



Agent Information Form

RETURN COMPLETED FORMS TO:

Integrity Licensing, 303 Broadway, Suite 1100, Cincinnati, OH 45202-4203 Fax: 888.220.2677

FOR ASSISTANCE:

Call: 866.369.5414 Email: licensingintegrity@integritycompanies.com

| | | | | | | | | | | | | |
|---|-----------------------------|-----------------------------|-----------------------------|---|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> NEW APPOINTMENT REQUEST | | | | | <input type="checkbox"/> AGENT INFORMATION UPDATE | | | | | | | |
| Agent Name | | | | | Other Names Known By (i.e., maiden) | | | | | | | |
| Home Address | | | City | | County | | State | | Zip | | | |
| Date of Birth | | City, State of Birth | | | Social Security Number / Tax Identification Number | | | | | | | |
| NAIC/National Producer Number (if known) | | | | | | | | | | | | |
| All agent correspondence, as well as customer confirms and statements, will be sent to the business address provided below. | | | | | | | | | | | | |
| Business Address | | | | City | | | State | | Zip | | | |
| Business Phone | | | | Fax | | | Email | | | | | |
| Special mailing instructions: | | | | | | | | | | | | |
| Name of firm, agency or general agent that you sell fixed annuities through: | | | | | | | | | | | | |
| If firm, agency or general agent is not a corporation, provide Tax ID Number: | | | | | | | | | | | | |
| Are you NASD registered? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | If yes, name of current broker-dealer: | | | | | | | | |
| Do you wish to be set up to sell variable annuities? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Have you changed broker-dealers in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |
| STATE REQUESTS | | | | | | | | | | | | |
| Check boxes for states where you wish to be appointed: | | | | | | | | | | | | |
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AR | <input type="checkbox"/> AZ | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID |
| <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> MO |
| <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA |
| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | |
| Please attach a copy of your state insurance license for all states checked. In NY, ME, VT and NH, you will be appointed with the National Integrity Life Insurance Company. In all other states you will be appointed with the Integrity Life Insurance Company. | | | | | | | | | | | | |
| I hereby certify that the above information is true and correct to the best of my knowledge and that the number on this form is my correct taxpayer identification number. I am hereby notified that inquiries may be made on behalf of 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 Life Insurance Company or its legal representative. I hereby agree to hold harmless and indemnify 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 am willing that a photocopy or electronic transmission of this authorization be accepted with the same authority as the original. I agree that this questionnaire does not constitute a contract of employment or a guarantee of appointment by Integrity. | | | | | | | | | | | | |
| Signature | | | | | Date | | | | | | | |



DIRECT DEPOSIT COMMISSIONS**ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT**

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 | City | State | Zip |
| Bank Address | | Bank Phone | |
| Account Number | | ABA Routing Number | |
| <p>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. I am willing that a photocopy or electronic transmission of this authorization be accepted with the same authority as the original.</p> <p>If your bank changes, notify the Licensing Department as soon as possible at the addresses or fax number above.</p> <p><input type="checkbox"/> Check here if you do not want to receive email confirmation of your direct deposit.</p> | | | |
| Signature | | Date | |
| Printed Name | | Title | |

Complete and return with Agent Information Form.



Integrity Life Insurance Company
Fixed Product Sales Agreement

Commissions*

| Product(s) | 1st-Year Contributions | | Subsequent Contributions | | Annuitizations for all Ages | |
|---|-------------------------------|--|-------------------------------|-----------------|-------------------------------|-----------------|
| | 10 Yrs (+) and/or Life Payout | 5-9 Year Payout | 10 Yrs (+) and/or Life Payout | 5-9 Year Payout | 10 Yrs (+) and/or Life Payout | 5-9 Year Payout |
| New Momentum II Ages 0-79 Ages 80-85 | 5.00% 3.00% | 5.00% in years 2+ 3.00% in years 2+ | 3.75% | 3.00% | | |
| Momentum Advantage 4 Year Ages 0-79 Ages 80-86 | 2.00% .50% | N/A N/A | 3.75% | 3.00% | | |
| 5 Year Ages 0-79 Ages 80-86 | 2.50% .50% | N/A N/A | 3.75% | 3.00% | | |
| 7 year Ages 0-79 Ages 80-85 | 3.00% 1.00% | N/A N/A | 3.75% | 3.00% | | |
| 10 Year Ages 0-79 Ages 80-83 | 3.50% 1.50% | N/A N/A | 3.75% | 3.00% | | |
| SPIA All Ages | N/A | N/A | 3.75% | 3.00% | | |
| SPDA Series II Ages 0-79 Ages 80-85 | 5.00% 3.00% | N/A N/A | 3.75% | 3.00% | | |

