

SERFF Tracking Number: WSST-126222162 State: Arkansas  
 Filing Company: Integrity Life Insurance Company State Tracking Number: 43131  
 Company Tracking Number: ENT-01 0901  
 TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
 Product Name: ILIC/Ent SPIA/NL  
 Project Name/Number: ILIC/Ent SPIA/NL/ENT-01 0901

## Filing at a Glance

Company: Integrity Life Insurance Company  
 Product Name: ILIC/Ent SPIA/NL SERFF Tr Num: WSST-126222162 State: Arkansas  
 TOI: A05I Individual Annuities- Immediate Non- Variable SERFF Status: Closed-Accepted State Tr Num: 43131  
 For Informational Purposes  
 Sub-TOI: A05I.000 Annuities - Immediate Non- variable Co Tr Num: ENT-01 0901 State Status: Approved-Closed  
 Filing Type: Form Reviewer(s): Linda Bird  
 Authors: Megan Thomas, Nikki Lape, Ramona Piercefield Disposition Date: 10/06/2009  
 Date Submitted: 08/05/2009 Disposition Status: Accepted For Informational Purposes  
 Implementation Date Requested: On Approval Implementation Date:  
 State Filing Description:

## General Information

Project Name: ILIC/Ent SPIA/NL Status of Filing in Domicile: Authorized  
 Project Number: ENT-01 0901 Date Approved in Domicile: 06/11/2009  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Group Market Size:  
 Overall Rate Impact: Group Market Type:  
 Filing Status Changed: 10/06/2009 Explanation for Other Group Market Type:  
 State Status Changed: 08/10/2009  
 Deemer Date: Created By: Nikki Lape  
 Submitted By: Nikki Lape Corresponding Filing Tracking Number:  
 Filing Description:  
 Re: ENT-01 0901, Single Premium Immediate Annuity  
 ENT-01 0901 SP1, Schedule Page (Joint Life w/ Cash Refund)  
 ENT-01 0901 SP2, Schedule Page (Joint Life w/ Installment Refund)  
 ENT-01 0901 SP3, Schedule Page (Joint Life w/ No Period Certain)  
 ENT-01 0901 SP4, Schedule Page (Joint Life w/ Period Certain)  
 ENT-01 0901 SP5, Schedule Page (Period Certain)

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ENT-01 0901 SP6, Schedule Page (Single Life w/ Cash Refund)  
ENT-01 0901 SP7, Schedule Page (Single Life w/ Installment Refund)  
ENT-01 0901 SP8, Schedule Page (Single Life w/ No Period Certain)  
ENT-01 0901 SP9, Schedule Page (Single Life w/ Period Certain)  
ENT-01 0901 SP10, Schedule Page (Temporary Life)  
ER.01 0901, Commutation Rider (Living Annuitant)  
ER.02 0901, Commutation Rider (Deceased Annuitant)  
IL-77-0045-0808, Application for an Immediate Annuity

Enclosed for your review and approval please find the above-referenced forms. These are new forms which are not intended to replace any existing forms.

#### Marketing Plan:

We intend to market the contract in both the non-qualified and tax qualified markets through various distribution channels, including independent agents, registered investment advisors, and financial institutions. The contract will be sold through both commissioned and non-commissioned distribution channels.

#### Description of Contract (Form ENT-01 0901)

Form ENT-01 0901 is a Single Premium Immediate Annuity Contract. The contract has various payout options available. In addition, the owner can elect an increasing payout option or a reduction on joint and survivor payout options.

#### Description of Schedule Pages (Forms ENT-01 0901 SP1 through ENT-01 0901 SP10)

Each schedule page represents a different payout option that is selected at the time of application. The Schedule Pages contain variable information that may be modified in the future in accordance with the enclosed Statement of Variability.

#### Description of Riders (Forms ER.01 0901 and ER.02 0901)

Form ER.01 0901 allows for commutation while the annuitant is living. The owner of the contract may commute a percentage of the remaining certain payments. After the commutation, the original payment amount will be reduced by the same percentage. When the portion of reduced payments has been paid out, the payment level is restored for subsequent payments as if there had been no commutation. The rider will be automatically included on contracts with life contingencies or with a period certain of at least 10 years.

Form ER.02 0901 allows the owner to commute the remaining period certain payments upon the death of the annuitant for a single individual contract or the last-to-die joint annuitant for a joint contract. The Deceased Annuitant Commutation Rider will be automatically included on all contracts except with payout options that do not provide for

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continued payments after the death of the annuitant (Life Only, Life with Cash Refund, Temporary Life). This rider is also not included if the Income Option includes cash refund options.

These riders will be used with this contract. We reserve the right to use the riders with other existing annuity contracts or any annuity contracts that may be developed in the future.

Application (Form IL-77-0045-0808):

The enclosed application will be used to apply for this contract. The application has been completed in John Doe fashion.

Actuarial Memorandum:

An actuarial memorandum describing this product is enclosed.

Readability:

Flesch readability certifications for the contract, riders and the application are enclosed.

Previously Approved Forms to be Used with Contract:

We intend to use the following previously approved forms.

Form No., Form Name, Approval Date, DOI File #

I.01-05, Self-Employment Endorsement, 06/01/2001, N/A

IE.10 0606, Traditional IRA & SEP Endorsement, 04/10/2006, 32305

IE.11 0606, Roth IRA Endorsement, 04/10/2006, 32305

Statements of Variability:

There are two Statements of Variability included with this filing – one to support the Contracts, Schedule Pages and Riders and one to support the Application.

The Schedule Pages are completed in John Doe fashion. Bracketed material contained in the Contracts and Schedule Pages are variable and subject to change as explained in the statement of variability.

Format:

These forms are submitted in final printed format and are subject to only minor modification in paper size and stock, ink, border, typographical errors, formatting in the form of a booklet, and formatting pages to conform to our printer requirements. No change in language will occur.

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## Company and Contact

### Filing Contact Information

Nikki Lape, Product & State Filing Analyst  
 400 Broadway  
 Cincinnati, OH 45202  
 Nikki.Lape@wslife.com  
 800-446-0795 [Phone] 1523 [Ext]  
 513-357-4123 [FAX]

### Filing Company Information

Integrity Life Insurance Company  
 400 Broadway  
 Cincinnati, OH 45202  
 (800) 446-0795 ext. [Phone]  
 -----  
 CoCode: 74780  
 Group Code: 836  
 Group Name: West-Southern Group  
 FEIN Number: 86-0214103  
 State of Domicile: Ohio  
 Company Type: Life  
 State ID Number:

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? Yes  
 Fee Explanation: A \$50 fee is required for the filing of any policy. Multiple forms relating to a single policy may be filed together for one fee. \$50.00 x 1 policy = \$50.00  
 Per Company: No

| COMPANY                          | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|----------------------------------|---------|----------------|---------------|
| Integrity Life Insurance Company | \$50.00 | 08/05/2009     | 29648296      |

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## Correspondence Summary

### Dispositions

| Status                              | Created By | Created On | Date Submitted |
|-------------------------------------|------------|------------|----------------|
| Accepted For Informational Purposes | Linda Bird | 10/06/2009 | 10/06/2009     |
| Approved-Closed                     | Linda Bird | 08/10/2009 | 08/10/2009     |

### Amendments

| Schedule | Schedule Item Name                   | Created By | Created On | Date Submitted |
|----------|--------------------------------------|------------|------------|----------------|
| Form     | Application for an Immediate Annuity | Nikki Lape | 10/06/2009 | 10/06/2009     |

### Filing Notes

| Subject            | Note Type        | Created By | Created On | Date Submitted |
|--------------------|------------------|------------|------------|----------------|
| Request to Re-Open | Note To Filer    | Linda Bird | 10/06/2009 | 10/06/2009     |
| Request to Re-Open | Note To Reviewer | Nikki Lape | 10/06/2009 | 10/06/2009     |

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Variable  
*Product Name:* ILIC/Ent SPIA/NL  
*Project Name/Number:* ILIC/Ent SPIA/NL/ENT-01 0901

## **Disposition**

Disposition Date: 10/06/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment: Amendment made to the previously approved application.

Rate data does NOT apply to filing.

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| Schedule            | Schedule Item                        | Schedule Item Status | Public Access |
|---------------------|--------------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification                 |                      | Yes           |
| Supporting Document | Application                          |                      | Yes           |
| Supporting Document | Life & Annuity - Acturial Memo       |                      | No            |
| Supporting Document | Statements of Variability            |                      | Yes           |
| Form                | Single Premium Immediate Annuity     |                      | Yes           |
| Form                | Schedule Page                        |                      | Yes           |
| Form                | Schedule Page                        |                      | Yes           |
| Form                | Schedule Page                        |                      | Yes           |
| Form                | Schedule Page                        |                      | Yes           |
| Form                | Schedule Page                        |                      | Yes           |
| Form                | Schedule Page                        |                      | Yes           |
| Form                | Schedule Page                        |                      | Yes           |
| Form                | Schedule Page                        |                      | Yes           |
| Form                | Schedule Page                        |                      | Yes           |
| Form                | Living Annuitant Commutation Rider   |                      | Yes           |
| Form                | Deceased Annuitant Commutation Rider |                      | Yes           |
| Form (revised)      | Application for an Immediate Annuity |                      | Yes           |
| Form                | Application for an Immediate Annuity | Replaced             | Yes           |



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| Schedule            | Schedule Item                        | Schedule Item Status | Public Access |
|---------------------|--------------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification                 |                      | Yes           |
| Supporting Document | Application                          |                      | Yes           |
| Supporting Document | Life & Annuity - Acturial Memo       |                      | No            |
| Supporting Document | Statements of Variability            |                      | Yes           |
| Form                | Single Premium Immediate Annuity     |                      | Yes           |
| Form                | Schedule Page                        |                      | Yes           |
| Form                | Schedule Page                        |                      | Yes           |
| Form                | Schedule Page                        |                      | Yes           |
| Form                | Schedule Page                        |                      | Yes           |
| Form                | Schedule Page                        |                      | Yes           |
| Form                | Schedule Page                        |                      | Yes           |
| Form                | Schedule Page                        |                      | Yes           |
| Form                | Schedule Page                        |                      | Yes           |
| Form                | Schedule Page                        |                      | Yes           |
| Form                | Living Annuitant Commutation Rider   |                      | Yes           |
| Form                | Deceased Annuitant Commutation Rider |                      | Yes           |
| Form (revised)      | Application for an Immediate Annuity |                      | Yes           |
| Form                | Application for an Immediate Annuity | Replaced             | Yes           |

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**Amendment Letter**

Submitted Date: 10/06/2009

**Comments:**

Dear Reviewer,

As mentioned in our Note to Reviewer, it recently came to our attention that the application form, IL-77-0045-0808, previously approved in this filing contains an inappropriate California disclosure. We have amended the application by removing the following language from the top of page 6:

“California Senior’s Disclosure: I understand that if I elect to immediately invest the initial contribution in the variable account options, I may experience loss during the free-look period.”

We certify that the deletion of this disclosure is the only change we have made. We apologize for any inconvenience this amendment may cause.

Sincerely,  
 Nikki Lape  
 Jr. Product & State Filing Analyst  
 Nikki.lape@wslife.com  
 1-800-446-0795

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

| Form Number     | Form Type                | Form Name                         | Action  | Form Action Other | Previous Filing # | Replaced Form # | Readability Score | Attachments                                  |
|-----------------|--------------------------|-----------------------------------|---------|-------------------|-------------------|-----------------|-------------------|--|
| IL-77-0045-0808 | Application/EApplication | rollment for an Immediate Annuity | Initial |                   |                   |                 | 51.000            | IL-77-0045-0808 - bracketed & john doe'd.pdf |



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**Note To Reviewer**

**Created By:**

Nikki Lape on 10/06/2009 09:31 AM

**Last Edited By:**

Nikki Lape

**Submitted On:**

10/06/2009 09:31 AM

**Subject:**

Request to Re-Open

**Comments:**

Dear Reviewer,

It recently came to our attention that the application form, IL-77-0045-0808, previously approved in this filing contains an inappropriate California disclosure. We are respectfully requesting that this SERFF filing be reopened so that we may amend the application by removing the following language from the top of page 6:

“California Senior’s Disclosure: I understand that if I elect to immediately invest the initial contribution in the variable account options, I may experience loss during the free-look period.”

We apologize for any inconvenience this amendment may cause.

