



Partial Withdrawal/Policy Loan Request

OWNER INFORMATION		
Owner's Name	Joint Owner's Name (if applicable)	Policy/Contract Number

Effective as of the date your request for withdrawal/loan is processed by National Integrity Life Insurance Company (National Integrity), the death benefit, surrender value and account value, if applicable, will be reduced by the amount requested plus any applicable withdrawal or expense charges. If you own a variable annuity, any enhanced death benefit will be reduced by the percentage your withdrawal (including any withdrawal charges) bears to your account value.

IMPORTANT: Refer to your contract and/or prospectus for restrictions and specific information about withdrawals/loans. If you have one of the Living Benefit Riders known as the Guaranteed Minimum Withdrawal Benefit, Guaranteed Lifetime Withdrawal Benefit, Guaranteed Lifetime Income Advantage or Guaranteed Lifetime Income Advantage Plus Riders, any nonguaranteed withdrawal can have a significant negative effect on your benefits.

WITHDRAWAL OPTIONS	
<p>1. Annuity Contracts—ONLY</p> <p><input type="checkbox"/> I request a partial withdrawal of \$ _____.</p> <p><input type="checkbox"/> I request a partial withdrawal of my annual free amount available without surrender charges.</p> <p><input type="checkbox"/> I request an IRS required minimum distribution withdrawal in the amount of \$ _____.</p> <p><input type="checkbox"/> I request a partial withdrawal of my Lifetime Payout Amount (only available on contracts with a Living Benefit Rider).</p>	<p>2. Single Premium Endowments—ONLY</p> <p><input type="checkbox"/> I request the accrued interest only.</p> <p><input type="checkbox"/> I request a loan in the amount of \$ _____.</p> <p><input type="checkbox"/> I request the maximum loan available on my contract.</p>

3. Withdrawals will be taken pro-rata from all funds unless you specify below. You may choose how much of your withdrawal is to come from each fund. If the dollar or percentage amount requested from a fund is not available on the transaction date, then the entire partial withdrawal request will not process. *Refer to your contract and/or prospectus for restrictions and specific information pertaining to withdrawals/loans.*

\$ _____ or _____ % from the _____ fund

\$ _____ or _____ % from the _____ fund

\$ _____ or _____ % from the _____ fund

\$ _____ or _____ % from the _____ fund

\$ _____ or _____ % from the _____ fund

EXCESS WITHDRAWALS AND LIVING BENEFIT RIDERS: A CAUTION

Withdrawals in excess of the guaranteed withdrawal amount, called "excess withdrawals", will result in a permanent reduction in future guaranteed withdrawal amounts. If you would like to make an excess withdrawal and are uncertain how an excess withdrawal will reduce your future guaranteed withdrawal amounts, then you may contact us prior to requesting the withdrawal to obtain a personalized transaction-specific calculation of the effect of the excess withdrawal. Withdrawals must be taken pro-rata from all Investment Options.

CONTRACTS WITH THE GUARANTEED RETURN PLUS RIDER

Withdrawals must be taken pro-rata from your Investment Options including your Guaranteed Return Plus Investment Option, and will reduce the guaranteed minimum value associated with your contribution to the Guaranteed Return Plus Investment Option by the percentage the withdrawal bears to your account value.



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.)

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

Address

Phone Number

Name of Account Owner

Other Account Number (if applicable)

Financial Institution Representative Name (printed)

Financial Institution Representative Signature

I authorize National Integrity to credit my account with any future withdrawals or payments at the above named financial institution. This agreement will remain active until you receive written notification and have reasonable time to act on the notification. I authorize the financial institution to debit my account and to refund any overpayments by National Integrity.

If there are any changes to this information, please notify National Integrity as soon as possible.

INCOME TAX WITHHOLDING

Federal tax law states that the taxable portion of withdrawals is subject to 10% income tax withholding, although you may elect to have it withheld at a different percentage rate or elect no withholding. **Unless you request otherwise on the form below, National Integrity will be required to withhold 10% federal income tax.** 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 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

- To withhold the standard rate for federal income taxes
- NOT to withhold federal income taxes
- To withhold taxes as follows: _____% rate (see IRS Form W-4R and Marginal Rate Table for more information)

State (Certain states require additional information as noted above)

- Withhold based on the state's standard rate
- NOT to withhold state income taxes
- To withhold taxes as follows: _____% or \$ _____ amount



CERTIFICATION

Under penalties of perjury, I certify that (1) the number shown on this form is my (our) correct tax identification number(s), (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 US 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 amounts withdrawn from a non tax-qualified annuity contract are first treated as taxable income to the extent of any gain and all amounts withdrawn from a tax-qualified annuity contract are treated as taxable income. If I am under age 59½, 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 understand that a withdrawal charge and/or a market value adjustment may apply if the amount withdrawn is greater than any free withdrawal amount. All interest rates are declared at an annual effective rate, taking into account daily compounding of interest. I understand that withdrawals or transfers during the guarantee period will dilute the benefit of daily compounding and thus lower the effective annual interest rate.

I understand and agree to the terms and conditions of this request.

<input type="checkbox"/> Check if this is an address change	Social Security Number/TIN		
Address	City	State	Zip Code
Signature of Owner		Date	
Signature of Joint Owner (if applicable)		Date	

Note to Owners who are legal entities: We must have a completed Entity Ownership Certificate on file to support this request.

CUSTODIAL OWNED ACCOUNTS ONLY

Signature		Date
Printed Name	Title (Custodial Officer Title)	
Signature Guarantee Stamp		Stamp Here

