



**Integrity Life
Insurance Company**



**National Integrity Life
Insurance Company**

Members of Western & Southern Financial Group

Independent Agent/Agency Appointment Form

SPECIAL CODE: D036B
(OFFICE USE ONLY)

MAILING INSTRUCTIONS

Return this form and required documents to:

Integrity Companies, 303 Broadway, Suite 1100, Cincinnati, OH 45202-4203

Fax: 888.220.2677

Email: licensingintegrity@integritycompanies.com

FOR ASSISTANCE Call:
800.804.4465

NEW APPOINTMENT REQUEST

AGENT/FIRM INFORMATION UPDATE

HIERARCHY

Name of firm, agency or general agent that you sell fixed annuities through:

Tax ID or Firm's Integrity/National Integrity Agency Code (if known):

APPOINTMENT

APPOINT AGENT

Agent Name

Other Names Known By (i.e., maiden)

Agent Address

City

State

Zip

County

Agent Phone #

Date of Birth

Social Security/Tax ID #

Email

NAIC/National Producer # (if known)

APPOINT AGENCY

Agency Name

Agency Tax ID #

Agency Address

City

State

Zip

Email

Agency Phone #

Fax

Special mailing or commission instructions:

List those states where you wish to be appointed:

Please attach a copy of your state insurance license for all states listed above. In NY, ME, VT and NH, you will be appointed with National Integrity Life Insurance Company. In all other states you will be appointed with Integrity Life Insurance Company.

ASSIGNMENT OF COMMISSION

Check box if commission is to be assigned.

Assign entire commission to (please print name):

Agent/Firm ID #

DIRECT DEPOSIT COMMISSIONS / ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT (Required)

Financial Institution (Bank) Information Checking Account Savings Account

Attach a voided check or copy of a voided check OR complete the bank information below.

Bank Name

Bank Phone #

Bank Address

City

State

Zip

Account Number

ABA Routing Number

CapitalCare, Inc

I authorize Integrity Life Insurance Company or National Integrity Life Insurance Company to credit my account for any future payments at the above named financial institution. This agreement will remain active until written notification is received and in such a time as to afford the company reasonable opportunity to act on my request. I authorize the bank to debit my account and to refund any overpayments by the company. **If my bank changes, I will notify the Licensing Department as soon as possible at the addresses or fax number above.** I hereby certify that the above information is true and correct to the best of my knowledge. Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number, I am not subject to backup withholding, and I am a US person (including a US resident alien). I am hereby notified that inquiries may be made on behalf of Integrity/National Integrity through outside entities regarding my character, general reputation, business experience, credit history and personal characteristics. I authorize such information to be released to Integrity/National Integrity or its legal representative. I hereby agree to hold harmless and indemnify Integrity/National Integrity, its affiliates, assigns or agents against any loss or damages (including reasonable attorney fees) direct or consequential, resulting from the gathering, verification or use of the information contained herein. I also certify that I have never been convicted of a felony involving dishonesty or breach of trust. I agree that a photocopy or electronic transmission of this authorization be accepted with the same authority as the original. I understand that this appointment form does not constitute a contract of employment or a guarantee of appointment by Integrity/National Integrity.

Name (Please print)

Signature

Date

Fixed Product Sales Agreement

 SPECIAL CODE: D036B
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MAILING INSTRUCTIONS

Return this form and the Independent Agent/Agency Appointment Form (CF-21-0003) to:

Integrity Companies, 303 Broadway, Suite 1100, Cincinnati, OH 45202-4203

Fax: 888.220.2677

 Email: licensingintegrity@integritycompanies.com
For Assistance Call:

800.804.4465

PART 1: AGENT OR AGENCY INFORMATION (must be completed)

A completed Independent Agent/Agency Appointment Form and Commission Schedule must be provided to all agents and subagents. **If commissions are being assigned, do not complete this form. Only complete Independent Agent/Agency Form (CF-21-0003) if commissions are being assigned.**

Agent or Agency Name (Please print)

Note: This is the entity to whom commissions will be paid. Integrity/National Integrity will not provide 1099-Misc. reporting for corporations.

Agency Contact Name

Phone #

Address

City

State

Zip

PART 2: COMMISSION CODE

Commission code from Fixed Annuity Commission Schedule

PART 3: TERMS OF APPOINTMENT

Integrity Life Insurance Company/National Integrity Life Insurance Company hereby appoints the Agency (together with its agents) to sell its products.