Sincerely,

Nikki Lape

Jr. Product & State Filing Analyst

Nikki.lape@wslife.com

1-800-446-0795

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## Form Schedule

### Lead Form Number: ENT-01 0901

| Schedule Item Status | Form Number     | Form Type                              | Form Name                        | Action  | Action Specific Data | Readability | Attachment   |
|----------------------|-----------------|--|----------------------------------|---------|----------------------|-------------|--|
|                      | ENT-01 0901     | Policy/Cont ract/Fraternal Certificate | Single Premium Immediate Annuity | Initial |                      | 54.000      | ENT-01 0901.pdf  |
|                      | ENT-01 0901 SP1 | Schedule Pages                         | Schedule Page                    | Initial |                      | 0.000       | ENT-01 0901 SP1 - Joint Life with Cash Refund.pdf        |
|                      | ENT-01 0901 SP2 | Schedule Pages                         | Schedule Page                    | Initial |                      | 0.000       | ENT-01 0901 SP2 - Joint Life with Installment Refund.pdf |
|                      | ENT-01 0901 SP3 | Schedule Pages                         | Schedule Page                    | Initial |                      | 0.000       | ENT-01 0901 SP3 - Joint Life with no Period Certain.pdf  |
|                      | ENT-01 0901 SP4 | Schedule Pages                         | Schedule Page                    | Initial |                      | 0.000       | ENT-01 0901 SP4 - Joint Life with Period Certain.pdf     |
|                      | ENT-01 0901 SP5 | Schedule Pages                         | Schedule Page                    | Initial |                      | 0.000       | ENT-01 0901 SP5 - Period Certain.pdf                     |
|                      | ENT-01 0901 SP6 | Schedule Pages                         | Schedule Page                    | Initial |                      | 0.000       | ENT-01 0901 SP6 - Single Life with Cash Refund.pdf       |

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|                     |   |   |         |        |   |
|---------------------|---|---|---------|--------|---|
| ENT-01<br>0901 SP7  | Schedule<br>Pages   | Schedule Page                           | Initial | 0.000  | ENT-01 0901<br>SP7 - Single<br>Life with<br>Installment<br>Refund.pdf |
| ENT-01<br>0901 SP8  | Schedule<br>Pages   | Schedule Page                           | Initial | 0.000  | ENT-01 0901<br>SP8 - Single<br>Life with no<br>Period<br>Certain.pdf  |
| ENT-01<br>0901 SP9  | Schedule<br>Pages   | Schedule Page                           | Initial | 0.000  | ENT-01 0901<br>SP9 - Single<br>Life with<br>Period<br>Certain.pdf     |
| ENT-01<br>0901 SP10 | Schedule<br>Pages   | Schedule Page                           | Initial | 0.000  | ENT-01 0901<br>SP10 -<br>Temporary<br>Life.pdf                        |
| ER.01 0901          | Policy/Cont<br>ract/Fratern<br>al<br>Certificate:<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider | Living Annuitant<br>Commutation Rider   | Initial | 50.000 | ER 01 0901 -<br>Living<br>Annuitant<br>Commutation<br>Rider.pdf       |
| ER.02 0901          | Policy/Cont<br>ract/Fratern<br>al<br>Certificate:<br>Amendmen<br>t, Insert<br>Page,<br>Endorseme<br>nt or Rider | Deceased Annuitant<br>Commutation Rider | Initial | 51.000 | ER 02 0901 -<br>Deceased<br>Annuitant<br>Commutation<br>Rider.pdf     |

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|                 |                              |                                      |         |        |  |
|-----------------|------------------------------|--------------------------------------|---------|--------|--|
| IL-77-0045-0808 | Application/ Enrollment Form | Application for an Immediate Annuity | Initial | 51.000 | IL-77-0045-0808 - bracketed & john doe'd.pdf |
|-----------------|------------------------------|--------------------------------------|---------|--------|--|



## SINGLE PREMIUM IMMEDIATE ANNUITY

### Non-Participating

This is a legal contract – Please read it carefully.

**THIS CONTRACT** creates a legal agreement between you, as Owner, and Integrity Life Insurance Company, as the issuing Company. We have issued this Contract to you based on the information you gave us and in consideration of your Premium shown on the Schedule Page. We agree to provide the benefits and make Income Payments described in this agreement according to the terms of the Contract.

### RIGHT TO CANCEL

**PLEASE READ YOUR CONTRACT CAREFULLY. DURING A [ 10 ]-DAY FREE LOOK PERIOD, [ OR [ 20 ] DAYS IF THIS CONTRACT IS ISSUED AS A RESULT OF A REPLACEMENT, ] YOU HAVE THE RIGHT TO CANCEL THIS CONTRACT. IF YOU ARE NOT SATISFIED, SIMPLY RETURN THE CONTRACT TO US, OR THE AGENT WHO SOLD IT, WITHIN [ 10 ] DAYS OF RECEIPT[ , OR [ 20 ] DAYS IF A REPLACEMENT ]. WE WILL PROMPTLY RETURN THE PREMIUM RECEIVED.**

### ADMINISTRATIVE OFFICE

If you have questions, complaints, or need any help with your Contract, please write to us at [ 400 Broadway, Cincinnati, Ohio 45202-3341 ] or call us at [ 1-800-325-8583 ]. You may also contact us via the internet at [ [www.integritycompanies.com](http://www.integritycompanies.com) ].

### STATE INSURANCE DEPARTMENT CONTACT

If you have a complaint or inquiry regarding this Contract, please contact the [ State ] Department of Insurance at [ phone number ].

### INTEGRITY LIFE INSURANCE COMPANY

[

Jill T. McGruder, President

Edward J. Babbitt, Secretary ]

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| Income Payments .....        | 3                      | Schedule Page .....      | SP-1 |
| Parties to the Contract..... | 3                      |                          |      |

**CONTRACT TERMS**

**Annuitant:** A natural person you name in writing on the Contract Date on whose age (and sex where permissible) the Income Payments are based. The Annuitant is shown on the Schedule Page and cannot be changed.

**Beneficiary:** The person, persons or entity you name to become the Owner if you die and no Successor Owner is named. The Beneficiary is also the person, persons or entity you name to receive payments under the Contract upon the death of the Annuitant. The Beneficiary(ies) is/are shown on the Schedule Page.

**Contract Date:** The date we issued this Contract to you in consideration for your Premium paid. The Contract Date is shown on the Schedule Page.

**Premium:** The payment you made on the Contract Date. The Premium is shown on the Schedule Page.

**Good Order:** Refers to complete information we require to process your request.

**Guaranteed Income Payments:** Income Payments that are guaranteed to continue for a specific period of time even if the Annuitant dies.

**Income Payment Option:** The option you selected that determines how the Income Payments will be made. The Income Payment Option is shown on the Schedule Page and cannot be changed.

**Income Payments:** Payments made to a Payee you designate as determined by the Income Payment Option selected.

**Joint Annuitant:** A natural person in addition to the Annuitant on whose age (and sex where permissible) the Income Payments are based. The Schedule Page will show a Joint Annuitant only if the Income Payment Option you selected provides for one. You can only select one Joint Annuitant and, once selected, the Joint Annuitant cannot be changed. Unless otherwise specifically stated, wherever Annuitant is used in this Contract, it shall apply to both the Annuitant and Joint Annuitant.

**Minimum Income Amount:** The lowest amount we allow as an Income Payment. The Minimum Income Amount is shown on the Schedule Page. We may adjust the frequency of Income Payments to maintain this minimum.

**Owner:** The person or entity, named on the Contract Date or by ownership change, entitled to the ownership rights under this Contract. An entity is an estate, trust, corporation, partnership, association or other non-natural person. Any reference to Owner in this Contract includes Joint Owners. The Owner is shown on the Schedule Page. The Owner is the Annuitant unless otherwise stated or later changed.

**Payee:** The person or entity you designate to receive Income Payments. If no Payee is designated, you are the Payee.

**We, our, us, company:** Integrity Life Insurance Company.

**You, your:** The Owner of this Contract.

The Contract, Schedule Page, and any attached Riders, may contain additional defined terms.

## INCOME PAYMENTS

**Premium:** Your Premium must be sufficient to provide an initial income amount that is equal to or greater than the Minimum Income Amount shown on the Schedule Page. No additional Premiums may be paid into this Contract. A federal, state, or a local government entity may assess a regulatory or premium tax on your Premium. We will deduct any applicable tax from your Premium.

**Initial Income Payment:** On the Contract Date, we will determine the Initial Income Payment purchased by the Premium, less any premium tax, under your selected Income Payment Option. The Initial Income Payment is shown on the Schedule Page and is the amount payable on the Income Date. You may elect to receive Income Payments monthly, quarterly, semi-annually or annually. The payment frequency you selected is shown on the Schedule Page as part of your Income Payment Option. All payments will be made in U.S. dollars. We may refuse to send payments to an address other than a U.S. address.

**Income Date:** The Income Date is the date Income Payments begin. It is selected by you on the Contract Date, is shown on the Schedule Page, and cannot be changed. The Income Date is subject to a maximum deferral of one year.

## PARTIES TO THE CONTRACT

**Owner:** Only you may exercise rights under this Contract. This includes the right to change the designations of Owner, Successor Owner, Beneficiary, and Payee. You may transfer ownership at any time by providing us with notice of such transfer. A transfer will take effect as of the time the notice was signed, but without further liability as to any payment or other settlement made by us before receipt of such notice. A transfer of ownership may be subject to state law, including state and federal income and/or gift taxes and penalties. We are not responsible for the tax consequences resulting from a transfer of ownership.

At the Owner's death, ownership of this Contract will transfer to the person(s) or entity living or in existence on the date of death in the following order: Joint Owner, Successor Owner, Beneficiary(ies), Estate of the Owner.

A Joint Owner shares control of the Contract and must consent to any exercise of rights. However, if multiple beneficiaries become Owners of the Contract at the death of an Owner who is also the Annuitant, each Owner may exercise rights under the Contract and any riders, independently of the other(s).

**Annuitant:** At the Annuitant's death, Income Payments will terminate or continue according to the terms of the Income Payment Option selected.

**Payee:** Income Payments are made to the Payee. At the Annuitant's death, the Beneficiary will become the Payee. However, you have the right to change the Payee at any time by providing us with satisfactory notice of such change, or to name contingent Payees to receive Income Payments if the Payee dies.

**Beneficiary:** In addition to the primary Beneficiary, you may name a person or entity as a contingent beneficiary who becomes the primary Beneficiary, if the primary Beneficiary is not living at the time of your death. You have the right to change a Beneficiary at any time by providing us with Notice of such change. A change will take effect as of the time the Notice was signed, but without further liability as to any payment or other settlement made by us before receipt of such change.

## GENERAL PROVISIONS

**Entire Contract:** The entire contract consists of this Contract and any attached applications, riders, endorsements, and amendments. All statements in the application shall be deemed, in the absence of fraud, representations and not warranties. Changes to this Contract are not valid unless made in writing and signed by one of our Executive Officers. No agent has the authority to change this Contract or to waive any of its provisions.

**Incontestability:** We will not contest this Contract after it has been in force during any Annuitant's lifetime from two years from the Contract Date.

**Nonparticipating:** This Contract is nonparticipating. This means we do not pay dividends. The Contract will not share in our profits or surplus.

**Protection of Proceeds and Payments:** To the extent permitted by law, neither the proceeds, nor any payments under this Contract, shall be subject to the claims of creditors or legal process.

**Misstatement of Age or Sex:** If the Annuitant's age or sex is misstated, Income Payments will be adjusted to the amount that would have been provided at the correct age or sex. If payments have already commenced and the misstatement has caused an underpayment, the full amount due will be paid with the next scheduled payment. If the misstatement has caused an overpayment, the amount due will be deducted from one or more future payments. Interest will be neither charged nor credited on overpayments or underpayments.

**Notification of Death or Evidence of Survival:** You must report immediately to us the death of any Owners and any Annuitants. We may recover any payments made if such payments would not have been made had we been notified immediately. Due proof of death means an original certified death certificate, any other proof we find satisfactory, and claim paperwork considered in Good Order by our Administrative Office.

We may require proof that the Annuitant, on whose life Income Payments are based, is living on any payment date, but not more than once in any twelve-month period. We may discontinue payments until we have received acceptable proof.

**Contract Amendment:** We may amend this Contract from time to time to comply with applicable state or federal law or to maintain the tax-deferred status of this Contract, pursuant to those provisions or regulations.

**Assignments:** This Contract may be assigned as collateral or security for a loan, but we will not be bound by an assignment unless it is in writing and we have received it. Your rights and those of any person referred to in this Contract will be subject to the assignment. We assume no responsibility for the validity or tax consequences of any assignment. Any assignment, unless otherwise specified by the Owner, shall take effect on the date a notice of assignment is signed by the Owner, subject to any payments made or actions taken by us prior to receipt of this notice. No amounts payable under this Contract to a Payee other than the Owner may be assigned by that Payee, nor will they be subject to the claims of creditors or to legal process to the extent permitted by law.

**Termination:** This Contract will terminate when the last Income Payment is paid under the terms of the Income Payment Option selected.

**SCHEDULE PAGE**

**Contract Number:** [ 005627 ]  
**Contract Date:** [ 01/02/2009 ]  
**Contract Type:** [ Non-Qualified ]  
**Premium:** [ \$100,000 ]

|                        | <u>Name</u>                  | <u>Date of Birth</u> | <u>Sex</u> | <u>Age on Contract Date</u> |
|------------------------|------------------------------|----------------------|------------|-----------------------------|
| Owner                  | [ John Doe ]                 | [ 09/18/1950 ]       | n/a        | n/a                         |
| Joint Owner            | [ Margaret Doe ]             | [ 05/20/1953 ]       | n/a        | n/a                         |
| Successor Owner        | [ See Application ]          |                      |            |                             |
| Payee                  | [ John Doe ]                 | [ 09/18/1950 ]       | n/a        | n/a                         |
| Annuitant              | [ John Doe ]                 | [ 09/18/1950 ]       | Male       | 58                          |
| Joint Annuitant        | [ Margaret Doe ]             | [ 05/20/1953 ]       | Female     | 55                          |
| Primary Beneficiary    | [ Raoul Hatterfield-Bigbee ] |                      |            |                             |
|                        | [ Laura Ingalls Wilder ]     |                      |            |                             |
| Contingent Beneficiary | [ Jane Doe ]                 |                      |            |                             |
|                        | [ Justin Doe ]               |                      |            |                             |

**INCOME PAYMENT INFORMATION**

**Income Payment Option:** [ Joint Life with Cash Refund ]  
**Income Date:** [ 02/02/2009 ]  
**Minimum Income Amount:** [ \$100.00 ]  
**Initial Income Payment:** [ \$343.66 ]  
**Payment Frequency:** [ monthly ]  
**Refund Period:** [ 18 years and 6 months ]

**INCOME OPTION DESCRIPTION**

[ **Joint Life With Cash Refund:** Income Payments continue for the longer of the life of the Annuitant and the Joint Annuitant. If the last living Annuitant dies within the Refund Period, there will be one final payment of the excess of the Premium paid over the sum of all payments made. ]

[ **Refund Period:** The period of time during which the sum of all payments is less than or equal to the Premium paid. ]

**INCREASING PAYOUT OPTION**

The Income Payment increases periodically at the rate selected. It is not tied to any index or inflation rate.

