is greater than the free withdrawal amount. All interest rates are declared at an annual effective rate, taking into account daily compounding of interest. I understand that withdrawals or transfers during the guarantee period will dilute the benefit of daily compounding and thus lower the effective annual interest rate.

I authorize Integrity to credit my account with any future annuity withdrawals at the above named financial institution. This agreement will remain active until written notification is received and in such time as to afford Integrity reasonable opportunity to act on my request. I authorize the financial institution to debit my account and to refund any overpayments by Integrity.

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

Owner's Signature	Date
Joint Owner's Signature (if applicable)	Date

