



National Integrity Life Insurance Company

A member of Western & Southern Financial Group

Request for Policy Service

Dept. 1600

COX	CONTRACT NUMBER	NAME OF INSURED	
OWNER'S NAME			OWNER'S DATE OF BIRTH
OWNER'S (Area Code) TELEPHONE NO.	OWNER'S ADDRESS (No., Street, City, State, Zip Code)		OWNER'S (SSN)

A. Beneficiary Designation **B.** Name Change **C.** Duplicate Contract

A. BENEFICIARY DESIGNATION - Completion of this form revokes all prior designations for all Classes; therefore, all Classes need to be re-designated. For the purpose of establishing priority, Class I is higher than Class II, and Class II is higher than Class III. **Child Beneficiaries:** You may designate children individually or as a group (e.g. "children of the insured"). We recommend designating children individually unless you intend to include later born or adopted children. If you designate a group, all natural and legally adopted children in the group who are living when payment is due will be beneficiaries even if you list individual children beneath the group designation. By designating a group, you understand and agree that the Company will be relieved of liability if it pays a claim in good faith reliance on an affidavit or other written evidence satisfactory to the Company identifying unnamed members of the group. **The SSN and Date of Birth are not required for a group designation.** However, if provided, it will help locate your beneficiary quicker when a claim has been presented for processing. The Privacy Policy Notice is available upon request. **PLEASE PRINT CLEARLY.**

Class I (Primary) Beneficiary Designation

NAME	RELATIONSHIP TO INSURED	DATE OF BIRTH
TELEPHONE NUMBER (include area code)	ADDRESS (No., Street, City, State, Zip Code)	(SSN)
NAME	RELATIONSHIP TO INSURED	DATE OF BIRTH
TELEPHONE NUMBER (include area code)	ADDRESS (No., Street, City, State, Zip Code)	(SSN)
NAME	RELATIONSHIP TO INSURED	DATE OF BIRTH
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TELEPHONE NUMBER (include area code)	ADDRESS (No., Street, City, State, Zip Code)	(SSN)
NAME	RELATIONSHIP TO INSURED	DATE OF BIRTH
TELEPHONE NUMBER (include area code)	ADDRESS (No., Street, City, State, Zip Code)	(SSN)

Class II (Contingent) Beneficiary Designation

NAME	RELATIONSHIP TO INSURED	DATE OF BIRTH
TELEPHONE NUMBER (include area code)	ADDRESS (No., Street, City, State, Zip Code)	(SSN)
NAME	RELATIONSHIP TO INSURED	DATE OF BIRTH
TELEPHONE NUMBER (include area code)	ADDRESS (No., Street, City, State, Zip Code)	(SSN)
NAME	RELATIONSHIP TO INSURED	DATE OF BIRTH
TELEPHONE NUMBER (include area code)	ADDRESS (No., Street, City, State, Zip Code)	(SSN)



Class II (Contingent) Beneficiary Designation		Continued
NAME	RELATIONSHIP TO INSURED	DATE OF BIRTH
TELEPHONE NUMBER (include area code)	ADDRESS (No., Street, City, State, Zip Code)	(SSN)

Class III (2nd Contingent) Beneficiary Designation		
NAME	RELATIONSHIP TO INSURED	DATE OF BIRTH
TELEPHONE NUMBER (include area code)	ADDRESS (No., Street, City, State, Zip Code)	(SSN)
NAME	RELATIONSHIP TO INSURED	DATE OF BIRTH
TELEPHONE NUMBER (include area code)	ADDRESS (No., Street, City, State, Zip Code)	(SSN)

When your written request is received and approved by us at our Administrative Office, 400 Broadway, Cincinnati, OH 45202, it will take effect as of the date you signed it. It will not apply to any payment we make or other action we take before the request is approved. A confirmation notice will be provided for the owner's records. Any single sum or installment due upon or after death of the insured will be paid in equal shares, unless otherwise specified, to the beneficiaries in the class highest in the order of priority who are living on the due date of such single sum or installment.

Signed at _____ Date _____ Sign Here _____
CITY, STATE SIGNATURE OF OWNER

Signed at _____ Date _____ Sign Here _____

B. NOTICE OF CHANGE OF NAME (Do Not Submit Contract; sign at bottom)
 (Do not use this form to change ownership to another person.)

The correct name of the Owner Beneficiary Insured

is: _____
Owner Name

_____ Owner Address (No., Street, City, State, Zip Code)

Owner Date of Birth _____ Owner SSN _____ Owner (Area Code) Telephone No. _____

Reason for Change: _____

Substantiate all changes (except those by Marriage, Divorce or Adoption) by attaching a copy of the Court Order or some other authentic record.

C. DUPLICATE CONTRACT

Said contract has not been and is not now assigned nor has it been otherwise transferred or encumbered in any manner whatsoever and no person, firm or corporation has or claims the right to possession of said contract.

Explain how the contract was lost or destroyed. _____

Signed at _____ Date _____ Sign Here _____
CITY, STATE SIGNATURE OF OWNER