**Initial Increase Date:** [ 02/02/2010 ]  
**Increase Interval:** [ Every year thereafter ]  
**Increase Percentage:** [ 3.00% ]

**COMMUTATION RIDER – LIVING ANNUITANT**

**Rider Effective Date:** [ 01/02/2009 ]  
**Minimum Commutation Percentage:** [ 10% ]  
**Maximum Commutation Percentage:** [ 90% ]  
**Living Annuitant Commutation Floor Rate:** [ 7.25% ]  
**Living Annuitant Commutation Margin:** [ 2.00% ]  
**Payment Day Limitation:** [ 15 days after receipt ]

**SCHEDULE PAGE**

**Contract Number:** [ 005627 ]  
**Contract Date:** [ 01/02/2009 ]  
**Contract Type:** [ Non-Qualified ]  
**Premium:** [ \$100,000 ]

|                               | <u>Name</u>  | <u>Date of Birth</u> | <u>Sex</u> | <u>Age on Contract Date</u> |
|-------------------------------|--|----------------------|------------|-----------------------------|
| <b>Owner</b>                  | [ John Doe ]   | [ 09/18/1950 ]       | n/a        | n/a                         |
| <b>Joint Owner</b>            | [ Margaret Doe ]   | [ 05/20/1953 ]       | n/a        | n/a                         |
| <b>Successor Owner</b>        | [ See Application ]                                      |                      |            |                             |
| <b>Payee</b>                  | [ John Doe ]   | [ 09/18/1950 ]       | n/a        | n/a                         |
| <b>Annuitant</b>              | [ John Doe ]   | [ 09/18/1950 ]       | Male       | 58                          |
| <b>Joint Annuitant</b>        | [ Margaret Doe ]   | [ 05/20/1953 ]       | Female     | 55                          |
| <b>Primary Beneficiary</b>    | [ Raoul Hatterfield-Bigbee ]<br>[ Laura Ingalls Wilder ] |                      |            |                             |
| <b>Contingent Beneficiary</b> | [ Jane Doe ]<br>[ Justin Doe ]                           |                      |            |                             |

**INCOME PAYMENT INFORMATION**

**Income Payment Option:** [ Joint Life with Installment Refund ]  
**Income Date:** [ 02/02/2009 ]  
**Minimum Income Amount:** [ \$100.00 ]  
**Initial Income Payment:** [ \$373.77 ]  
**Payment Frequency:** [ monthly ]  
**Refund Period:** [ 17 years and 3 months ]  
[ with a final payment of 541.11 ]

**INCOME OPTION DESCRIPTION**

[ **Joint Life With Installment Refund:** Income Payments continue for the longer of the life of the Annuitant and the Joint Annuitant. If the last living Annuitant dies within the Refund Period, Income Payments will continue until the sum of all payments equals the Premium paid. ]

[ **Refund Period:** The period of time during which the sum of all payments is less than or equal to the Premium paid. ]

**INCREASING PAYOUT OPTION**

The Income Payment increases periodically at the rate selected. It is not tied to any index or inflation rate.

**Initial Increase Date:** [ 02/02/2010 ]  
**Increase Interval:** [ Every year thereafter ]  
**Increase Percentage:** [ 3.00% ]

**INCOME REDUCTION**

The Income Payment reduces by the percent selected. The reduction occurs: a) at the death of the Annuitant, or b) at the death of the Joint Annuitant, or c) at the first death of the Annuitant or the Joint Annuitant, depending on the Reduction Option chosen. The reduction will not take place until the end of the Refund Period.

**Reduction Percentage:** [ 33.33% ]  
**Reduction Option:** [ at the first death of the Annuitant or the Joint Annuitant ]

**COMMUTATION RIDER – LIVING ANNUITANT**

**Rider Effective Date:** [ 01/02/2009 ]  
**Minimum Commutation Percentage:** [ 10% ]  
**Maximum Commutation Percentage:** [ 90% ]  
**Living Annuitant Commutation Floor Rate:** [ 7.25% ]  
**Living Annuitant Commutation Margin:** [ 2.00% ]  
**Payment Day Limitation:** [ 15 days after receipt ]

**COMMUTATION RIDER – DECEASED ANNUITANT**

**Rider Effective Date:** [ 01/02/2009 ]  
**Commutation Percentage:** [ 100% ]  
**Deceased Annuitant Commutation Rate:** [ 7.25% ]  
**Payment Day Limitation:** [ 15 days after receipt ]

**SCHEDULE PAGE**

**Contract Number:** [ 005627 ]  
**Contract Date:** [ 01/02/2009 ]  
**Contract Type:** [ Non-Qualified ]  
**Premium:** [ \$100,000 ]

|                        | <b><u>Name</u></b>  | <b><u>Date of Birth</u></b> | <b><u>Sex</u></b> | <b><u>Age on Contract Date</u></b> |
|------------------------|---------------------|-----------------------------|-------------------|------------------------------------|
| <b>Owner</b>           | [ John Doe ]        | [ 09/18/1950 ]              | n/a               | n/a                                |
| <b>Joint Owner</b>     | [ Margaret Doe ]    | [ 05/20/1953 ]              | n/a               | n/a                                |
| <b>Successor Owner</b> | [ See Application ] |                             |                   |                                    |
| <b>Payee</b>           | [ John Doe ]        | [ 09/18/1950 ]              | n/a               | n/a                                |
| <b>Annuitant</b>       | [ John Doe ]        | [ 09/18/1950 ]              | Male              | 58                                 |
| <b>Joint Annuitant</b> | [ Margaret Doe ]    | [ 05/20/1953 ]              | Female            | 55                                 |

**INCOME PAYMENT INFORMATION**

**Income Payment Option:** [ Joint Life with No Period Certain ]  
**Income Date:** [ 02/02/2009 ]  
**Minimum Income Amount:** [ \$100.00 ]  
**Initial Income Payment:** [ \$382.46 ]  
**Payment Frequency:** [ monthly ]

**INCOME OPTION DESCRIPTION**

[ **Joint Life With No Period Certain:** Income Payments continue for the longer of the life of the Annuitant and the Joint Annuitant. At the second death of the Annuitant and the Joint Annuitant the contract terminates with no further benefits. ]

**INCREASING PAYOUT OPTION**

The Income Payment increases periodically at the rate selected. It is not tied to any index or inflation rate.

**Initial Increase Date:** [ 02/02/2010 ]  
**Increase Interval:** [ Every year thereafter ]  
**Increase Percentage:** [ 3.00% ]

**INCOME REDUCTION**

The Income Payment will reduce by the percent selected. The reduction occurs: a) at the death of the Annuitant, or b) at the death of the Joint Annuitant, or c) at the first death of the Annuitant or the Joint Annuitant, depending on the Reduction Option chosen.

**Reduction Percentage:** [ 33.33% ]  
**Reduction Option:** [ at the first death of the Annuitant or the Joint Annuitant ]

**SCHEDULE PAGE**

**Contract Number:** [ 005627 ]  
**Contract Date:** [ 01/02/2009 ]  
**Contract Type:** [ Non-Qualified ]  
**Premium:** [ \$100,000 ]

|                               | <b><u>Name</u></b>                                       | <b><u>Date of Birth</u></b> | <b><u>Sex</u></b> | <b><u>Age on Contract Date</u></b> |
|-------------------------------|--|-----------------------------|-------------------|------------------------------------|
| <b>Owner</b>                  | [ John Doe ]   | [ 09/18/1950 ]              | n/a               | n/a                                |
| <b>Joint Owner</b>            | [ Margaret Doe ]   | [ 05/20/1953 ]              | n/a               | n/a                                |
| <b>Successor Owner</b>        | [ See Application ]                                      |                             |                   |                                    |
| <b>Payee</b>                  | [ John Doe ]   | [ 09/18/1950 ]              | n/a               | n/a                                |
| <b>Annuitant</b>              | [ John Doe ]   | [ 09/18/1950 ]              | Male              | 58                                 |
| <b>Joint Annuitant</b>        | [ Margaret Doe ]   | [ 05/20/1953 ]              | Female            | 55                                 |
| <b>Primary Beneficiary</b>    | [ Raoul Hatterfield-Bigbee ]<br>[ Laura Ingalls Wilder ] |                             |                   |                                    |
| <b>Contingent Beneficiary</b> | [ Jane Doe ]<br>[ Justin Doe ]                           |                             |                   |                                    |

**INCOME PAYMENT INFORMATION**

**Income Payment Option:** [ Joint Life with Period Certain ]  
**Income Date:** [ 02/02/2009 ]  
**Minimum Income Amount:** [ \$100.00 ]  
**Initial Income Payment:** [ \$379.90 ]  
**Payment Frequency:** [ monthly ]  
**Period Certain:** [ 10 years ]

**INCOME OPTION DESCRIPTION**

[ **Joint Life With Period Certain:** Income payments continue for the longer of 1. the life of the Annuitant, 2. the life of the Joint Annuitant, and 3. the Period Certain. ]

**INCREASING PAYOUT OPTION**

The Income Payment increases periodically at the rate selected. It is not tied to any index or inflation rate.

**Initial Increase Date:** [ 02/02/2010 ]  
**Increase Interval:** [ Every year thereafter ]  
**Increase Percentage:** [ 3.00% ]

**INCOME REDUCTION**

The Income Payment reduces by the percent selected. The reduction occurs: a) at the death of the Annuitant, or b) at the death of the Joint Annuitant, or c) at the first death of the Annuitant or the Joint Annuitant, depending on the Reduction Option chosen. The reduction will not take place until the end of the Period Certain.

**Reduction Percentage:** [ 33.33% ]  
**Reduction Option:** [ at the first death of the Annuitant or the Joint Annuitant ]

**COMMUTATION RIDER – LIVING ANNUITANT**

**Rider Effective Date:** [ 01/02/2009 ]  
**Minimum Commutation Percentage:** [ 10% ]  
**Maximum Commutation Percentage:** [ 90% ]  
**Living Annuitant Commutation Floor Rate:** [ 7.25% ]  
**Living Annuitant Commutation Margin:** [ 2.00% ]  
**Payment Day Limitation:** [ 15 days after receipt ]

**COMMUTATION RIDER – DECEASED ANNUITANT**

**Rider Effective Date:** [ 01/02/2009 ]  
**Commutation Percentage:** [ 100% ]  
**Deceased Annuitant Commutation Rate:** [ 7.25% ]  
**Payment Day Limitation:** [ 15 days after receipt ]

**SCHEDULE PAGE**

**Contract Number:** [ 005627 ]  
**Contract Date:** [ 01/02/2009 ]  
**Contract Type:** [ Non-Qualified ]  
**Premium:** [ \$100,000 ]

|                               | <b><u>Name</u></b>                                       | <b><u>Date of Birth</u></b> | <b><u>Sex</u></b> | <b><u>Age on Contract Date</u></b> |
|-------------------------------|--|-----------------------------|-------------------|------------------------------------|
| <b>Owner</b>                  | [ John Doe ]   | [ 09/18/1950 ]              | n/a               | n/a                                |
| <b>Joint Owner</b>            | [ Margaret Doe ]   | [ 05/20/1953 ]              | n/a               | n/a                                |
| <b>Successor Owner</b>        | [ See Application ]                                      |                             |                   |                                    |
| <b>Payee</b>                  | [ John Doe ]   | [ 09/18/1950 ]              | n/a               | n/a                                |
| <b>Annuitant</b>              | [ John Doe ]   | [ 09/18/1950 ]              | Male              | 58                                 |
| <b>Joint Annuitant</b>        | [ Margaret Doe ]   | [ 05/20/1953 ]              | Female            | 55                                 |
| <b>Primary Beneficiary</b>    | [ Raoul Hatterfield-Bigbee ]<br>[ Laura Ingalls Wilder ] |                             |                   |                                    |
| <b>Contingent Beneficiary</b> | [ Jane Doe ]<br>[ Justin Doe ]                           |                             |                   |                                    |

**INCOME PAYMENT INFORMATION**

**Income Payment Option:** [ Period Certain ]  
**Income Date:** [ 02/02/2009 ]  
**Minimum Income Amount:** [ \$100.00 ]  
**Initial Income Payment:** [ \$870.35 ]  
**Payment Frequency:** [ monthly ]  
**Period Certain:** [ 10 years and 6 months ]

**INCOME OPTION DESCRIPTION**

[ **Period Certain:** The amount of time during which payments are guaranteed to continue. ]

**INCREASING PAYOUT OPTION**

The Income Payment increases periodically at the rate selected. It is not tied to any index or inflation rate.

**Initial Increase Date:** [ 02/02/2010 ]  
**Increase Interval:** [ Every year thereafter ]  
**Increase Percentage:** [ 3.00% ]

**COMMUTATION RIDER – LIVING ANNUITANT**

**Rider Effective Date:** [ 01/02/2009 ]  
**Minimum Commutation Percentage:** [ 10% ]  
**Maximum Commutation Percentage:** [ 90% ]  
**Living Annuitant Commutation Floor Rate:** [ 7.25% ]  
**Living Annuitant Commutation Margin:** [ 2.00% ]  
**Payment Day Limitation:** [ 15 days after receipt ]

**COMMUTATION RIDER – DECEASED ANNUITANT**

**Rider Effective Date:** [ 01/02/2009 ]  
**Commutation Percentage:** [ 100% ]  
**Deceased Annuitant Commutation Rate:** [ 7.25% ]  
**Payment Day Limitation:** [ 15 days after receipt ]

**SCHEDULE PAGE**

**Contract Number:** [ 005627 ]  
**Contract Date:** [ 01/02/2009 ]  
**Contract Type:** [ Non-Qualified ]  
**Premium:** [ \$100,000 ]

|                               | <b><u>Name</u></b>                                       | <b><u>Date of Birth</u></b> | <b><u>Sex</u></b> | <b><u>Age on Contract Date</u></b> |
|-------------------------------|--|-----------------------------|-------------------|------------------------------------|
| <b>Owner</b>                  | [ John Doe ]   | [ 09/18/1950 ]              | n/a               | n/a                                |
| <b>Joint Owner</b>            | [ Margaret Doe ]   | [ 05/20/1953 ]              | n/a               | n/a                                |
| <b>Successor Owner</b>        | [ See Application ]                                      |                             |                   |                                    |
| <b>Payee</b>                  | [ John Doe ]   | [ 09/18/1950 ]              | n/a               | n/a                                |
| <b>Annuitant</b>              | [ John Doe ]   | [ 09/18/1950 ]              | Male              | 58                                 |
| <b>Joint Annuitant</b>        | [ Margaret Doe ]   | [ 05/20/1953 ]              | Female            | 55                                 |
| <b>Primary Beneficiary</b>    | [ Raoul Hatterfield-Bigbee ]<br>[ Laura Ingalls Wilder ] |                             |                   |                                    |
| <b>Contingent Beneficiary</b> | [ Jane Doe ]<br>[ Justin Doe ]                           |                             |                   |                                    |

**INCOME PAYMENT INFORMATION**

**Income Payment Option:** [ Single Life with Cash Refund ]  
**Income Date:** [ 02/02/2009 ]  
**Minimum Income Amount:** [ \$100.00 ]  
**Initial Income Payment:** [ \$412.20 ]  
**Payment Frequency:** [ monthly ]  
**Refund Period:** [ 16 years and 1 months ]

**INCOME OPTION DESCRIPTION**

[ **Single Life With Cash Refund:** Income Payments continue for as long as the Annuitant is alive. If the Annuitant dies within the Refund Period, there will be one final payment of the excess of the Premium paid over the sum of all payments made. ]

[ **Refund Period:** The period of time during which the sum of all payments is less than or equal to the Premium paid. ]

**INCREASING PAYOUT OPTION**

The Income Payment increases periodically at the rate selected. It is not tied to any index or inflation rate.

