



Ownership Change Request

MAILING INSTRUCTIONS

Send this completed form to:

REGULAR MAIL: Integrity Life Insurance Company, PO Box 5720, Cincinnati, OH 45201-5720

EXPRESS MAIL: Integrity Life Insurance Company, Attn: Annuity Operations, 400 Broadway, Cincinnati, OH 45202-3341

Before naming a new owner, please understand 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. Unless otherwise designated in section 2 of this form, any existing beneficiary designation will remain in effect, notwithstanding the ownership change. You should also be aware that changing the owner of the contract may result in a taxable event. Therefore, we recommend that you consult with your tax advisor prior to making such changes. Please see your contract for further information.

Section 1: Identifying Information

Contract Number: _____

Current Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Annuitant: _____

Select One: Owner New Joint Owner Remove Joint Owner

New Owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Relationship to the Current Owner: _____

In the event that the new owner is a Trust or Corporation, you will need to also complete the Entity Ownership Certificate form and forward it along with the additional requirements that are listed on the form. In the event of a previous owner's demise, 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.

Section 2: Change the Beneficiary

Before changing the beneficiary, please understand your contract terms.

To Change the Annuitant's Beneficiary:

(The annuitant's beneficiary receives the death benefit in the contract upon the annuitant's death)

Name: _____ Primary

Social Security Number: _____

Date of Birth: _____ Contingent

Relationship: _____

Name: _____ Primary

Social Security Number: _____

Date of Birth: _____ Contingent

Relationship: _____

Name: _____ Primary

Social Security Number: _____

Date of Birth: _____ Contingent

Relationship: _____



To Change the Owner's Beneficiary:

(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.)

Name: _____

 Primary

Social Security Number: _____

Date of Birth: _____

 Contingent

Relationship: _____

Name: _____

 Primary

Social Security Number: _____

Date of Birth: _____

 Contingent

Relationship: _____

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.

Section 3: Certification and Authorization

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

- Check 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.

Signature of New Owner_____
Date_____
Signature of New Joint Owner (if applicable)_____
Date_____
Signature of Old Owner_____
Date_____
Signature of Old Joint Owner (if applicable)_____
Date