



Election of Annuitization

YOUR PAYMENT AMOUNT WILL BE DETERMINED BY THE ANNUITY RATES IN EFFECT ON THE DATE YOUR FIRST PAYMENT IS DUE.

I wish to request a full annuitization (return of the deferred contract must accompany this request).

CONTRACT INFORMATION

ANNUITANT'S NAME (First, Middle, Last) CONTRACT NUMBER

PHYSICAL ADDRESS Line 1 (No P.O. Boxes) Line 2

CITY STATE ZIP TELEPHONE NUMBER (include area code)

SOCIAL SECURITY NUMBER / TIN Check if TIN DATE OF BIRTH (MM/DD/YYYY) GENDER Male Female

PAYMENT INFORMATION

PAYMENT FREQUENCY Annual Semiannual Quarterly Monthly

PAYMENT START DATE DATE (MM/DD/YYYY) (Start date must be within 30 days of signature. If no box is checked, an immediate payment start date will be used.)

CHOOSE ONE OF THE OPTIONS BELOW:

- 1. Installment Option - Fixed Period Certain
2. Annuity Options - Income Payable for Life (Choose One)
Life Annuity Life Annuity Installment - Refund Certain
Life Period Certain Life 10-Year Certain Joint & Survivor Life Income
Life 20-Year Certain Life 10-Year Certain
Life Refund Certain

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.

Pages 2 through 6 must be completed concerning withholding of income tax and payment instructions before your request can be completed.



JOINT ANNUITANT INFORMATION

JOINT ANNUITANT'S NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER / TIN

Check if TIN

PHYSICAL ADDRESS Line 1 (No P.O. Boxes)

Line 2

CITY

STATE

ZIP

TELEPHONE NUMBER (include area code)

DATE OF BIRTH (MM/DD/YYYY)

GENDER

Male Female

BENEFICIARY DESIGNATION

Annuitant's Beneficiary *(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.)*

ANNUITANT'S BENEFICIARY NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER / TIN

Check if TIN

PHYSICAL ADDRESS Line 1 (No P.O. Boxes)

Line 2

CITY

STATE

ZIP

TELEPHONE NUMBER (include area code)

DATE OF BIRTH (MM/DD/YYYY)

RELATIONSHIP TO ANNUITANT

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

OWNER'S BENEFICIARY NAME (First, Middle, Last)

SOCIAL SECURITY NUMBER / TIN

Check if TIN

PHYSICAL ADDRESS Line 1 (No P.O. Boxes)

Line 2

CITY

STATE

ZIP

TELEPHONE NUMBER (include area code)

DATE OF BIRTH (MM/DD/YYYY)

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.

Print Name _____
SPOUSE

Sign Here _____ Date _____
SIGNATURE OF SPOUSE

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.

REQUIRED: RECOMMENDATION OF ANNUITIZATION

Did an insurance agent recommend that you annuitize your annuity contract? Yes No

If yes, the agent must complete the Agent Certification of Compliance.



AGENT CERTIFICATION OF COMPLIANCE

Did you recommend the client annuitize their contract? Yes No

The recommendation of annuitization is a sales transaction, which requires full compliance with New York Regulation 187.

- In recommending this sales transaction, I acted in the best interest of the Consumer.
 - This sales transaction is based on my evaluation of the relevant suitability information of the Consumer.
 - I acted with the care, skill, prudence and diligence that a prudent person acting in a like capacity and familiar with such matters would use under the prevailing circumstances.
 - I only considered the interests of the Consumer when making the recommendation. The amount of compensation (including any incentive compensation) that I received or will receive related to this sales transaction did not influence my recommendation.
 - I believe the Consumer will benefit from the recommended transaction and that the Consumer has the financial ability to meet the financial commitments under the policy.
- I have informed the Consumer about various features of the policy and potential consequences of the sales transaction, both favorable and unfavorable, as applicable, but not limited to:
 - Guaranteed interest rate
 - Availability of cash value
 - Surrender period and surrender charges
 - Product restrictions
 - Non-guaranteed elements
 - Potential charges for and features of riders
 - Index features
 - Limitations on interest returns
 - Potential tax implications associated with various transactions
- I have disclosed to the Consumer in a summary format all relevant suitability considerations and product information, both favorable and unfavorable, that provide the basis for this recommendation.
- I have documented the basis for this recommendation and the facts and analysis to support this recommendation.
- I have adequate knowledge to make this recommendation.
- I have provided the Consumer with the required compensation disclosures.
- I agree to maintain and make available upon request to the insurer or the Department of Financial Services, records of the information collected, disclosures made, documentation regarding the basis of this recommendation, and any additional analysis forms and other information used in connection with this annuity contract recommendation.

As evidenced by my signature below, I certify that the foregoing is true.

Print Name _____
AGENT NAME

Sign Here _____
SIGNATURE OF AGENT

Date _____



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.

Print Name _____ OWNER NAME
SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER

Sign Here _____ Date _____
SIGNATURE OF OWNER

Print Name _____ JOINT OWNER NAME
SOCIAL SECURITY NUMBER OR EMPLOYER IDENTIFICATION NUMBER

Sign Here _____ Date _____
SIGNATURE OF JOINT OWNER

PAYMENT INSTRUCTIONS

Checks are to be made payable to:

NAME (First, Middle, Last) _____ DATE OF BIRTH (MM/DD/YYYY) _____

SOCIAL SECURITY NUMBER / TIN _____ Check if TIN TELEPHONE NUMBER (include area code) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

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

OWNER NAME (First, Middle, Last) _____ DATE OF BIRTH (MM/DD/YYYY) _____

SOCIAL SECURITY NUMBER / TIN _____ Check if TIN TELEPHONE NUMBER (include area code) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____



AUTHORIZATION FOR DIRECT DEPOSIT

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 with the information requested below.)

FINANCIAL INSTITUTION NAME

FINANCIAL INSTITUTION PHONE NUMBER

ABA ROUTING NUMBER

ACCOUNT NUMBER

OTHER ACCOUNT NUMBER (if applicable)

NAME OF ACCOUNT OWNER

FINANCIAL INSTITUTION ADDRESS

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.

Print Name _____
OWNER NAME

Sign Here _____
SIGNATURE OF OWNER

Date _____

Print Name _____
JOINT OWNER NAME

Sign Here _____
SIGNATURE OF JOINT OWNER

Date _____

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

REPRESENTATIVE INFORMATION (if applicable)

NAME (First, Middle, Last)

IDENTIFICATION NUMBER

BRANCH ADDRESS

CITY

STATE

ZIP

FIRM NAME

TELEPHONE NUMBER (include area code)

