



National Integrity Life Insurance Company

A member of Western & Southern Financial Group

Return completed form to:
National Integrity Life Insurance Company
P.O. Box 5720
Cincinnati, OH 45201-5720
For assistance, call 800.433.1778
Fax Number 888.220.2677
WSFinancialPartners.com

Ownership Change Request Form

IDENTIFYING INFORMATION

ANNUITANT NAME (First, Middle, Last)

CONTRACT NUMBER

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

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER / TIN Check if TIN

ADDRESS

CITY

STATE

ZIP

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

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER / TIN Check if TIN

Address: Same as Owner's

ADDRESS

CITY

STATE

ZIP

OWNERSHIP CHANGE

Before naming a new owner, please review your contract terms. The owner controls the contract. The annuitant is the individual whose life serves as the measuring life for purposes of determining benefits to be paid out under the contract. If the owner and annuitant are different, different rules apply at the death of the owner. Ownership changes between individuals are generally taxable (except between spouses). If the ownership change is taxable based on the Internal Revenue Code section 72(e), we will follow those guidelines set forth. If new owner is a trust, please **DO NOT send us the entire trust document. Please only send in the page listing the name of the trust, the page listing the trustees, and the signature page.** To process the ownership change, we need (1) the Entity Owner Certificate form, (2) the IRS Tax ID# for the trust unless the trust is revocable or a grantor-type trust, and (3) the Change the Beneficiary section below completed to name the same trust as beneficiary. Unless otherwise required or designated in this form (e.g., if the trust is being made owner by this change), any existing beneficiary designation will remain in effect, notwithstanding the ownership change.

With respect to any trust designated as beneficiary, National Integrity Life Insurance Company ("Company") shall neither be obligated to inquire into the terms of the trust, nor shall Company be chargeable with knowledge of the terms of the trust, and Company will be fully discharged from all liability after payment of the death benefit proceeds under the contract to the trustee.



OWNERSHIP CHANGE - Continued

A. As Contract Owner, I request to (Select one of the following):

- Change the owner
- Add or Change the joint owner
- Remove the joint owner
- From Qualified Plan Direct Rollover to: Traditional IRA Roth IRA
- From Qualified Plan Designate a participant owner of a nontransferable qualified plan distributed annuity

B. Ownership changes involving a trust may be subject to income taxation. Select one of the following:

- I certify that this ownership change involving a trust does not meet the criteria set forth in Internal Revenue Code Section 72(e). I understand that any gain in the contract will be reported to the Internal Revenue Service as taxable.
- I certify that this ownership change involving a trust between myself as an individual and the trust is not a taxable change of ownership under Internal Revenue Code section 72(e).

If neither box is checked, we will treat this as a taxable change of ownership, and any gain in the contract will be reported to the Internal Revenue Service as taxable. (We recommend you consult with your tax advisor if you have any questions regarding which box to check.)

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

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER / TIN

Check if TIN

ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO CURRENT OWNER

PHONE NUMBER (include area code)

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

DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER / TIN

Check if TIN

Address: Same as Owner's

ADDRESS

CITY

STATE

ZIP

RELATIONSHIP TO CURRENT OWNER

PHONE NUMBER (include area code)

In the event of a previous owner's death, a certified death certificate must be submitted along with this form prior to the change being completed. If this ownership request is to be signed by an attorney-in-fact, guardian, or other representative, be sure to enclose a copy of the power of attorney document, letters of office, or other documents demonstrating the representative's right to act on behalf of the represented person with this request.



CHANGE THE BENEFICIARY (Before changing the beneficiary, please understand your contract terms.)

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

(The Annuitant's beneficiary receives the death benefit in the contracts 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 not for any contract owned by a trust or entity that trust or entity must remain the beneficiary of the contract.

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

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

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



CHANGE THE BENEFICIARY (Before changing the beneficiary, please understand your contract terms.) - **Continued**

To Change the Beneficiary (Owner's Beneficiary for Owner-Driven Contracts):

Unless otherwise indicated, all named beneficiaries will be considered primary beneficiaries. Refer to your contract for more information regarding income 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)		DATE OF BIRTH (MM/DD/YYYY)	
<input type="text"/>		<input type="text"/>	
SOCIAL SECURITY NUMBER / TIN	<u>Check if TIN</u>	EMAIL ADDRESS	
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	
ADDRESS	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
RELATIONSHIP TO OWNER	PHONE NUMBER (include area code)	BENEFICIARY TYPE	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

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

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

If additional beneficiaries are to be named please submit a separate written request and provide the required information same as above. The new owner of the contract must sign and date the separate request.



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 required for contracts where the owner resides or has resided 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 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 contract owner, I consent to it and waive any rights I may have to the contract proceeds to the extent of this designation. This consent supersedes any prior spousal consent regarding the contract.

Print Name _____
SPOUSE

Sign Here _____ Date _____
SIGNATURE OF SPOUSE



CERTIFICATION AND AUTHORIZATION

I certify that the information provided is accurate and authorize National Integrity Life Insurance Company to act in accordance with the elections indicated on this form.

Check the box if you are NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code.

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

Print Name _____
NEW OWNER

Sign Here _____
SIGNATURE OF NEW OWNER

Date _____

Print Name _____
NEW JOINT OWNER - *IF APPLICABLE*

Sign Here _____
SIGNATURE OF NEW JOINT OWNER - *IF APPLICABLE*

Date _____

Print Name _____
PRIOR OWNER

Sign Here _____
SIGNATURE OF PRIOR OWNER

Date _____

Print Name _____
PRIOR JOINT OWNER - *IF APPLICABLE*

Sign Here _____
SIGNATURE OF PRIOR JOINT OWNER - *IF APPLICABLE*

Date _____