**Initial Increase Date:** [ 02/02/2010 ]  
**Increase Interval:** [ Every year thereafter ]  
**Increase Percentage:** [ 3.00% ]

**COMMUTATION RIDER – LIVING ANNUITANT**

**Rider Effective Date:** [ 01/02/2009 ]  
**Minimum Commutation Percentage:** [ 10% ]  
**Maximum Commutation Percentage:** [ 90% ]  
**Living Annuitant Commutation Floor Rate:** [ 7.25% ]  
**Living Annuitant Commutation Margin:** [ 2.00% ]  
**Payment Day Limitation:** [ 15 days after receipt ]

**SCHEDULE PAGE**

**Contract Number:** [ 005627 ]  
**Contract Date:** [ 01/02/2009 ]  
**Contract Type:** [ Non-Qualified ]  
**Premium:** [ \$100,000 ]

|                               | <b><u>Name</u></b>                                       | <b><u>Date of Birth</u></b> | <b><u>Sex</u></b> | <b><u>Age on Contract</u></b> |
|-------------------------------|--|-----------------------------|-------------------|-------------------------------|
| <b>Owner</b>                  | [ John Doe ]   | [ 09/18/1950 ]              | n/a               | n/a                           |
| <b>Joint Owner</b>            | [ Margaret Doe ]   | [ 05/20/1953 ]              | n/a               | n/a                           |
| <b>Successor Owner</b>        | [ See Application ]                                      |                             |                   |                               |
| <b>Payee</b>                  | [ John Doe ]   | [ 09/18/1950 ]              | n/a               | n/a                           |
| <b>Annuitant</b>              | [ John Doe ]   | [ 09/18/1950 ]              | Male              | 58                            |
| <b>Joint Annuitant</b>        | [ Margaret Doe ]   | [ 05/20/1953 ]              | Female            | 55                            |
| <b>Primary Beneficiary</b>    | [ Raoul Hatterfield-Bigbee ]<br>[ Laura Ingalls Wilder ] |                             |                   |                               |
| <b>Contingent Beneficiary</b> | [ Jane Doe ]<br>[ Justin Doe ]                           |                             |                   |                               |

**INCOME PAYMENT INFORMATION**

**Income Payment Option:** [ Single Life with Installment Refund ]  
**Income Date:** [ 02/02/2009 ]  
**Minimum Income Amount:** [ \$100.00 ]  
**Initial Income Payment:** [ \$417.94 ]  
**Payment Frequency:** [ monthly ]  
**Refund Period:** [ 15 years and 10 months ]  
[ with a final payment of \$210.31 ]

**INCOME OPTION DESCRIPTION.**

[ **Single Life With Installment Refund:** Income Payments continue for as long as the Annuitant is alive. If the Annuitant dies within the Refund Period, Income Payments will continue until the sum of all payments equals the Premium paid. ]

[ **Refund Period:** The period of time during which the sum of all payments is less than or equal to the Premium paid. ]

**INCREASING PAYOUT OPTION**

The Income Payment increases periodically at the rate selected. It is not tied to any index or inflation rate.

**Initial Increase Date:** [ 02/02/2010 ]  
**Increase Interval:** [ Every year thereafter ]  
**Increase Percentage:** [ 3.00% ]

**COMMUTATION RIDER – LIVING ANNUITANT**

**Rider Effective Date:** [ 01/02/2009 ]  
**Minimum Commutation Percentage:** [ 10% ]  
**Maximum Commutation Percentage:** [ 90% ]  
**Living Annuitant Commutation Floor Rate:** [ 7.25% ]  
**Living Annuitant Commutation Margin:** [ 2.00% ]  
**Payment Day Limitation:** [ 15 days after receipt ]

**COMMUTATION RIDER – DECEASED ANNUITANT**

**Rider Effective Date:** [ 01/02/2009 ]  
**Commutation Percentage:** [ 100% ]  
**Deceased Annuitant Commutation Rate:** [ 7.25% ]  
**Payment Day Limitation:** [ 15 days after receipt ]

**SCHEDULE PAGE**

**Contract Number:** [ 005627 ]  
**Contract Date:** [ 01/02/2009 ]  
**Contract Type:** [ Non-Qualified ]  
**Premium:** [ \$100,000 ]

|                        | <b><u>Name</u></b>  | <b><u>Date of Birth</u></b> | <b><u>Sex</u></b> | <b><u>Age on Contract Date</u></b> |
|------------------------|---------------------|-----------------------------|-------------------|------------------------------------|
| <b>Owner</b>           | [ John Doe ]        | [ 09/18/1950 ]              | n/a               | n/a                                |
| <b>Joint Owner</b>     | [ Margaret Doe ]    | [ 05/20/1953 ]              | n/a               | n/a                                |
| <b>Successor Owner</b> | [ See Application ] |                             |                   |                                    |
| <b>Payee</b>           | [ John Doe ]        | [ 09/18/1950 ]              | n/a               | n/a                                |
| <b>Annuitant</b>       | [ John Doe ]        | [ 09/18/1950 ]              | Male              | 58                                 |
| <b>Joint Annuitant</b> | [ Margaret Doe ]    | [ 05/20/1953 ]              | Female            | 55                                 |

**INCOME PAYMENT INFORMATION**

**Income Payment Option:** [ Single Life with No Period Certain ]  
**Income Date:** [ 02/02/2009 ]  
**Minimum Income Amount:** [ \$100.00 ]  
**Initial Income Payment:** [ \$435.70 ]  
**Payment Frequency:** [ monthly ]

**INCOME OPTION DESCRIPTION**

[ **Single Life With No Period Certain:** Income Payments continue for as long as the Annuitant is alive. At the death of the Annuitant the contract terminates with no further benefits. ]

**INCREASING PAYOUT OPTION**

The Income Payment increases periodically at the rate selected. It is not tied to any index or inflation rate.

**Initial Increase Date:** [ 02/02/2010 ]  
**Increase Interval:** [ Every year thereafter ]  
**Increase Percentage:** [ 3.00% ]

**SCHEDULE PAGE**

**Contract Number:** [ 005627 ]  
**Contract Date:** [ 01/02/2009 ]  
**Contract Type:** [ Non-Qualified ]  
**Premium:** [ \$100,000 ]

|                               | <b><u>Name</u></b>                                       | <b><u>Date of Birth</u></b> | <b><u>Sex</u></b> | <b><u>Age on Contract Date</u></b> |
|-------------------------------|--|-----------------------------|-------------------|------------------------------------|
| <b>Owner</b>                  | [ John Doe ]   | [ 09/18/1950 ]              | n/a               | n/a                                |
| <b>Joint Owner</b>            | [ Margaret Doe ]   | [ 05/20/1953 ]              | n/a               | n/a                                |
| <b>Successor Owner</b>        | [ See Application ]                                      |                             |                   |                                    |
| <b>Payee</b>                  | [ John Doe ]   | [ 09/18/1950 ]              | n/a               | n/a                                |
| <b>Annuitant</b>              | [ John Doe ]   | [ 09/18/1950 ]              | Male              | 58                                 |
| <b>Joint Annuitant</b>        | [ Margaret Doe ]   | [ 05/20/1953 ]              | Female            | 55                                 |
| <b>Primary Beneficiary</b>    | [ Raoul Hatterfield-Bigbee ]<br>[ Laura Ingalls Wilder ] |                             |                   |                                    |
| <b>Contingent Beneficiary</b> | [ Jane Doe ]<br>[ Justin Doe ]                           |                             |                   |                                    |

**INCOME PAYMENT INFORMATION**

**Income Payment Option:** [ Single Life with Period Certain ]  
**Income Date:** [ 02/02/2009 ]  
**Minimum Income Amount:** [ \$100.00 ]  
**Initial Income Payment:** [ \$429.18 ]  
**Payment Frequency:** [ monthly ]  
**Period Certain:** [ 10 years ]

**INCOME OPTION DESCRIPTION**

[ **Single Life With Period Certain:** Income Payments continue for the longer of the life of the Annuitant or the Period Certain. ]  
[ **Period Certain:** The amount of time during which payments are guaranteed to continue. ]

**INCREASING PAYOUT OPTION**

The Income Payment increases periodically at the rate selected. It is not tied to any index or inflation rate.

**Initial Increase Date:** [ 02/02/2010 ]  
**Increase Interval:** [ Every year thereafter ]  
**Increase Percentage:** [ 3.00% ]

**COMMUTATION RIDER – LIVING ANNUITANT**

**Rider Effective Date:** [ 01/02/2009 ]  
**Minimum Commutation Percentage:** [ 10% ]  
**Maximum Commutation Percentage:** [ 90% ]  
**Living Annuitant Commutation Floor Rate:** [ 7.25% ]  
**Living Annuitant Commutation Margin:** [ 2.00% ]  
**Payment Day Limitation:** [ 15 days after receipt ]

**COMMUTATION RIDER – DECEASED ANNUITANT**

**Rider Effective Date:** [ 01/02/2009 ]  
**Commutation Percentage:** [ 100% ]  
**Deceased Annuitant Commutation Rate:** [ 7.25% ]  
**Payment Day Limitation:** [ 15 days after receipt ]

**SCHEDULE PAGE**

**Contract Number:** [ 005627 ]  
**Contract Date:** [ 01/02/2009 ]  
**Contract Type:** [ Non-Qualified ]  
**Premium:** [ \$100,000 ]

|                        | <u>Name</u>         | <u>Date of Birth</u> | <u>Sex</u> | <u>Age on Contract Date</u> |
|------------------------|---------------------|----------------------|------------|-----------------------------|
| <b>Owner</b>           | [ John Doe ]        | [ 09/18/1950 ]       | n/a        | n/a                         |
| <b>Joint Owner</b>     | [ Margaret Doe ]    | [ 05/20/1953 ]       | n/a        | n/a                         |
| <b>Successor Owner</b> | [ See Application ] |                      |            |                             |
| <b>Payee</b>           | [ John Doe ]        | [ 09/18/1950 ]       | n/a        | n/a                         |
| <b>Annuitant</b>       | [ John Doe ]        | [ 09/18/1950 ]       | Male       | 58                          |

**INCOME PAYMENT INFORMATION**

**Income Payment Option:** [ Temporary Life ]  
**Income Date:** [ 02/02/2009 ]  
**Minimum Income Amount:** [ \$100.00 ]  
**Initial Income Payment:** [ \$894.64 ]  
**Payment Frequency:** [ monthly ]  
**Temporary Life Maximum:** [ 10 years and 7 months ]

**INCOME OPTION DESCRIPTION**

[ **Temporary Life:** Income Payments continue for the lesser of the life of the Annuitant and the Temporary Life Maximum. If the Annuitant dies before the Temporary Life Maximum, the contract terminates with no further benefits. ]

**INCREASING PAYOUT OPTION**

The Income Payment increases periodically at the rate selected. It is not tied to any index or inflation rate.

**Initial Increase Date:** [ 02/02/2010 ]  
**Increase Interval:** [ Every year thereafter ]  
**Increase Percentage:** [ 3.00% ]



## COMMUTATION RIDER (LIVING ANNUITANT)

**THIS RIDER** is attached to and made a part of your Contract as of the Rider Effective Date shown on the Schedule Page. This Rider is subject to all the exclusions, definitions and provisions of the Contract. If any provisions of this Rider are contrary to or inconsistent with those of the Contract, the Rider provisions will control.

### **Definitions:**

**Guaranteed Income Payments:** Income Payments that are guaranteed to continue even if the Annuitant has died.

**Commutation Effective Date:** The business day on which the Commuted Value is determined.

**Commutation Ending Date:** The date of the last Guaranteed Income Payment that is commuted. The Commutation Ending Date must be such that at least one year's payments are commuted.

**Commuted Value:** The present value of the Guaranteed Income Payments commuted. The present value of any payments will always be less than the sum of those payments and the higher the Commutation Rate the lower the present value.

### **Commutation Benefit:**

Beginning one year after the Contract Date and while the Annuitant is alive, you may choose to commute a percentage of the Guaranteed Income Payments to a single sum payment. The minimum and maximum percentages are shown on the Schedule Page. You may commute more than once. Each commutation will have a separate present value calculation, and each commutation will be calculated as if there had been no other commutations; however, the cumulative impact of all commutations cannot reduce the remaining guaranteed payments by more than the maximum percentage applied to the original payment pattern.

We will pay you the Commuted Value in a single sum payment, and reduce your future Guaranteed Income Payments by an amount equal to the percentage chosen multiplied by the current value of the original payment pattern. Income Payments will resume at the amount they would have been had there been no commutation, one payment period after the Commutation Ending Date.

