



Election of Annuitization

YOUR PAYMENT AMOUNT WILL BE DETERMINED BY THE ANNUITY RATES IN EFFECT ON THE DATE YOUR FIRST PAYMENT IS DUE.			
<input type="checkbox"/> I wish to request a full annuitization <i>(return of the deferred contract must accompany this request).</i>			
Contract Number		Annuitant Name	
Address		City	State Zip Code
Phone Number	Social Security Number	Date of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

PAYMENT INFORMATION			
Payment Frequency <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly			
CHOOSE ONE OF THE OPTIONS BELOW:			
1. Installment Option - Fixed Period Certain Payment Period: _____ <i>(minimum 8 years, maximum 30 years)</i>			
2. Annuity Options - Income Payable for Life (Choose One)			
<input type="checkbox"/> Life Annuity	<input type="checkbox"/> Life Annuity Installment - Refund Certain		
<input type="checkbox"/> Life Period Certain _____ Life 10-Year Certain	<input type="checkbox"/> Joint & Survivor _____ Life Income		
<i>(choose period desired)</i> _____ Life 20-Year Certain	<i>(choose one & complete joint annuitant information below)</i> _____ Life 10-Year Certain	_____ Life Refund Certain	

JOINT ANNUITANT INFORMATION			
Name		Social Security Number	
Address		City	State Zip Code
Phone Number		Date of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

NOTE: For all Life elections listed above, we require that a copy of the Annuitant's birth certificate be submitted. If a Joint Annuitant exists, we also require a birth certificate for that person.

BENEFICIARY DESIGNATION			
Annuitant's Beneficiary <i>(The following Beneficiary is designated in the event of the Annuitant's death to receive the commuted value or unpaid installment payments as they become due dependent upon the original option elected.)</i>			
Name		Social Security Number/TIN	
Address		City	State Zip Code
Phone Number	Date of Birth	Relationship to Annuitant	

Pages 2, 3 and 4 must be completed concerning withholding of income tax and payment instructions before your request can be completed.

BENEFICIARY DESIGNATION (Continued)**Owner's Beneficiary** *(The Owner's Beneficiary takes control of the contract if the Owner dies.)*

Name		Social Security Number/TIN		
Address		City	State	Zip Code
Phone Number	Date of Birth	Relationship to Annuitant		

NOTE: If more than one Beneficiary is to be designated, please attach a separate sheet providing National Integrity with complete information on each beneficiary.

SPOUSAL CONSENT

SPOUSAL CONSENT – Required for contracts where owner resides in AZ, CA, ID, LA, NM NV, TX, WA or WI, if the spouse is not named as the sole primary beneficiary on the contract.

If you are married and have designated any primary beneficiary (ies) other than your spouse, your spouse must consent by signing below. Please consult your tax advisor about the implications of this beneficiary designation.

I certify that I am the spouse of the named contract owner, and consent to my spouse designating the person(s) listed on previous pages as beneficiaries. I understand and acknowledge that as a result of this consent, I will not receive any benefits payable under this contract.

Spouse's Name (printed)	Spouse's Signature	Date
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NOTICE OF WITHHOLDING OF INCOME TAX

Federal tax law requires National Integrity to withhold federal income tax from the taxable portion of your annuity unless you elect not to have withholding apply. Withholding will be done on the same basis as wage withholding. Unless you request otherwise on the form below, National Integrity will be required to withhold on the basis that you are married claiming three exemptions.

Federal law also requires that you provide us with your correct Taxpayer Identification Number(s) (TINs). If you fail to provide us with your correct TIN, usually a Social Security number, National Integrity will be required to withhold on the basis that you are single claiming no exemptions.

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

If you DO NOT want taxes withheld, check Box A. Make sure that the correct TINs have been entered in either Section 1 or 2, and that you have completed the certification statements below. If you want taxes withheld, check Box B. Check Box C for additional amounts to be withheld in addition to the withholding based on the withholding allowances specified under B.

Your election will remain in effect until you file a new election and you may make or revoke an election as often as you wish. Any completed election or revocation will take effect within 30 days of the date National Integrity receives it.

If you elect NOT to have taxes withheld, or if the amount of federal tax withheld is not enough, 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.

- A.** I DO NOT want federal income tax (or state income tax, if applicable) withheld from my periodic payments. (DO NOT complete Lines B or C.)
- B.** I want federal income tax (and any applicable state income tax) withheld on the following basis. (You may also designate a additional amount of federal withholding on Line C.)
 Marital Status: Married Single
 Number of withholding allowances: _____
- C.** I want \$_____ or _____% of federal income tax withheld from each periodic payment.

CERTIFICATION

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number, **and** (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 U.S. 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.

Signature of Owner	Date	Signature of Joint Owner	Date
Social Security Number or Employer Identification Number		Social Security Number or Employer Identification Number	

PAYMENT INSTRUCTIONS

Checks are to be made payable to:

Name (First, Middle Last)	Date of Birth	Social Security Number/TIN	
Address	City	State	Zip Code
Phone Number			

If the Payee is OTHER THAN the Owner of the contract, please complete the Owner information below:

Owner's Name (First, Middle Last)	Social Security Number/TIN		
Address	City	State	Zip Code
Phone Number	Date of Birth		

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 (We) authorize National Integrity Life Insurance Company to credit my (our) account for any future annuity benefits at the above named financial institution. This agreement will remain active until written notification is received and in such a time as to afford the company reasonable opportunity to act on my (our) request.

I (We) authorize the financial institution to debit my (our) account and to refund any overpayments by the company.

Signature of Owner

Date

Signature of Joint Owner (if applicable)

Date

If your financial institution changes, notify National Integrity as soon as possible.

REPRESENTATIVE INFORMATION *(if applicable)*

Name

Phone Number

Identification Number

Firm Name

Branch Address

City

State

Zip Code