



Election of Annuitization

CONTRACT INFORMATION

OWNER NAME (First, Middle, Last)

[Text input field for Owner Name]

SOCIAL SECURITY NUMBER / TIN

[Text input field for Social Security Number / TIN]

Check if TIN

[Check box for TIN]

ADDRESS

[Text input field for Address]

CITY

[Text input field for City]

STATE

[Text input field for State]

ZIP

[Text input field for ZIP]

TELEPHONE NUMBER (include area code)

[Text input field for Telephone Number]

DATE OF BIRTH (MM/DD/YYYY)

[Text input field for Date of Birth]

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

[Text input field for Joint Owner Name]

SOCIAL SECURITY NUMBER / TIN

[Text input field for Social Security Number / TIN]

ANNUITANT'S NAME (First, Middle, Last)

[Text input field for Annuitant's Name]

CONTRACT NUMBER

[Text input field for Contract Number]

ANNUITIZATION TYPE - Choose one option

[ ] Full Annuity Option

The entire value of your contract is applied to the full annuity option you select. Your Account Value is converted into a stream of income payments and the contract will no longer allow for withdrawals, surrenders, exchanges or transfers. A withdrawal charge or Market Value Adjustment (MVA) may be applicable. This option is permanent, irrevocable and the terms of the payout cannot be changed.

[ ] I request a Partial Annuity Option in the amount of \$ \_\_\_\_\_.

The amount listed above is applied to the partial annuity option you select. The amount applied to the option must meet minimum requirements and the remaining Account Value must be greater than the Minimum Account Value stated in the contract. The Partial Annuity Option may not be available for all products, please see your contract for details.

INCOME OPTIONS - Choose one option

Single Annuitant Option

[ ] Period Certain Only<sup>1,2</sup> (5-30 years) \_\_\_\_\_ Years \_\_\_\_\_ Months

Single and Joint Annuitant Options

For life contingent options, verification of each Annuitant's age is required. Acceptable documents include a copy of a driver's license or birth certificate. If a Joint Annuitant is named on this form, then the Income Option chosen will be a Joint Life Option.

[ ] Life Only<sup>3</sup>

[ ] Life with Period Certain<sup>1,2</sup> (5-30 years) \_\_\_\_\_ Years \_\_\_\_\_ Months

[ ] Life with Installment Refund (Smart Select Only)

[ ] Life with Cash Refund (Smart Select Only)

<sup>1</sup> See SECURE Act disclosure.  
<sup>2</sup> All years may not be available.  
<sup>3</sup> Pays an income until the death of the (last) Annuitant when the contract terminates and no further payments will be made regardless of the amount received.



**INCOME PAYMENT FREQUENCY – Choose one option**

**PAYMENT FREQUENCY**

Annual    Semiannual    Quarterly    Monthly

**PAYMENT START DATE**

Immediately    Alternate 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.)

**JOINT ANNUITANT INFORMATION – Only complete for Joint Life Income Options**

A Joint Annuitant is NOT a Joint Owner.

