



Systematic Withdrawal 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

Annuitant

Contract Number

Owner(s)

Owner(s) Social Security Number/TIN

I (We) hereby request and authorize Integrity Life Insurance Company (Integrity) to make systematic withdrawals as follows:

- A set amount of \$ _____, withdrawn on a periodic basis in equal installments. Depending on amount withdrawn, I (we) understand that I (we) could be subject to a withdrawal charge penalty and future guaranteed amounts may be affected.
- Available annual free withdrawal amount. This is determined by the last anniversary value and is withdrawn on a periodic basis in equal installments. I (We) understand that if I (we) do not take any other withdrawals over the contract year, I (we) will not receive a withdrawal charge penalty, regardless of the current contract value.
- A percentage of the account in the amount of _____%. This will be withdrawn on a periodic basis. Systematic withdrawal is a set percentage of the account value, and the amount withdrawn may fluctuate. Depending on amount withdrawn, I (we) understand that I (we) could be subject to a withdrawal charge penalty.
- Interest Earnings, withdrawn on a periodic basis.

GUARANTEED LIFETIME WITHDRAWAL BENEFIT (GLWB) AND GUARANTEED MINIMUM WITHDRAWAL BENEFIT (GMWB) ONLY

Applicable to customers who have elected the optional GLWB rider with the AdvantEdge, AnnuChoice II and Pinnacle V variable annuities or the GMWB rider with the AnnuChoice II and Pinnacle V variable annuities.

- Check one**
- Lifetime Payout Amount (Ages 60 and older for GLWB; 65 and older for GMWB)**
 - Guaranteed Annual Withdrawal Amount (GMWB only)**

This systematic withdrawal is to begin _____ / _____ (month/day). Note that the withdrawal start date cannot be the 29th, 30th or 31st of any month. Systematic withdrawals will continue on the same day of the month at the interval specified below from the investment options then invested at the time of each withdrawal, allocated by values in the investment options. I (We) understand that a withdrawal charge may be applicable if the amount withdrawn is greater than the free withdrawal amount and a market value adjustment may be applicable to withdrawals from guaranteed rate options. All interest rates are declared at an annual effective rate, taking into account daily compounding of interest. Any withdrawals or transfers during the guarantee period will dilute the benefit of daily compounding and thus lower the effective annual interest rate.

Minimum dollar amounts may apply. Refer to the contract and/or prospectus for specific information or call Client Services at 800.325.8583. Please indicate the frequency to be used for the systematic withdrawal option:

- Monthly
- Quarterly
- Semiannually
- Annually

IMPORTANT: PAGE 2 MUST BE COMPLETED CONCERNING WITHHOLDING OF INCOME TAX BEFORE THIS REQUEST CAN BE COMPLETED.

NOTICE OF WITHHOLDING OF INCOME TAX ON WITHDRAWALS OR DISTRIBUTIONS

Federal tax law requires Integrity to withhold federal income tax at a rate of 10% from the taxable portion of any distribution or withdrawal, unless you elect NOT to have withholding apply.

Certain states may also require income tax withholding from the taxable portion of your distribution. In most cases, your federal withholding election would also apply to any state withholding election, although the rate of tax may vary among states. Note that Integrity will perform mandatory withholding if required by state law.

Your election will remain in effect until you file a new election and you may make or revoke an election as often as you wish. Any completed election or revocation will take effect within 30 days of the date Integrity receives it.

If you elect NOT to have tax withheld from a distribution or withdrawal or if the amount of federal income tax withheld is insufficient, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. For this purpose, you may wish to consult your tax advisor.

Federal law also requires that you provide Integrity with your correct tax identification number (TIN) if you elect NOT to have tax withheld from your distribution or withdrawal. (For most taxpayers, their TIN is their Social Security number.) If you fail to provide your TIN, Integrity is required to withhold any taxable payment to you.

Please select one of the following:

- I elect NOT to have taxes withheld.
- I elect to have federal taxes withheld at the 10% rate, and state taxes, if applicable.
- I elect to have federal taxes withheld at a rate of _____ % and state taxes withheld at a rate of _____ %.

AUTHORIZATION FOR DIRECT DEPOSIT

Checking Account (**must** attach voided check) Savings Account (A bank representative **must** provide this information)

Account Number (required, specify only one)	Routing Number		
Financial Institution	Financial Institution Phone Number		
Address	City	State	Zip Code

I (We) authorize Integrity to credit my (our) account with any future annuity benefits at the above named financial institution. This agreement will remain active until written notification is received and in such a time as to afford Integrity reasonable opportunity to act on my (our) request. I (We) authorize the financial institution to debit my (our) account and to refund any overpayments by Integrity.

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

CERTIFICATION

Amounts received prior to the maturity date as withdrawals from a non tax-qualified annuity contract are first treated as taxable income to the extent of any gain. This authorization applies only to the contract number shown above. A separate authorization must be completed for any additional variable annuity contracts. Systematic withdrawals will continue as I (we) elected until the earlier of (1) the date that the value in the investment division(s) would not support an additional withdrawal, (2) the date Integrity receives written instructions from me (us) to cancel the withdrawals or (3) the date Integrity discontinues this withdrawal option.

I (We) understand and agree to the terms and conditions set forth in the program.

Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer 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, **and** (3) I am a U.S. 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.

Please check if this is an address change.

New Address	City	State	Zip Code
Social Security Number OR TIN			
Signature of Owner			Date
Signature of Joint Owner (if any)			Date