When you choose to commute a portion of the Guaranteed Income Payments, we determine the Commuted Value, which is the present value of such payments. The present value is calculated using the greater of a) and b), where a) is the Living Annuitant Commutation Floor Rate shown on the Schedule Page, and b) is the Company's discount rate supporting the issue of new Single Premium Immediate Annuities on the Commutation Effective Date, plus an amount equal to the Living Annuitant Commutation Margin rate shown on the Schedule Page. The discount rate will vary depending on the period of time remaining from the Commutation Effective Date to the Commutation Ending Date. You may contact our Administrative Office to determine the Commuted Value.

For example, assume that your Income Payment is \$1,000 per month and you decide to commute 30% of the remaining Guaranteed Income Payments. We will determine the present value of the Guaranteed Income Payments and pay 30% of that value in a single sum as the Commuted Value. Your Income Payments will be reduced by 30%, resulting in Income Payments of \$700 per month until the Commutation Ending Date. If your Income Payment Option includes life-contingent payments, and if the month after the Commutation Ending Date the Annuitant is alive, payments of \$1,000 per month will resume.

**General Provisions:**

The payment of any non-commuted Guaranteed Income Payments to which you are entitled under the Contract after commutation is not affected by the payment of the Commuted Value.

The Commuted Value may not exceed the total future expected payments as determined under the applicable income tax regulation of section 401(a)(9) of the Code which governs the minimum required distribution provisions for qualified plans and Individual Retirement Annuities.

At any time while this benefit is available, you may request information on the commuted value of any Guaranteed Income Payments. You may reject or accept our offer to pay the commuted amount. Upon receipt of your acceptance, we will pay the Commuted Value within the Payment Day Limitation shown on your Schedule Page. The actual Commuted Value payable will be determined as of the date of payment.

We assume no responsibility for tax consequences associated with commutation.

If the Income Payment Option selected includes a Cash Refund or Installment Refund benefit, and you elect to receive a Commutation Benefit, the Cash Refund or Installment Refund benefit will be reduced by the sum of the payments commuted. As a result, the Cash Refund or Installment Refund option may result in a refund of less than the Premium paid since the Commuted Value will always be less than the sum of the payments commuted.

**Replacement Ratio:**

We will provide a Replacement Ratio to you when you request information on the commuted value of any Guaranteed Income Payments. The Replacement Ratio may help you decide whether you want to commute. A ratio of more than 1.0 means the Commuted Value would purchase Guaranteed Income Payments greater than those payments being commuted. A ratio less than 1.0 means the Commuted Value would purchase Guaranteed Income Payments less than those being paid.

The Replacement Ratio is *A divided by B*, where:

A is the Commuted Value, and

B is the current price of new contracts, issued on the Commutation Effective Date, which provide Guaranteed Income Payments equal to those you elect to commute.

If new contracts that provide the same Guaranteed Income Payments are not being issued on the Commutation Effective Date, then B is the current price of the Guaranteed Income Payment portion of a new contract, where the Guaranteed Income Payments are the same as the Guaranteed Income Payments you elect to commute on the Commutation Effective Date.

**Rider Termination:**

This Rider will terminate after the last Guaranteed Income Payment is paid under the terms of the Income Payment Option selected.

**INTEGRITY LIFE INSURANCE COMPANY**

[

Jill T. McGruder, President

Edward J. Babbitt, Secretary ]



## COMMUTATION RIDER (DECEASED ANNUITANT)

**THIS RIDER** is attached to and made a part of your Contract as of the Rider Effective Date shown on the Schedule Page. This Rider is subject to all the exclusions, definitions and provisions of the Contract. If any provisions of this Rider are contrary to or inconsistent with those of the Contract, the Rider provisions will control.

### **Definitions:**

**Guaranteed Income Payments:** Income Payments that are guaranteed to continue even if the Annuitant has died. This includes any reductions that may have resulted from the Owner's exercise of a Commutation Benefit prior to the death of the last living Annuitant.

**Commutation Effective Date:** The business day on which the Commuted Value is determined.

**Commuted Value:** The present value of the Guaranteed Income Payments at the Commutation Rate shown on the Schedule Page. The present value of the payments will always be less than the sum of those payments and the higher the Commutation Rate the lower the present value.

### **Commutation Benefit:**

If, at or after the death of the last living Annuitant, there are remaining Guaranteed Income Payments, you may request to terminate the Guaranteed Income Payments and receive the Commuted Value in a single sum payment. You may commute, even if you are not the Payee, provided you are not a Beneficiary whose right to commute has been restricted by the Owner.

If multiple beneficiaries become Owners of the Contract at the death of an Owner who is also the Annuitant, each Owner may exercise a right to commute independently of the other(s).

### **General Provisions:**

Any commutation made prior to the death of the last living Annuitant does not affect the payment of any non-commuted Guaranteed Income Payments to which you may be entitled under the Contract after such commutation.

The Commuted Value may not exceed the total future expected payments as determined under the applicable income tax regulation of section 401(a)(9) of the Code which governs the minimum required distribution provisions for qualified plans and Individual Retirement Annuities.

At any time a Commutation Benefit is available, you may request information on the Commuted Value of the remaining Guaranteed Income Payments. You may reject or accept our offer to pay the commuted amount. Upon receipt of your acceptance, we will pay the Commuted Value within the Payment Day Limitation shown on your Schedule Page. The actual Commuted Value payable will be determined as of the date of payment.

We assume no responsibility for the tax consequences associated with commutation.

If the Income Payment Option selected includes Installment Refund, and you elect to receive a Commutation Benefit, the Installment Refund benefit will be reduced by the sum of the payments commuted. As a result, the Installment Refund option may result in a refund of less than the Premium paid because the Commuted Value will always be less than the sum of the payments commuted.

**Rider Termination:**

This Rider will terminate after the last Guaranteed Income Payment is paid under the terms of the Income Payment Option selected.

**INTEGRITY LIFE INSURANCE COMPANY**

[

~~SPECIMEN~~ *Jill T. McGruder*

Jill T. McGruder, President

~~SPECIMEN~~ *Edward J. Babbitt*

Edward J. Babbitt, Secretary ]

## IncomeSource Application for a Single Premium Individual Immediate Annuity

### MAILING INSTRUCTIONS

**Integrity Life Insurance Company (Integrity) will not accept this application without a quote from the company's Payout Annuity Illustration Software.** The information on the payout quote and on this application must be consistent. Send the completed application and quote 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

### PART 1: ANNUITANT INFORMATION (Required)

#### Annuitant

Individual on whose life income payments are based. **The annuitant is assumed to be the owner unless indicated otherwise in Part 2.**

|   |                             |                                     |                                       |                   |
|---|-----------------------------|-------------------------------------|---------------------------------------|-------------------|
| Name—First, Middle, Last<br>John E. Doe                                       |                             | Phone<br>555-555-1111               | Social Security Number<br>123-45-6789 |                   |
| Address<br>123 Main Street  |                             | City<br>Anytown                     | State<br>ST                           | Zip Code<br>54321 |
| Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth<br>09-18-1950 | Email Address<br>john.doe@email.com |                                       |                   |

Decline Living Annuitant Commutation Rider

Are you a US citizen?  Yes  No If no, what is your country of citizenship? \_\_\_\_\_  
If no, are you a permanent resident of the US?  Yes  No If yes, for how long? \_\_\_\_\_

#### Joint Annuitant (If applicable)

Please complete when transferring contracts with joint annuitants or when selecting joint life payouts.

|   |                             |                       |                                       |                   |
|---|-----------------------------|-----------------------|---------------------------------------|-------------------|
| Name—First, Middle, Last<br>Margaret I. Doe                                   |                             | Phone<br>555-555-1111 | Social Security Number<br>987-65-4321 |                   |
| Address<br>123 Main Street  |                             | City<br>Anytown       | State<br>ST                           | Zip Code<br>54321 |
| Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | Date of Birth<br>05-20-1953 | Email Address<br>n/a  | Relationship to Annuitant<br>Spouse   |                   |

Are you a US citizen?  Yes  No If no, what is your country of citizenship? \_\_\_\_\_  
If no, are you a permanent resident of the US?  Yes  No If yes, for how long? \_\_\_\_\_

#### Beneficiary (Indicate additional beneficiaries in the Special Request Section, if necessary. Include the same information requested below.)

Receives payments if annuitant(s) dies. Any periodic payments to a beneficiary will be paid as due unless otherwise specified herein. The right to change the beneficiary is reserved to the owner. If more than one beneficiary is to share in the payments, the payments will be made in equal shares to the beneficiaries living at the time each payment becomes due, unless otherwise stipulated. Beneficiary becomes owner at the death of the last owner.

#### Primary Beneficiary(ies)

|  |               |                            |  |          |
|--|---------------|----------------------------|--|----------|
| Name—First, Middle, Last<br>Raoul Hatterfield-Bigbee               |               | Social Security Number/TIN | <input type="checkbox"/> Restrict Right to Commute |          |
| Address  |               | City                       | State  | Zip Code |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | Relationship to Annuitant  |  |          |
| Name—First, Middle, Last (if applicable)<br>Laura Ingalls Wilder   |               | Social Security Number/TIN | <input type="checkbox"/> Restrict Right to Commute |          |
| Address  |               | City                       | State  | Zip Code |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | Relationship to Annuitant  |  |          |

**PART 1: ANNUITANT INFORMATION (Continued)****Contingent Beneficiary(ies)**

|  |               |                            |       |  |  |
|--|---------------|----------------------------|-------|--|--|
| Name—First, Middle, Last<br>Jane Doe                               |               | Social Security Number/TIN |       | <input type="checkbox"/> Restrict Right to Commute |  |
| Address  |               | City                       | State | Zip Code   |  |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | Relationship to Annuitant  |       |  |  |
| Name—First, Middle, Last (if applicable)<br>Justin Doe             |               | Social Security Number/TIN |       | <input type="checkbox"/> Restrict Right to Commute |  |
| Address  |               | City                       | State | Zip Code   |  |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | Relationship to Annuitant  |       |  |  |

**PART 2: OWNER INFORMATION (Do not complete if the owner and annuitant are the same person.)****Owner**

Exercises control of the contract and is responsible for all taxes before and after the death of the annuitant. If the owner is a non-natural person, such as a trust or corporation, complete the Entity Ownership Certificate.

|  |               |               |                            |          |  |
|--|---------------|---------------|----------------------------|----------|--|
| Name—First, Middle, Last   |               | Phone         | Social Security Number/TIN |          |  |
| Address  |               | City          | State                      | Zip Code |  |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | Email Address | Relationship to Annuitant  |          |  |

Are you a US citizen?  Yes  No If no, what is your country of citizenship? \_\_\_\_\_  
 If no, are you a permanent resident of the US?  Yes  No If yes, for how long? \_\_\_\_\_

**Successor Owner** (Designate only if you do not want the beneficiary to assume ownership upon last owner's death.)

|  |               |                       |                            |          |  |
|--|---------------|-----------------------|----------------------------|----------|--|
| Name—First, Middle, Last   |               | Phone                 | Social Security Number/TIN |          |  |
| Address  |               | City                  | State                      | Zip Code |  |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | Relationship to Owner |                            |          |  |

Are you a US citizen?  Yes  No If no, what is your country of citizenship? \_\_\_\_\_  
 If no, are you a permanent resident of the US?  Yes  No If yes, for how long? \_\_\_\_\_

**Joint Owner**

Shares control of the contract. When one joint owner dies, ownership passes to the other owner. With the exception of exchanging jointly owned contracts, Integrity does not normally accept joint ownership arrangements. Complete this section when exchanging jointly owned contracts. **Note:** The owner maintains control of the contract and is responsible for all taxes before and after the death of the annuitant.

|  |               |               |                            |          |  |
|--|---------------|---------------|----------------------------|----------|--|
| Name—First, Middle, Last   |               | Phone         | Social Security Number/TIN |          |  |
| Address  |               | City          | State                      | Zip Code |  |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | Email Address | Relationship to Owner      |          |  |

Are you a US citizen?  Yes  No If no, what is your country of citizenship? \_\_\_\_\_  
 If no, are you a permanent resident of the US?  Yes  No If yes, for how long? \_\_\_\_\_

**PART 3: PAYEE INFORMATION (Complete if other than the owner.)****Payee**

Payments will be deposited directly to the payee's checking, savings or brokerage account.

|                          |  |       |                            |  |  |
|--------------------------|--|-------|----------------------------|--|--|
| Name—First, Middle, Last |  | Phone | Social Security Number/TIN |  |  |
|--------------------------|--|-------|----------------------------|--|--|

**PART 3: PAYEE INFORMATION (Continued)**

|         |      |       |          |
|---------|------|-------|----------|
| Address | City | State | Zip Code |
|---------|------|-------|----------|

|  |               |
|--|---------------|
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth |
|--|---------------|

If the payee is a minor, a custodian must be named under the resident state's Uniform Transfers to Minors Act. For example: [INSERT ADULT'S NAME], as custodian for [INSERT MINOR'S NAME], under the [INSERT MINOR'S RESIDENT STATE] Uniform Transfers to Minors Act.

|  |       |                            |
|--|-------|----------------------------|
| Name—First, Middle, Last (if applicable) | Phone | Social Security Number/TIN |
|--|-------|----------------------------|

|         |      |       |          |
|---------|------|-------|----------|
| Address | City | State | Zip Code |
|---------|------|-------|----------|

|  |               |
|--|---------------|
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth |
|--|---------------|

**PART 4: TYPE OF CONTRACT (Required)**

Will the Integrity annuity be issued as a nonqualified or a tax-qualified contract?  Nonqualified  Tax Qualified\*

\* A contract is tax qualified if it is being funded from a rollover or transferred from a qualified plan or existing IRA.

**PART 5: TAX-QUALIFIED CONTRACTS (Required if a qualified contract)**

|   |   |   |
|---|---|---|
| If tax qualified, how do you want Integrity to issue the contract?<br><input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Qualified Plan | Is this a rollover?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> This is an inherited IRA |
|---|---|---|

**PART 6: REPLACEMENT INFORMATION (Required)**

Do you currently have an existing annuity contract or life insurance policy?  Yes  No

Does the purchase of this annuity change or replace any existing annuity contract or life insurance policy?  Yes  No  
If yes, please complete the Transfer Request Form.