**NAME (First, Middle, Last)**

**SOCIAL SECURITY NUMBER**

**DATE OF BIRTH (MM/DD/YYYY)**

**GENDER**

Male    Female

**TELEPHONE NUMBER (include area code)**

**RELATIONSHIP TO ANNUITANT**

**ADDRESS Line 1**

**Line 2**

**CITY**

**STATE**

**ZIP**

**BENEFICIARY INFORMATION**

**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.

**NAME (First, Middle, Last)**

**SOCIAL SECURITY NUMBER / TIN**

Check if TIN

**DATE OF BIRTH (MM/DD/YYYY)**

**GENDER**

Male    Female

**TELEPHONE NUMBER (include area code)**

**E-MAIL ADDRESS**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

**RELATIONSHIP TO ANNUITANT**

**BENEFICIARY TYPE**

Primary    Contingent

**PERCENTAGE**

 %

**BENEFICIARY INFORMATION – Continued**

**NAME (First, Middle, Last)**

**SOCIAL SECURITY NUMBER / TIN**

Check if TIN

**DATE OF BIRTH (MM/DD/YYYY)**

**GENDER**

Male

Female

**TELEPHONE NUMBER (include area code)**

**E-MAIL ADDRESS**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

**RELATIONSHIP TO ANNUITANT**

**BENEFICIARY TYPE**

Primary

Contingent

**PERCENTAGE**

 %

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

**NAME (First, Middle, Last)**

**SOCIAL SECURITY NUMBER / TIN**

Check if TIN

**DATE OF BIRTH (MM/DD/YYYY)**

**GENDER**

Male

Female

**TELEPHONE NUMBER (include area code)**

**E-MAIL ADDRESS**

**ADDRESS**

**CITY**

**STATE**

**ZIP**

**RELATIONSHIP TO ANNUITANT**

**BENEFICIARY TYPE**

Primary

Contingent

**PERCENTAGE**

 %

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



## AUTHORIZATION FOR DIRECT DEPOSIT

Please check one option, and complete the information below:

- Checking Account** (You **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.)

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

### FINANCIAL INSTITUTION ADDRESS

### FINANCIAL INSTITUTION 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 the contract owner



## INCOME TAX WITHHOLDING (Complete for all requests)

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, National Integrity will withhold taxes as if your filing status is single with no adjustments.** 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, National 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 AZ and MI residents, National Integrity will withhold at the state's standard rate unless you elect otherwise using form A-4P or MI W-P, respectively. 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, National 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 National Integrity to:

### **Federal**

- Withhold as single with no adjustment
- NOT to withhold federal income taxes
- Withhold based on the elections noted in Form W-4P (See IRS website 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: \_\_\_\_\_ % rate or \$ \_\_\_\_\_ amount



**REPRESENTATIVE INFORMATION (if applicable)**

**NAME (First, Middle, Last)**

**IDENTIFICATION NUMBER**

**BRANCH ADDRESS**

**CITY**

**STATE**

**ZIP**

**FIRM NAME**

**TELEPHONE NUMBER (include area code)**

**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	• Product restrictions	• Index features
• Availability of cash value	• Non-guaranteed elements	• Limitations on interest returns
• Surrender period and surrender charges	• Potential charges for and features of riders	• 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 \_\_\_\_\_



**SECURE ACT DISCLOSURE**

The SECURE Act eliminates “stretch IRAs” by requiring that all distributions to a designated beneficiary be made by the end of the 10<sup>th</sup> calendar year following the year in which the IRA owner dies (except if such beneficiary is a surviving spouse, disabled, chronically ill, a minor child not more than 10 years younger than the IRA owner). Therefore, any period certain payout that would extend beyond the 10<sup>th</sup> calendar year following the last. annuitant’s death will be commuted at the end of that 10-year period.

**SPOUSAL CONSENT (if applicable)**

**SPOUSAL CONSENT – For contracts where owner resides or has resided in AZ, CA, ID, LA, NM, NV, TX, WA and 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 may need to consent to a non-spouse being designated as beneficiary for any portion of its benefits. You may obtain such consent by having your spouse sign below. **The company is not liable for any consequence resulting from your failure to obtain proper consent.**

I have reviewed this beneficiary designation and, as spouse of the policy owner, I consent to it and waive any rights I may have to the policy proceeds to the extent of this designation. This consent supersedes any prior spousal consent regarding the policy.

Print Name \_\_\_\_\_  
SPOUSE

Sign Here \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE OF SPOUSE

**CERTIFICATIONS AND AGREEMENTS**

**Under penalties of perjury**, I certify that: (1) the number shown on this form is my correct tax payer 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.**

I understand 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 **National Integrity does not provide tax advice.**

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

**I understand and agree to the above terms and conditions on this Annuitization Request Form as a part of my transaction request.**

Print Name \_\_\_\_\_  
OWNER

Sign Here \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE OF OWNER

Print Name \_\_\_\_\_  
JOINT OWNER

Sign Here \_\_\_\_\_ Date \_\_\_\_\_  
SIGNATURE OF JOINT OWNER – IF APPLICABLE

