



Non-Financial Service Request Form

REQUEST INFORMATION

To make the following request..... Please complete
Change Address..... Sections 1, 2, and 7
Change Name..... Sections 1, 3, and 7
Change Beneficiary..... Sections 1, 4, 5, and 7

SECTION 1: IDENTIFYING INFORMATION

CONTRACT NUMBER(S)

[Text input field for Contract Number(s)]

OWNER'S NAME (First, Middle, Last)

[Text input field for Owner's Name]

OWNER'S SOCIAL SECURITY NUMBER / TIN Check if TIN

[Text input field for Owner's Social Security Number]

[Check box for TIN]

OWNER'S PHONE NUMBER (include area code)

[Text input field for Owner's Phone Number]

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

[Text input field for Joint Owner's Name]

JOINT OWNER'S SOCIAL SECURITY NUMBER / TIN

[Text input field for Joint Owner's Social Security Number]

ANNUITANT'S NAME (First, Middle, Last)

[Text input field for Annuitant's Name]

ANNUITANT'S SOCIAL SECURITY NUMBER / TIN

[Text input field for Annuitant's Social Security Number]

PAYEE'S NAME (First, Middle, Last)

[Text input field for Payee's Name]

PAYEE'S SOCIAL SECURITY NUMBER / TIN

[Text input field for Payee's Social Security Number]

SECTION 2: CHANGE OF ADDRESS

For: [] Owner [] Annuitant [] Assignee [] Payee

NAME (First, Middle, Last)

[Text input field for Name]

EMAIL ADDRESS

[Text input field for Email Address]

ADDRESS

[Text input field for Address]

CITY

[Text input field for City]

STATE

[Text input field for State]

ZIP

[Text input field for ZIP]

DAYTIME TELEPHONE NUMBER (include area code)

[Text input field for Daytime Telephone Number]

EVENING TELEPHONE NUMBER (include area code)

[Text input field for Evening Telephone Number]

SECTION 3: NAME CHANGE OR CORRECTION

For: [] Owner [] Owner's Beneficiary [] Annuitant [] Annuitant's Beneficiary [] Payee [] Assignee

FROM

[Text input field for Name Change From]

TO

[Text input field for Name Change To]

SOCIAL SECURITY NUMBER / TIN

[Text input field for Social Security Number]

NOTE: Please note that court documents evidencing the change should accompany this form.



SECTION 4: CHANGE OF BENEFICIARY

Before changing the beneficiary, please understand your contract terms. Please see your contract for further details.

To Change the Annuitant's Beneficiary: Unless otherwise indicated, all named beneficiaries will be considered primary beneficiaries.

(The annuitant's beneficiary receives the death benefit in the contract upon the annuitant's death.) The following designations of beneficiaries are made, subject to the provisions of the contract, and subject to the rights of any assignee of record. Please note for any contract owned by a trust or entity that trust or entity must remain the beneficiary of the contract.

NAME (First, Middle, Last)

RELATIONSHIP

SOCIAL SECURITY NUMBER / TIN Check if TIN **DATE OF BIRTH (MM/DD/YYYY)**

BENEFICIARY TYPE

Primary Contingent

TELEPHONE NUMBER (include area code)

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

NAME (First, Middle, Last)

RELATIONSHIP

SOCIAL SECURITY NUMBER / TIN Check if TIN **DATE OF BIRTH (MM/DD/YYYY)**

BENEFICIARY TYPE

Primary Contingent

TELEPHONE NUMBER (include area code)

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

NAME (First, Middle, Last)

RELATIONSHIP

SOCIAL SECURITY NUMBER / TIN Check if TIN **DATE OF BIRTH (MM/DD/YYYY)**

BENEFICIARY TYPE

Primary Contingent

TELEPHONE NUMBER (include area code)

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP



SECTION 4: CHANGE OF BENEFICIARY - Continued

If more beneficiaries are named, please submit a separate written request. Please include the names of the beneficiaries, their address, Social Security Numbers, relationship to the owner or annuitant and their date of birth. The owner must sign and date the separate request.

To Change the Owner's Beneficiary: Unless otherwise indicated, all named beneficiaries will be considered primary beneficiaries. Refer to your contract for more information regarding settlement options.

(The owner's beneficiary takes control of the contract upon the owner's death and may be required to take a payout based on the contract's provisions. Please complete this section in the event that the owner and annuitant are different on the contract.) The following designations of beneficiaries are made, subject to the provisions of the contract, and subject to the rights of any assignee of record. Please note for any contract owned by a trust or entity that trust or entity must remain the beneficiary of the contract.

NAME (First, Middle, Last)		RELATIONSHIP	
<input type="text"/>		<input type="text"/>	
SOCIAL SECURITY NUMBER / TIN	<u>Check if TIN</u>	DATE OF BIRTH (MM/DD/YYYY)	BENEFICIARY TYPE
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
TELEPHONE NUMBER (include area code)	EMAIL ADDRESS		
<input type="text"/>	<input type="text"/>		
ADDRESS	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME (First, Middle, Last)		RELATIONSHIP	
<input type="text"/>		<input type="text"/>	
SOCIAL SECURITY NUMBER / TIN	<u>Check if TIN</u>	DATE OF BIRTH (MM/DD/YYYY)	BENEFICIARY TYPE
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
TELEPHONE NUMBER (include area code)	EMAIL ADDRESS		
<input type="text"/>	<input type="text"/>		
ADDRESS	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



SECTION 4: CHANGE OF BENEFICIARY - Continued

NAME (First, Middle, Last)

RELATIONSHIP

SOCIAL SECURITY NUMBER / TIN

Check if TIN

DATE OF BIRTH (MM/DD/YYYY)

BENEFICIARY TYPE

Primary

Contingent

TELEPHONE NUMBER (include area code)

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

If more beneficiaries are named, please submit a separate written request. Please include the names of the beneficiaries, their address, Social Security Numbers, relationship to the owner or annuitant and their date of birth. The owner must sign and date the separate request.

SECTION 5: SPOUSAL CONSENT (if applicable)

SPOUSAL CONSENT - Spousal consent is required if changing beneficiary on a contract subject to ERISA's spousal consent requirements to a person other than a spouse (if married). Spousal consent is also required for contracts where the owner resides or has resided in AZ, CA, ID, LA, NM, NV, TX, WA or WI, unless the spouse is named as an annuitant, owner, or 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 consequences 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

SECTION 6: IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW CONTRACT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens a contract.

What this means for you: When you open a contract, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may ask to see your driver's license or other identifying documents.



SECTION 7: CERTIFICATION AND AUTHORIZATION

I/We certify that the information provided is accurate to the best of my/our knowledge and that I/we authorize National Integrity Life Insurance Company to act in accordance with the elections indicated on this form.

Print Name _____
OWNER

Sign Here _____
SIGNATURE OF OWNER

Date _____

Print Name _____
JOINT OWNER (if applicable)

Sign Here _____
SIGNATURE OF JOINT OWNER (if applicable)

Date _____