**PART 7: AMOUNT PAID WITH APPLICATION (Checks must be made to the order of Integrity Life Insurance Company.)**

Source of funding: \_\_\_\_\_  
The money will be received by Integrity via  Check  Wire Transfer  1035 Exchange  Qualified Transfer/Rollover

Amount of single premium \$ 100,000

Amount of each annuity payment \$ \_\_\_\_\_ (initial payment if increasing payout selected).

**Please be sure to include the payout quote from Integrity's Payout Annuity Illustration Software along with this application.**

**PART 8: INCOME OPTIONS**

For life contingent plans, annuitant's age verification is required. Acceptable verification documents include a copy of driver's license or birth certificate.

Only Check one option in boldface below.

- Lifetime Only** (Note: No benefit on or after the death of the annuitant.)
- Lifetime with** (check one below)
  - Period Certain for \_\_\_\_\_ years (5–30) \_\_\_\_\_ months
  - Installment Refund
  - Cash Refund
- Period Certain for** \_\_\_\_\_ years (5–30) \_\_\_\_\_ months
- Temporary Life for a maximum of** \_\_\_\_\_ years (5–30) \_\_\_\_\_ months even if the annuitant is still alive. Note: There is no benefit on or after the death of the annuitant.
- Joint and Survivor Lifetime with Cash Refund**
- Joint and Survivor** (check one below)
  - Lifetime Only (Note: No benefit on or after the death of the annuitant.)
  - Lifetime with Period Certain for \_\_\_\_\_ years (5–30) \_\_\_\_\_ months
  - Lifetime with Installment Refund
    - Check one (Applies to all Joint and Survivor Lifetime Options except Cash Refund)
    - Payments will not reduce
    - Payments will **reduce** by (Applies to all Joint and Survivor Lifetime Options except Cash Refund)
      - \_\_\_\_\_% (5%–75%) at the death of the annuitant only
      - \_\_\_\_\_% (5%–75%) at the death of the joint annuitant only
      - \_\_\_\_\_% (5%–75%) at the first death of either annuitant or joint annuitant

**Note:** When selecting a reduction in payment, the reduction will not take place until the end of the period certain (if selected) or the original premium has been paid out (if an installment refund was selected).

## PART 9: INCREASING PAYOUT OPTION (Optional)

Allows for an automatic 1%, 2%, 3%, 4% or 5% annually compounding increase in the payout amount. This option must be selected at the time of issue. This feature is not tied to any index or inflation rates. **Selecting an Increasing Payout Option will affect the payout amount or required premium.**  1%  2%  3%  4%  5%

## PART 10: PAYMENT FREQUENCY

The payment date defaults to one payment frequency from the receipt of funds.

Monthly  Quarterly  Semiannually  Annually

**Please allow 3-5 business days after the payment date for funds to be deposited into the designated account.**

**IMPORTANT:** Prior to the first payment date, the deferral period defaults to one month for monthly, three months for quarterly, six months for semiannually and 12 months for annually from the effective date. The effective date of the annuity is the date the application and single premium are received, in good order, by Integrity's processing office unless a later date is requested. If you select a specific payment date that is less than one month from the effective date, the deferral period will be zero. The deferral period between months will always be rounded to the previous deferral period (e.g., two months and three weeks equals two months deferral).

(Optional) Defer initial payment to: 1 / 2 / 09 (Cannot be deferred for more than one year.)  
month day year

## PART 11: PAYMENT INFORMATION (Payments will be deposited directly to payee's checking, savings or brokerage account.)

**Please attach a voided check, a copy of a voided check, or deposit slip; and complete the following information.**

|  |                                      |
|--|--------------------------------------|
| Financial Institution Name<br>ABC Bank   |                                      |
| ABA Routing Number<br>945945945  | Account Number<br>80000123           |
| Address<br>55 Court Street   | Phone Number<br>555-555-6666         |
| <input type="checkbox"/> Checking Account <input checked="" type="checkbox"/> Savings Account <input type="checkbox"/> Brokerage/Other |                                      |
| Name of Account Owner<br>John E. Doe   | Other Account Number (if applicable) |

## PART 12: NOTICE OF WITHHOLDING OF INCOME TAX

Federal tax law requires Integrity to withhold federal income tax from the taxable portion of your annuity unless you elect not to have withholding apply. Withholding will be done on the same basis as wage withholding. Unless you request otherwise on the form below, Integrity will be required to withhold taxes on the basis that you are married claiming three allowances. If you are a resident of CA, IA, KS, MA, ME, NE, NC, OK, OR, VA or VT and withhold federal tax, Integrity must also withhold state tax at the state's standard rate unless you indicate otherwise. State withholding does not apply in AK, FL, ND, NH, NV, SD, TN, TX, WA and WY. If you choose not to withhold federal tax, 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. Direct Integrity to do one of the following:

- NOT to withhold federal income taxes (or state income tax, if applicable)
- Withhold federal income tax (and any applicable state income tax) on the following basis:
- Marital Status:  Married  Single
- Number of withholding allowances: \_\_\_\_\_
- Withhold taxes as follows:
- Federal  \_\_\_\_\_% rate  \$ \_\_\_\_\_ amount
- State  \_\_\_\_\_% rate  \$ \_\_\_\_\_ amount

## SPECIAL REQUEST SECTION

## PART 13: AGREEMENT

**Under penalties of perjury**, I (we) certify that (1) the number shown on this form is my (our) correct tax identification number(s), (2) that I (we) am not subject to backup withholding because (a) I (we) am exempt from backup withholding or (b) I (we) have not been notified by the Internal Revenue Service (IRS) that I (we) am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me (us) that I (we) am no longer subject to backup withholding, **and** (3) I (we) 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.**

It is hereby agreed by the undersigned that:

1. I have read the application and all statements and answers as they pertain to them, and acknowledge that these statements and answers are true and complete to the best of my knowledge and belief;
2. The statements and answers in this application are the basis for any contract issued by the company, and that no information about them will be considered to have been given to the company unless it is stated in the application;
3. That a sales representative does not have the company's authorization to accept risk, pass on insurability, or make, void, waive or change any conditions or provisions of the application, contract or receipt, as applicable;
4. That the company will have no liability until:
  - (i) A contract is issued on this application and delivered to and accepted by the owner; and
  - (ii) The single premium required to fund this contract is received by the company while each proposed owner and annuitant is alive.

Signed in Anytown ST on 01/10/2009  
City State Date

Signature of Owner  
John Doe /s/

Signature of Joint Owner (If applicable)  
Margaret Doe /s/

**For all applicants except those in AR, CO, CT, DC, FL, GA, KS, KY, LA, MA, MD, MN, NE, NJ, NM, OK, PA, TN, TX, VA and WA:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For applicants in AR, LA and MA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison.

**For applicants in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and denial of civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

**For applicants in CT and TX:** Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of competent jurisdiction.

**For applicants in DC:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**For applicants in FL:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**For applicants in GA and NE:** Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**For applicants in KY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**For applicants in MD:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For applicants in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For applicants in NM:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**For applicants in OK:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**For applicants in PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For applicants in TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Arizona Free Look Disclosure:** The Owner may request in writing factual information regarding the benefits and provisions of the annuity contract purchased. If not satisfied, the Owner may return the contract within 10 days, within 30 days if it replaced another contract, or within 30 days if the Owner is 65 years or older on the date this application was signed, after the contract is delivered, and receive a refund of all monies paid.

**California Senior Financial Products Disclosure:** In the process of evaluating the purchase of any annuity product, you should understand the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties or other costs or penalties as a result of their sale or liquidation. Prior to purchasing the new annuity product, you or your representative may wish to consult independent legal or financial advice before selling or liquidating any assets.

## PART 14: SALES REPRESENTATIVE/LICENSED AGENT'S REPORT SECTION

Does the applicant now have life insurance policies or annuity contracts with any company?  Yes  No

Will any existing insurance or annuity be replaced or changed (or has it been), assuming the contract applied for will be issued?

Yes  No

Has this application been reviewed for suitability by a financial institution or broker-dealer (**required information**)?  Yes  No

**If no, complete a Fixed Annuity Suitability Statement and submit to Integrity with this application. Note that Integrity cannot issue the contract without required suitability information.**

By signature below, I certify that I have asked and recorded completely and accurately the answers to all questions on the application. I know of nothing affecting the risk that has not been recorded herein.

|   |                            |                                      |                   |
|---|----------------------------|--------------------------------------|-------------------|
| Name (Print)<br>Ima Agent   | Phone<br>555-555-4444      | Integrity Agent ID Number<br>IA 123  |                   |
| Firm Name<br>XYZ Company  | Fax Number<br>555-555-3333 | Email Address<br>ima.agent@email.com |                   |
| Branch Address<br>123 Oak Street                                  | City<br>Anytown            | State<br>ST                          | Zip Code<br>54321 |
| Sales Representative/Licensed Agent's Signature*<br>Ima Agent /s/ | Agent Number<br>678678     | Date<br>1-2-2009                     |                   |

Issue as no-commission version

**Mail contract to:**  Sales Representative/Licensed Agent  Owner

*(Contracts mailed to sales representative/licensed agent must be delivered to the owner within five days of receipt. Contracts issued in Louisiana, Pennsylvania and West Virginia will be mailed to the owner.)*

**\* Florida Representative/Licensed Agent Information (complete only if contract is signed in Florida).**

|   |                           |
|---|---------------------------|
| Sales Representative/Licensed Agent's Signature | Florida License ID Number |
|---|---------------------------|

SERFF Tracking Number: WSSST-126222162 State: Arkansas  
 Filing Company: Integrity Life Insurance Company State Tracking Number: 43131  
 Company Tracking Number: ENT-01 0901  
 TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
 Product Name: ILIC/Ent SPIA/NL  
 Project Name/Number: ILIC/Ent SPIA/NL/ENT-01 0901

## Supporting Document Schedules

|  | <b>Item Status:</b> | <b>Status Date:</b> |
|--|---------------------|---------------------|
| <p><b>Satisfied - Item:</b> Flesch Certification</p> <p><b>Comments:</b></p> <p><b>Attachments:</b><br/>           Flesch Certification - Non-Compact.pdf<br/>           Certificate of Compliance.pdf</p> |                     |                     |

|   | <b>Item Status:</b> | <b>Status Date:</b> |
|---|---------------------|---------------------|
| <p><b>Satisfied - Item:</b> Application</p> <p><b>Comments:</b><br/>           The application form has been attached under the Form Schedule tab for approval.</p> |                     |                     |

|   | <b>Item Status:</b> | <b>Status Date:</b> |
|---|---------------------|---------------------|
| <p><b>Satisfied - Item:</b> Statements of Variability</p> <p><b>Comments:</b></p> <p><b>Attachments:</b><br/>           Ent SPIA SoV _non-compact 7-9-09_.pdf<br/>           Ent SPIA SoV Application Non-compact.pdf</p> |                     |                     |

Integrity Life Insurance Company

NAIC CODE # 74780

**CERTIFICATION**

I, M. Lisa Cooper, an officer of Integrity Life Insurance Company hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements of your state Statutes and Regulations.

| Form Numbers    | Readability Score |
|-----------------|-------------------|
| ENT-01 0901     | 54                |
| ER.01 0901      | 50                |
| ER.02 0901      | 51                |
| IL-77-0045-0808 | 51                |



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M. Lisa Cooper  
Product & State Filing Officer

Date: 07/15/2009

**Certificate of Compliance**  
Integrity Life Insurance Company

Form Number(s):

ENT-01 0901, Single Premium Immediate Annuity  
ENT-01 0901 SP1, Schedule Page (Joint Life w/ Cash Refund)  
ENT-01 0901 SP2, Schedule Page (Joint Life w/ Installment Refund)  
ENT-01 0901 SP3, Schedule Page (Joint Life w/ No Period Certain)  
ENT-01 0901 SP4, Schedule Page (Joint Life w/ Period Certain)  
ENT-01 0901 SP5, Schedule Page (Period Certain)  
ENT-01 0901 SP6, Schedule Page (Single Life w/ Cash Refund)  
ENT-01 0901 SP7, Schedule Page (Single Life w/ Installment Refund)  
ENT-01 0901 SP8, Schedule Page (Single Life w/ No Period Certain)  
ENT-01 0901 SP9, Schedule Page (Single Life w/ Period Certain)  
ENT-01 0901 SP10, Schedule Page (Temporary Life)  
ER.01 0901, Commutation Rider (Living Annuitant)  
ER.02 0901, Commutation Rider (Deceased Annuitant)  
IL-77-0045-0808, Application for an Immediate Annuity

I hereby certify to the best of my knowledge and belief that this filing is in compliance with Rule and Regulation 19, 49, ACA 23-79-138 and Bulletin 11-88.



\_\_\_\_\_  
Signature of Company Officer

\_\_\_\_\_  
M. Lisa Cooper

Name

\_\_\_\_\_  
Product & State Filing Officer

Title

\_\_\_\_\_  
07/31/2009

Date

### STATEMENT OF VARIABILITY

This document defines the range of variation of bracketed items found on the schedule page. There are two types of variations: (1) those items that are Owner-specific; and (2) those that are not Owner specific.

**Contract Number:** ENT-01 0901  
**Schedule Page Numbers:** ENT-01 0901 SP1, ENT-01 0901 SP2,  
 ENT-01 0901 SP3, ENT-01 0901 SP4,  
 ENT-01 0901 SP5, ENT-01 0901 SP6,  
 ENT-01 0901 SP7, ENT-01 0901 SP8,  
 ENT-01 0901 SP9 and ENT-01 0901 SP10  
**Rider Numbers:** ER.01 0901, ER.02 0901

### OWNER-SPECIFIC VARIABLES

The filed specimen policy form includes hypothetical information within the brackets shown on the face page, schedule page and riders. The bracketed items contain hypothetical information for Owners, Annuitants, Payee and Beneficiaries, which vary depending on the information provided to us.

The schedule page may contain an identifier such as an effective date or version number in the bottom right hand corner. This identifier can be used at the Company's discretion to reflect changes made as outlined in this Statement of Variability.