*100% commission chargeback for first six months, for freeloops, partial withdrawals, and full surrenders. For SPDA Series II there is also a 50% chargeback for the second six months for free looks, partial withdrawals and full surrenders. Special commission reimbursement chargeback provisions apply for 1st year annuitizations depending on the deferred annuity contract form and the annuity option selected, but not to exceed the difference between commissions allowed on 1st year deferred annuity contributions and 1st year annuitizations. There will be no commissions paid on annuitizations in contract years two through five. Commissions will be reduced to offset any payments made by company to agency's agents or other subproducers. Enhanced rate offerings may involve commission rate changes. No commissions will be paid on additional contributions which violate applicable state nonforfeiture laws.

Executed and effective as of _____.

The undersigned parties agree to the commissions and products listed above and the terms and conditions on the reverse.

(Please print)

NAME OF AGENT OR AGENCY:

 (Note: This will be the entity to whom commissions will be paid. Integrity Life will not provide 1099-Misc. Reporting for Corporations.)

By: _____
 (Signature of Agent/Agency)
 Note: A signed copy of this agreement will be returned to you

INTEGRITY

By: _____
 (Integrity Signature)



Integrity Life Insurance Company, 515 West Market Street, 8th Floor, Louisville, Kentucky 40202

Distribution: White Copy to Home Office, Yellow Copy to Agent/Agency

MA Code#: _____

Cat# 3416bd
 (09/04)

Integrity Life Insurance Company hereby appoints the Agent or Agency (together with its agents) listed on the front to sell the products listed.

I. Duties

Agent or Agency is authorized and responsible, as an independent contractor, to:

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

II. Commissions and Products

- A. On each contribution accepted by Integrity that Agent or Agency solicits after the effective date, Integrity shall pay or cause to be paid the commissions listed on the front, as reasonably calculated by Integrity.
- B. With respect to all product distributions made by Integrity in the first product year, Agent or Agency shall refund any commissions in accordance with the commission schedule and for all product annuitizations in the first product year, and shall refund commissions received in excess of the first year annuitization commission.
- C. On 30 days' written notice, Integrity reserves the right to revise commissions on products issued, renewed, converted or exchanged thereafter. Integrity also reserves the right to revise, without prior notice, commissions for products issued, renewed, converted or exchanged involving a special customer value program.
- D. Agency is solely liable to its agents and subagents for any commissions or other compensation due them.
- E. Integrity shall owe no commissions on any contribution received after termination of this agreement, except for contributions already solicited.
- F. Integrity may add, remove, or modify any product immediately upon written notice.
- G. Integrity will pay all qualifying agents an additional account value trail or "Dynasty Trail" of up to an additional 1.00% on all eligible products.

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, customer, the other party and their affiliates (collectively "Confidential Information") in strict confidence. Each party agrees to not directly or indirectly use or to disclose to any persons, any confidential information, except for the purposes and to the persons for which disclosure of that information was intended by this agreement or as required by law.

V. Other

- A. Each party may audit the other's records relating hereto upon 30 days prior written notice.
- 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 by a writing signed by both parties, except for the conditions noted in Section II.
- D. This agreement may be terminated by either party in writing upon 30 days prior written notice. Upon termination, all company 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, related thereto, shall be subject to the appropriate laws and regulations, courts, and applicable rules of the Commonwealth of Kentucky.
- 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.