



# National Integrity Life Insurance Company

A member of Western & Southern Financial Group

## POLICY BENEFIT DISPOSITION

Policy Service 0400

Administrative Office: 400 Broadway  
Cincinnati, OH 45202

|   |   |  |  |              |
|---|---|--|--|--------------|
| CO. CODE  | POLICY NUMBER   | INSURED (LAST)   | (FIRST)  | (MID. INIT.) |
| OWNER'S NAME  |   | OWNER'S SSN OR TIN (REQUIRED FOR TAXABLE DISTRIBUTION) |  |              |
| OWNER'S ADDRESS   |   | OWNER'S TELEPHONE NO. (AREA CODE)                      | OWNER'S DATE OF BIRTH  |              |
| <input type="checkbox"/> <b>LOAN REQUEST</b>  | <input type="checkbox"/> I request a policy loan for the maximum amount available.<br><input type="checkbox"/> I request a policy loan which will provide a check for \$ _____  |  | } <b>Owner assigns policy to the Company in connection with this loan.</b> |              |
| <b>Note: Any policy loan will terminate the Return of Premium rider. See rider terms.</b> |   |  |  |              |
| <input type="checkbox"/> <b>CASH SURRENDER</b>  | I request withdrawal of the cash surrender value of the above numbered policy. To the extent that the policy is surrendered to the Company, I release all rights and claims thereunder.   |  |  |              |
| <input type="checkbox"/> <b>PARTIAL CASH SURRENDER</b>                                    | Indicate amount of partial surrender to be taken. Minimum withdrawal amount is \$500.00.<br><input type="checkbox"/> Amount \$ _____  |  |  |              |
| <input type="checkbox"/> <b>MAIL CHECK TO PAYEE</b>                                       | Number and Street   | City   | State  | Zip Code     |
| <input type="checkbox"/> <b>METHOD OF PAYMENT</b>   | <p>The company reserves the right to decline any EFT and will issue a check in lieu of the deposit request. In order to process EFT, the account owner and policy owner must be the same.</p> <p>Please send payments by Electronic Funds Transfer to:</p> <input type="checkbox"/> <b>Checking Account</b> Please attach a voided check.<br><input type="checkbox"/> <b>Savings Account</b> Please attach a letter from the bank, verifying account number and routing transit number. |  |  |              |
|   | Name of Bank  | Account No. (Please specify only one account)          |  |              |
|   |   | Routing No.  |  |              |
|   | Signature of Depositor  | Signature of Joint Depositor                           |  |              |
|   | Date _____  | Date _____   |  |              |

A signature on this form transmitted by facsimile or electronically shall have the same force and effect as an original signature, once received the faxed document is the controlling document. If your policy was issued in ME, and you are requesting a cash withdrawal, by signing this form you are verifying that you have received the information supplied from your Office of the Insurance Commissioner provided to you by your agent.

Tax elections made here supersede any previous elections made with regard to this contract. Contract owners under age 59½ may be subject to IRS 10% penalty tax on amounts withdrawn. Under penalties of perjury, I certify that the Social Security Number/Tax I.D. Number listed is correct and that I am not subject to Backup Withholding Tax. I certify that said policy is not assigned or involved in bankruptcy proceedings. I agree to the withholding election below, if applicable.

Owner's Signature (Explain Printed Signature in Special Request) \_\_\_\_\_ Date \_\_\_\_\_

Are Attachments (other than policy) or Special Request Included?  Yes  No

**THIS REQUEST MAY RESULT IN A TAXABLE DISTRIBUTION. HAS THE INCOME TAX WITHHOLDING INFORMATION BEEN COMPLETED?**  Yes  No

A taxable distribution may occur as a result of the following action: ● Cash Surrender ● Partial Cash Surrenders ● Loan  
IF THE REQUEST IS THE SAME AS ONE OF THE ITEMS LISTED ABOVE, A WITHHOLDING ELECTION SHOULD BE INDICATED BELOW. OTHERWISE, IF THERE IS A TAXABLE AMOUNT AND NO WITHHOLDING IS INDICATED, WE WILL WITHHOLD AT THE STANDARD RATE.

### Income Tax Withholding Election

Federal Tax Law states that the portion of withdrawals is subject to 10% income tax withholding, although you may elect to have it withheld at a different percentage rate, a specific dollar amount or elect no withholding. If you are a resident of CA, IA, KS, MA, ME, NC, ND, NE, OK, OR, VA, VT, the Company must withhold State tax at the State's standard rate unless you indicate otherwise. State withholding does not apply to AK, FL, NH, NV, SD, TN, TX, WA, WY and Puerto Rico. The Company will not withhold State income tax in any other state unless a withholding method is indicated below. Even if you elect NOT to have income tax withheld, you are still liable for the payment of any applicable payment of income taxes on distributions. In addition, you may be subject to tax penalties if your payments of estimated tax and withholding, if any, are inadequate.

**I direct the Company:**

|  |   |
|--|---|
| <input type="checkbox"/> NOT to withhold Federal income tax                                | <input type="checkbox"/> NOT to withhold State income tax           |
| <input type="checkbox"/> TO withhold Federal income tax as follows:                        | <input type="checkbox"/> TO withhold resident State tax as follows: |
| <input type="checkbox"/> standard rate or <input type="checkbox"/> _____% rate or          | <input type="checkbox"/> standard rate, if applicable               |
| <input type="checkbox"/> \$ _____ amount <input type="checkbox"/> _____% of taxable amount | <input type="checkbox"/> \$ _____ amount                            |

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.