#### Information shown on Contract Face Page, Riders and Endorsements:

**Company Logo and Officer Signatures:** We may change our company logo and officer signatures if such items should change in the future. The flexibility to change our logo does not include the Company name. We understand if our Company name changes for any reason we must notify the Department accordingly.

#### Information shown on Contract Face Page:

**Right to Cancel Notice:** The number of days stated for the owner to cancel the contract will be based on the state where the contract is issued for delivery, owner's age on issue date, and contract's replacement status. The numbers will never be less than the minimum number of days required by state law.

**Administrative Address, Telephone Number and Web site:** We may change our administrative address, telephone number and Web site if such items should change in the future.

#### Information shown on schedule page:

**Contract Number:** Contract Number Assigned by the Company  
**Contract Date:** Date the Contract is issued  
**Contract Type:** Whether the contract is qualified or non-qualified  
**Premium:** The Premium paid

**VARIABLES THAT ARE NOT OWNER SPECIFIC**

The variables bracketed on the Schedule Pages and described in the Schedule Pages and riders contain the current restrictions set by the Company upon development of the Rider. Any changes to these variables will be made in a nondiscriminatory fashion. If any of these variables change from the amount as filed, they will be changed for all new issues, such that there will be only one plan available in the market at any one time.

These items are being filed as variable so that we can adjust them if dictated by market conditions, evidence of anti-selection, or experience that is markedly different from pricing assumptions based upon reasonable actuarial assumptions regarding investment income, mortality experience, lapse experience, and expenses. Changes made will remain within the ranges specified below. Changes made outside the specified ranges will be filed for approval.

**Information shown on schedule page:**

**INCOME PAYMENT INFORMATION**

**Income Payment Option:** one of the following alternatives will print here:

- Period Certain
- Single Life with No Period Certain
- Single Life with Period Certain
- Single Life with Cash Refund
- Single Life with Installment Refund
- Temporary Life
- Joint Life with No Period Certain
- Joint Life with Period Certain
- Joint Life with Cash Refund
- Joint Life with Installment Refund

A more detailed description of each of these alternatives comes later in the schedule page, and is covered later in this document.

**Income Date:** The date on which the Initial Income Payment is due. This will usually be one month after the Contract date, but could be anywhere between zero and 12 months after the Contract Date.

**Minimum Income Amount:** The minimum amount we will pay. If the premium and Income Payment Option combinations will not provide at least this amount, either the premium must be increased or the payment must be changed to a less frequent mode.

**Initial Income Payment:** the amount of the first Income Payment, based on the Premium paid and the Income Payment Option selected.

**Payment Frequency:** the frequency selected for Income Payments. This could be monthly, quarterly, semi-annually or annually.

**Period Certain:** If the Income Payment Option includes a period certain (excluding installment refund), this will print. The variable information will include a whole number of years from 5 to 30; if there are certain payments that do not fit a whole number of years, it will include "and X months", and possibly "with a final payment of \$X,XXX.XX."

If the Income Payment Option is Temporary Life, this will print as **Temporary Life Maximum**. This is the longest period of time the Temporary Life Income Option will be paid, and is chosen on the application.

If the Income Payment Option includes cash or installment refund, this will print as **Refund Period**, the description of which is later in this document.

**Temporary Life Maximum:** the maximum number of years income could be paid under the Temporary Life Income Payment Option. This could range from 5 to 30 years.

**INCOME OPTION DESCRIPTION:** the following alternatives will print:

**Single Life With No Period certain:** Income Payments continue for as long as the Annuitant is alive.

**Single Life With Period Certain:** Income Payments continue for the longer of the life of the Annuitant and the period certain.

**Single Life With Cash Refund:** Income Payments continue for as long as the Annuitant is alive. If the Annuitant dies within the Refund Period, there will be one final payment of the excess of the Premium paid over the sum of all payments made.

**Single Life With Installment Refund:** Income Payments continue for as long as the Annuitant is alive. If the Annuitant dies within the Refund Period, Income Payments will continue until the sum of all payments equals the Premium paid.

**Temporary Life:** Income Payments continue for the lesser of the life of the Annuitant and the Temporary Life Maximum

**Joint Life With No Period Certain:** Income Payments continue for the longer of the life of the Annuitant and the Joint Annuitant.

**Joint Life With Period Certain:** Income payments continue for the longest of 1. the life of the Annuitant, 2. the life of the Joint Annuitant, and 3. the Period Certain.

**Joint Life With Cash Refund:** Income Payments continue for the longer of the life of the Annuitant and the Joint Annuitant. If the last living Annuitant dies within the Refund Period, there will be one final payment of the excess of the Premium over the sum of all payments made.

**Joint Life With Installment Refund:** Income Payments continue for the longer of the life of the Annuitant and the Joint Annuitant. If the last living Annuitant dies within the Refund Period, Income Payments will continue until the sum of all payments equals the Premium paid.

The following will print alone if the Income Option does not include any life contingencies, or in conjunction with the above life with period certain Income Option definitions: **Period Certain:** the amount of time during which payments are guaranteed to continue.

The following will print in conjunction with the above life with cash refund or installment refund Income Option definitions:

**Refund Period:** The period of time during which the sum of all payments is less than or equal to the Premium paid.

**INCREASING PAYOUT OPTION** (this will not print if not selected)

**Initial Increase Date:** The date when the first increase occurs. This could be any time beginning one year after the first payment, up to ten years after the first payment.

**Increase Interval:** This refers to how often the increase occurs after the Initial Increase Date. It will be a whole number of years, ranging from one to five.

**Increase Percentage:** This is the percentage selected for the increase. It can range from 1.00% to 5.00%, and could also be selected to change in the future (e.g., 3.50% for the first five years and 5.00% thereafter).

**INCOME REDUCTION** (this will not print if not selected)

**Reduction Percentage:** this is the amount by which joint life income will reduce following the death of the designated annuitant. The reduction could be between 5% and 75%. Reduction does not take place until the end of any period certain or refund period.

**Reduction Option:** the option selected determines at which death the reduction becomes effective. The alternatives are a) at the death of the Annuitant, or b) at the death of the Joint Annuitant, or c) at the first death of the Annuitant or the Joint Annuitant.

**COMMUTATION RIDER – LIVING ANNUITANT** (this will not print if the rider is not included):

**Rider Effective Date:** the date on which the rider becomes effective. This will generally be the Contract Date.

**Minimum Commutation Percentage:** the least amount of the period certain payments that the owner can commute under the Living Annuitant Commutation Rider. This could range from 5% to 50%.

**Maximum Commutation Percentage:** the most amount of the period certain payments that the owner can commute under the Living Annuitant Commutation Rider. This could range from 50% to 100%.

**Living Annuitant Commutation Floor Rate:** the minimum rate at which the present value of the payments being commuted under the Living Annuitant Commutation Rider would be calculated. This could range from 1% to 15%. The derivation of this rate is described in the actuarial memo.

**Living Annuitant Commutation Margin:** the amount to be added to the discount rate described in the actuarial memo to determine the rate at which the present value of the payments being commuted under the Living Annuitant Commutation Rider may be calculated. This could range from 0.10% to 10%.

The commutation calculation uses the greater of a) and b), where a) is the Living Annuitant Commutation Floor Rate, and b) is the discount rate plus the Living Annuitant Commutation Margin rate.

**Payment Day Limitation:** the 15-day maximum within which the Company must pay the Commuted Amount following the owner's acceptance of commutation.

**COMMUTATION RIDER – DECEASED ANNUITANT** (this will not print if the rider is not included):

**Rider Effective Date:** the date on which the rider becomes effective. This will generally be the Contract Date.

**Commutation Percentage:** the percentage of the remaining guaranteed payments that must be commuted. There is no choice if commutation is elected. If we ever change from 100%, this would not be less than 25%.

**Deceased Annuitant Commutation Rate:** the rate at which the present value of the payments being commuted under the Deceased Annuitant Commutation Rider is calculated. This could range from 1% to 15%. The derivation of this rate is described in the actuarial memo.

**Payment Day Limitation:** the 15-day maximum within which the Company must pay the Commuted Amount following the owner's acceptance of commutation.



**SINGLE PREMIUM INDIVIDUAL IMMEDIATE ANNUITY APPLICATION  
IL-77-0045-0808**

**STATEMENT OF VARIABILITY**

This document defines the range of variation for items identified by brackets and found on Application Form IL-77-0045-0808. Any use of variability shall be administered in a uniform and non-discriminatory manner and shall not result in unfair discrimination.

We certify that any change or modification to a variable item shall be administered in accordance with the requirements in this Statement of Variability, including any requirements for prior approval of a change or modification.

**1. Company Logo and Administrative Addresses:**

**Description of Variability:** We reserve the right to change our company logo and administrative address if such items should change in the future. The flexibility to change our logo does not include the Company name.

**2. Marketing Name and Administrative Forms:**

**Description of Variability:** We reserve the right to change our Marketing Names of the product, administrative forms and administrative practices from time to time consistent with our current practices.

**3. Commutation Rights:**

**Description of Variability:** We reserve the right to delete the sections of commutation de/selection if the Company's marketing plan may change in the future.

**4. Income Options, Increasing Payout Options and Frequency of Payments:** Part 8, 9 and 10 contain information needed to set up annuity payments.

**Description of Variability:** The Company may change, delete or add various payment options as may be offered by the Company from time to time.

**5. State and Federal Disclosures:** Various information, disclosures and administrative rules are required to comply with state and federal laws, regulations, bulletins, notices, etc.

**Description of Variability:** We reserve the right to add, delete or change information and disclosures to remain in compliance with state and federal requirements.

**6. Sales Representative/Licensed Agent's Report Section:**

**Description of Variability:** With the exception of the Replacement questions, we reserve the right to change the Sales Representative/Licensed Agent Report section to meet our business processing needs.

*SERFF Tracking Number:* WSSST-126222162      *State:* Arkansas  
*Filing Company:* Integrity Life Insurance Company      *State Tracking Number:* 43131  
*Company Tracking Number:* ENT-01 0901  
*TOI:* A051 Individual Annuities- Immediate Non-Variable      *Sub-TOI:* A051.000 Annuities - Immediate Non-variable  
*Product Name:* ILIC/Ent SPIA/NL  
*Project Name/Number:* ILIC/Ent SPIA/NL/ENT-01 0901

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| <b>Creation Date:</b> | <b>Schedule</b> | <b>Schedule Item Name</b>            | <b>Replacement Creation Date</b> | <b>Attached Document(s)</b>                               |
|-----------------------|-----------------|--------------------------------------|----------------------------------|---|
| 07/30/2009            | Form            | Application for an Immediate Annuity | 10/06/2009                       | IL-77-0045-0808 - bracketed & john doe'd.pdf (Superseded) |



## IncomeSource Application for a Single Premium Individual Immediate Annuity

### MAILING INSTRUCTIONS

**Integrity Life Insurance Company (Integrity) will not accept this application without a quote from the company's Payout Annuity Illustration Software.** The information on the payout quote and on this application must be consistent. Send the completed application and quote 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

### PART 1: ANNUITANT INFORMATION (Required)

#### Annuitant

Individual on whose life income payments are based. **The annuitant is assumed to be the owner unless indicated otherwise in Part 2.**

|   |                             |                                     |                                       |                   |
|---|-----------------------------|-------------------------------------|---------------------------------------|-------------------|
| Name—First, Middle, Last<br>John E. Doe                                       |                             | Phone<br>555-555-1111               | Social Security Number<br>123-45-6789 |                   |
| Address<br>123 Main Street  |                             | City<br>Anytown                     | State<br>ST                           | Zip Code<br>54321 |
| Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth<br>09-18-1950 | Email Address<br>john.doe@email.com |                                       |                   |

Decline Living Annuitant Commutation Rider

Are you a US citizen?  Yes  No If no, what is your country of citizenship? \_\_\_\_\_  
If no, are you a permanent resident of the US?  Yes  No If yes, for how long? \_\_\_\_\_

#### Joint Annuitant (If applicable)

Please complete when transferring contracts with joint annuitants or when selecting joint life payouts.

|   |                             |                       |                                       |                   |
|---|-----------------------------|-----------------------|---------------------------------------|-------------------|
| Name—First, Middle, Last<br>Margaret I. Doe                                   |                             | Phone<br>555-555-1111 | Social Security Number<br>987-65-4321 |                   |
| Address<br>123 Main Street  |                             | City<br>Anytown       | State<br>ST                           | Zip Code<br>54321 |
| Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female | Date of Birth<br>05-20-1953 | Email Address<br>n/a  | Relationship to Annuitant<br>Spouse   |                   |

Are you a US citizen?  Yes  No If no, what is your country of citizenship? \_\_\_\_\_  
If no, are you a permanent resident of the US?  Yes  No If yes, for how long? \_\_\_\_\_

#### Beneficiary (Indicate additional beneficiaries in the Special Request Section, if necessary. Include the same information requested below.)

Receives payments if annuitant(s) dies. Any periodic payments to a beneficiary will be paid as due unless otherwise specified herein. The right to change the beneficiary is reserved to the owner. If more than one beneficiary is to share in the payments, the payments will be made in equal shares to the beneficiaries living at the time each payment becomes due, unless otherwise stipulated. Beneficiary becomes owner at the death of the last owner.