I. Duties

The agent or agency is authorized and responsible, as an independent contractor, to:

- A. solicit, collect and send contributions promptly to Integrity/National Integrity;
- B. promptly deliver contracts and related documents to customers;
- C. maintain any records reasonably requested by Integrity/National Integrity;
- D. cooperate with Integrity/National Integrity as required to provide service for products;
- E. ensure that agents or agency doesn't engage in or benefit from an unlawful, improper, unsuitable or company prohibited activity: rebating, misrepresentation, twisting, unauthorized sales or churning;
- F. comply in good faith with Integrity/National Integrity's administrative procedures and all applicable laws and regulations;
- G. give no tax or legal advice on Integrity/National Integrity's behalf, including, if applicable, any advice regarding maximum contribution or loan limits under tax-qualified plans and/or tax-sheltered annuities; and
- H. ensure that no premiums on any products are sent to Integrity/National Integrity — including any employer's contributions, if applicable — without Integrity/National Integrity's express written consent.

II. Commissions and Products

- A. Integrity/National Integrity shall pay the commission listed on the commission schedule (as reasonably calculated by Integrity/National Integrity) after the effective date to the agent or agency for each contribution solicited.
- B. If distributions are made to a contract owner during the first year, the agent or agency shall refund any commissions in accordance with the commission schedule. If a contract owner takes an annuitization during the first contract year, the agent or agency shall refund commissions received in excess of the first-year annuitization commission.
- C. By providing 30 days' written notice, Integrity/National Integrity reserves the right to revise commissions on products issued, renewed, converted or exchanged thereafter. Integrity/National Integrity also reserves the right to revise commissions (without prior notice) for products issued, renewed, converted or exchanged that involves a special customer-value program.
- D. The agency is solely responsible for any commissions or other compensation due to its agents and subagents.
- E. Integrity/National Integrity shall owe no commissions on any contribution received after termination of this agreement, except for contributions already solicited.
- F. Integrity/National Integrity may add, remove or modify any product immediately upon written notice.
- G. Integrity/National Integrity will pay all qualifying agents an additional account value trail — referred to as "Dynasty Trail" — on all eligible products.

CapitalCare, Inc

TERMS OF APPOINTMENT (CONTINUED)

III. Indemnity

Upon receipt of timely notice, each party shall defend and indemnify the other and its affiliated companies, officers, directors, employees and agents with respect to any and all losses, damages, unjust or wrongful enrichment, claims or expenses (including reasonable attorneys' fees) arising from such party's breach of any provision of this agreement or any applicable legal obligation.

IV. Privacy and Confidential Information

Each party agrees to hold any confidential or proprietary information about each client, the other party and affiliates (collectively "Confidential Information") in strict confidence. Each party agrees to refrain from directly or indirectly using or disclosing any confidential client information to anyone, except for the purposes of administering business or as required by law.

V. Other

- A. Each party may audit the other's records if reasonable notice is given.
- B. Neither party may use any materials referring to the other, without prior written approval. Each party must obtain the other's written approval of any advertising or other material containing references to the name(s), logo(s), trademark(s), or product(s) of such other party prior to use of such material in any manner whatsoever.
- C. This agreement supersedes all prior agreements and may be amended only in writing and must be signed by both parties, except for the conditions noted in Section II.
- D. This agreement may be terminated by either party in writing with 10 days prior written notice. Upon termination, all Integrity/National Integrity materials must be returned to the company. Any agent's appointment may be terminated by either party in writing.
- E. This agreement, its parties and disputes, if any, shall be subject to the appropriate laws and regulations, courts and applicable rules of the State of Ohio.
- F. If any provisions of this agreement are held to be invalid, the remaining provisions shall continue in full force and effect. The Duties and Indemnity sections shall survive any termination hereof to the fullest extent permissible by law.
- G. This agreement may not be assigned without the express written consent of the parties.
- H. Individual agents must be set up at Commission Code 5 (see corresponding commission schedule, CF-97-0005-0901).

PART 4: AGENT/AGENCY SIGNATURES

I agree to the terms and conditions of the Fixed Product Sales Agreement as outlined on this document.
Agent/Agency Signature

Date

Agent Name (Please print)

Agent Phone #

PART 5: INTEGRITY/NATIONAL INTEGRITY REPRESENTATIVE SIGNATURE

Integrity/National Integrity Representative Signature

Date

Name (Please print)

Phone #

A signed copy of this agreement will be returned to you.

Integrity Life Insurance Company operates in all states except NY, NH, ME and VT where National Integrity has operating authority.

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