#### Primary Beneficiary(ies)

|  |               |                            |  |          |
|--|---------------|----------------------------|--|----------|
| Name—First, Middle, Last<br>Raoul Hatterfield-Bigbee               |               | Social Security Number/TIN | <input type="checkbox"/> Restrict Right to Commute |          |
| Address  |               | City                       | State  | Zip Code |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | Relationship to Annuitant  |  |          |
| Name—First, Middle, Last (if applicable)<br>Laura Ingalls Wilder   |               | Social Security Number/TIN | <input type="checkbox"/> Restrict Right to Commute |          |
| Address  |               | City                       | State  | Zip Code |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | Relationship to Annuitant  |  |          |

**PART 1: ANNUITANT INFORMATION (Continued)****Contingent Beneficiary(ies)**

|  |               |                            |       |  |  |
|--|---------------|----------------------------|-------|--|--|
| Name—First, Middle, Last<br>Jane Doe                               |               | Social Security Number/TIN |       | <input type="checkbox"/> Restrict Right to Commute |  |
| Address  |               | City                       | State | Zip Code   |  |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | Relationship to Annuitant  |       |  |  |
| Name—First, Middle, Last (if applicable)<br>Justin Doe             |               | Social Security Number/TIN |       | <input type="checkbox"/> Restrict Right to Commute |  |
| Address  |               | City                       | State | Zip Code   |  |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | Relationship to Annuitant  |       |  |  |

**PART 2: OWNER INFORMATION (Do not complete if the owner and annuitant are the same person.)****Owner**

Exercises control of the contract and is responsible for all taxes before and after the death of the annuitant. If the owner is a non-natural person, such as a trust or corporation, complete the Entity Ownership Certificate.

|  |               |               |                            |          |  |
|--|---------------|---------------|----------------------------|----------|--|
| Name—First, Middle, Last   |               | Phone         | Social Security Number/TIN |          |  |
| Address  |               | City          | State                      | Zip Code |  |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | Email Address | Relationship to Annuitant  |          |  |

Are you a US citizen?  Yes  No If no, what is your country of citizenship? \_\_\_\_\_  
 If no, are you a permanent resident of the US?  Yes  No If yes, for how long? \_\_\_\_\_

**Successor Owner (Designate only if you do not want the beneficiary to assume ownership upon last owner's death.)**

|  |               |                       |                            |          |  |
|--|---------------|-----------------------|----------------------------|----------|--|
| Name—First, Middle, Last   |               | Phone                 | Social Security Number/TIN |          |  |
| Address  |               | City                  | State                      | Zip Code |  |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | Relationship to Owner |                            |          |  |

Are you a US citizen?  Yes  No If no, what is your country of citizenship? \_\_\_\_\_  
 If no, are you a permanent resident of the US?  Yes  No If yes, for how long? \_\_\_\_\_

**Joint Owner**

Shares control of the contract. When one joint owner dies, ownership passes to the other owner. With the exception of exchanging jointly owned contracts, Integrity does not normally accept joint ownership arrangements. Complete this section when exchanging jointly owned contracts. **Note:** The owner maintains control of the contract and is responsible for all taxes before and after the death of the annuitant.

|  |               |               |                            |          |  |
|--|---------------|---------------|----------------------------|----------|--|
| Name—First, Middle, Last   |               | Phone         | Social Security Number/TIN |          |  |
| Address  |               | City          | State                      | Zip Code |  |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth | Email Address | Relationship to Owner      |          |  |

Are you a US citizen?  Yes  No If no, what is your country of citizenship? \_\_\_\_\_  
 If no, are you a permanent resident of the US?  Yes  No If yes, for how long? \_\_\_\_\_

**PART 3: PAYEE INFORMATION (Complete if other than the owner.)****Payee**

Payments will be deposited directly to the payee's checking, savings or brokerage account.

|                          |  |       |                            |  |  |
|--------------------------|--|-------|----------------------------|--|--|
| Name—First, Middle, Last |  | Phone | Social Security Number/TIN |  |  |
|--------------------------|--|-------|----------------------------|--|--|

**PART 3: PAYEE INFORMATION (Continued)**

|   |  |               |                            |          |
|---|--|---------------|----------------------------|----------|
| Address   |  | City          | State                      | Zip Code |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female  |  | Date of Birth |                            |          |
| If the payee is a minor, a custodian must be named under the resident state's Uniform Transfers to Minors Act. For example: [INSERT ADULT'S NAME], as custodian for [INSERT MINOR'S NAME], under the [INSERT MINOR'S RESIDENT STATE] Uniform Transfers to Minors Act. |  |               |                            |          |
| Name—First, Middle, Last (if applicable)  |  | Phone         | Social Security Number/TIN |          |
| Address   |  | City          | State                      | Zip Code |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female  |  | Date of Birth |                            |          |

**PART 4: TYPE OF CONTRACT (Required)**

Will the Integrity annuity be issued as a nonqualified or a tax-qualified contract?  Nonqualified  Tax Qualified\*

\* A contract is tax qualified if it is being funded from a rollover or transferred from a qualified plan or existing IRA.

**PART 5: TAX-QUALIFIED CONTRACTS (Required if a qualified contract)**

|   |  |   |   |
|---|--|---|---|
| If tax qualified, how do you want Integrity to issue the contract?<br><input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA <input type="checkbox"/> Qualified Plan |  | Is this a rollover?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> This is an inherited IRA |
|---|--|---|---|

**PART 6: REPLACEMENT INFORMATION (Required)**

Do you currently have an existing annuity contract or life insurance policy?  Yes  No

Does the purchase of this annuity change or replace any existing annuity contract or life insurance policy?  Yes  No

If yes, please complete the Transfer Request Form.

**PART 7: AMOUNT PAID WITH APPLICATION (Checks must be made to the order of Integrity Life Insurance Company.)**

Source of funding: \_\_\_\_\_

The money will be received by Integrity via  Check  Wire Transfer  1035 Exchange  Qualified Transfer/Rollover

Amount of single premium \$ 100,000

Amount of each annuity payment \$ \_\_\_\_\_ (initial payment if increasing payout selected).

**Please be sure to include the payout quote from Integrity's Payout Annuity Illustration Software along with this application.**

**PART 8: INCOME OPTIONS**

For life contingent plans, annuitant's age verification is required. Acceptable verification documents include a copy of driver's license or birth certificate.

Only Check one option in boldface below.

- Lifetime Only** (Note: No benefit on or after the death of the annuitant.)
- Lifetime with** (check one below)
  - Certain Income for \_\_\_\_\_ years (5–30) \_\_\_\_\_ months
  - Installment Refund
  - Cash Refund
- Certain Income for** \_\_\_\_\_ years (5–30) \_\_\_\_\_ months
- Temporary Life for a maximum of** \_\_\_\_\_ years (5–30) \_\_\_\_\_ months even if the annuitant is still alive. Note: There is no benefit on or after the death of the annuitant.
- Joint and Survivor Lifetime with Cash Refund**
- Joint and Survivor** (check one below)
  - Lifetime Only (Note: No benefit on or after the death of the annuitant.)
  - Lifetime with Certain Income for \_\_\_\_\_ years (5–30) \_\_\_\_\_ months
  - Lifetime with Installment Refund

Check one (Applies to all Joint and Survivor Lifetime Options except Cash Refund)

- Payments will not reduce
- Payments will **reduce** by (Applies to all Joint and Survivor Lifetime Options except Cash Refund)
  - \_\_\_\_\_% (5%–75%) at the death of the annuitant only
  - \_\_\_\_\_% (5%–75%) at the death of the joint annuitant only
  - \_\_\_\_\_% (5%–75%) at the first death of either annuitant or joint annuitant

**Note:** When selecting a reduction in payment, the reduction will not take place until the end of the period certain (if selected) or the original premium has been paid out (if an installment refund was selected).

## PART 9: INCREASING PAYOUT OPTION (Optional)

Allows for an automatic 1%, 2%, 3%, 4% or 5% annually compounding increase in the payout amount. This option must be selected at the time of issue. This feature is not tied to any index or inflation rates. **Selecting an Increasing Payout Option will affect the payout amount or required premium.**  1%  2%  3%  4%  5%

## PART 10: PAYMENT FREQUENCY

The payment date defaults to one payment frequency from the receipt of funds.

Monthly  Quarterly  Semiannually  Annually

**Please allow 3-5 business days after the payment date for funds to be deposited into the designated account.**

**IMPORTANT:** Prior to the first payment date, the deferral period defaults to one month for monthly, three months for quarterly, six months for semiannually and 12 months for annually from the effective date. The effective date of the annuity is the date the application and single premium are received, in good order, by Integrity's processing office unless a later date is requested. If you select a specific payment date that is less than one month from the effective date, the deferral period will be zero. The deferral period between months will always be rounded to the previous deferral period (e.g., two months and three weeks equals two months deferral).

(Optional) Defer initial payment to: 1 / 2 / 09 (Cannot be deferred for more than one year.)  
month day year

## PART 11: PAYMENT INFORMATION (Payments will be deposited directly to payee's checking, savings or brokerage account.)

**Please attach a voided check, a copy of a voided check, or deposit slip; and complete the following information.**

Financial Institution Name

ABC Bank

ABA Routing Number

945945945

Account Number

80000123

Address

55 Court Street

Phone Number

555-555-6666

Checking Account  Savings Account  Brokerage/Other

Name of Account Owner

John E. Doe

Other Account Number (if applicable)

## PART 12: NOTICE OF WITHHOLDING OF INCOME TAX

Federal tax law requires Integrity to withhold federal income tax from the taxable portion of your annuity unless you elect not to have withholding apply. Withholding will be done on the same basis as wage withholding. Unless you request otherwise on the form below, Integrity will be required to withhold taxes on the basis that you are married claiming three allowances. If you are a resident of CA, IA, KS, MA, ME, NE, NC, OK, OR, VA or VT and withhold federal tax, Integrity must also withhold state tax at the state's standard rate unless you indicate otherwise. State withholding does not apply in AK, FL, ND, NH, NV, SD, TN, TX, WA and WY. If you choose not to withhold federal tax, 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. Direct Integrity to do one of the following:

- NOT to withhold federal income taxes (or state income tax, if applicable)
- Withhold federal income tax (and any applicable state income tax) on the following basis:
- Marital Status:  Married  Single
- Number of withholding allowances: \_\_\_\_\_
- Withhold taxes as follows:
- Federal  \_\_\_\_\_% rate  \$ \_\_\_\_\_ amount
- State  \_\_\_\_\_% rate  \$ \_\_\_\_\_ amount

## SPECIAL REQUEST SECTION

## PART 13: AGREEMENT

**Under penalties of perjury**, I (we) certify that (1) the number shown on this form is my (our) correct tax identification number(s), (2) that I (we) am not subject to backup withholding because (a) I (we) am exempt from backup withholding or (b) I (we) have not been notified by the Internal Revenue Service (IRS) that I (we) am subject to backup withholding as a result of a failure to report all interest or dividends or (c) the IRS has notified me (us) that I (we) am no longer subject to backup withholding, **and** (3) I (we) 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.**

It is hereby agreed by the undersigned that:

1. I have read the application and all statements and answers as they pertain to them, and acknowledge that these statements and answers are true and complete to the best of my knowledge and belief;
2. The statements and answers in this application are the basis for any contract issued by the company, and that no information about them will be considered to have been given to the company unless it is stated in the application;
3. That a sales representative does not have the company's authorization to accept risk, pass on insurability, or make, void, waive or change any conditions or provisions of the application, contract or receipt, as applicable;
4. That the company will have no liability until:
  - (i) A contract is issued on this application and delivered to and accepted by the owner; and
  - (ii) The single premium required to fund this contract is received by the company while each proposed owner and annuitant is alive.

Signed in Anytown ST on 01/10/2009  
City State Date

Signature of Owner  
John Doe /s/

Signature of Joint Owner (If applicable)  
Margaret Doe /s/

**For all applicants except those in AR, CO, CT, DC, FL, GA, KS, KY, LA, MA, MD, MN, NE, NJ, NM, OK, PA, TN, TX, VA and WA:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**For applicants in AR, LA and MA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application is guilty of a crime and may be subject to fines and confinement in prison.

**For applicants in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and denial of civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

**For applicants in CT and TX:** Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of competent jurisdiction.

**For applicants in DC:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**For applicants in FL:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**For applicants in GA and NE:** Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**For applicants in KY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**For applicants in MD:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For applicants in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For applicants in NM:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**For applicants in OK:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**For applicants in PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For applicants in TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Arizona Free Look Disclosure:** The Owner may request in writing factual information regarding the benefits and provisions of the annuity contract purchased. If not satisfied, the Owner may return the contract within 10 days, within 30 days if it replaced another contract, or within 30 days if the Owner is 65 years or older on the date this application was signed, after the contract is delivered, and receive a refund of all monies paid.

**California Senior's Disclosure:** I understand that if I elect to immediately invest the initial contribution in the variable account options, I may experience loss during the free-look period.

**California Senior Financial Products Disclosure:** In the process of evaluating the purchase of any annuity product, you should understand the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties or other costs or penalties as a result of their sale or liquidation. Prior to purchasing the new annuity product, you or your representative may wish to consult independent legal or financial advice before selling or liquidating any assets.

#### PART 14: SALES REPRESENTATIVE/LICENSED AGENT'S REPORT SECTION

Does the applicant now have life insurance policies or annuity contracts with any company?  Yes  No

Will any existing insurance or annuity be replaced or changed (or has it been), assuming the contract applied for will be issued?

Yes  No

Has this application been reviewed for suitability by a financial institution or broker-dealer (**required information**)?  Yes  No

**If no, complete a Fixed Annuity Suitability Statement and submit to Integrity with this application. Note that Integrity cannot issue the contract without required suitability information.**

By signature below, I certify that I have asked and recorded completely and accurately the answers to all questions on the application. I know of nothing affecting the risk that has not been recorded herein.

|   |                            |                                      |                   |
|---|----------------------------|--------------------------------------|-------------------|
| Name (Print)<br>Ima Agent   | Phone<br>555-555-4444      | Integrity Agent ID Number<br>IA 123  |                   |
| Firm Name<br>XYZ Company  | Fax Number<br>555-555-3333 | Email Address<br>ima.agent@email.com |                   |
| Branch Address<br>123 Oak Street                                  | City<br>Anytown            | State<br>ST                          | Zip Code<br>54321 |
| Sales Representative/Licensed Agent's Signature*<br>Ima Agent /s/ | Agent Number<br>678678     | Date<br>1-2-2009                     |                   |

Issue as no-commission version

**Mail contract to:**  Sales Representative/Licensed Agent  Owner

*(Contracts mailed to sales representative/licensed agent must be delivered to the owner within five days of receipt. Contracts issued in Louisiana, Pennsylvania and West Virginia will be mailed to the owner.)*

**\* Florida Representative/Licensed Agent Information (complete only if contract is signed in Florida).**

|   |                           |
|---|---------------------------|
| Sales Representative/Licensed Agent's Signature | Florida License ID Number |
|---|---------------------------|