



Annuity Licensing/Appointment Questionnaire

FAX TO (888) 220-2677 AND CONTRACT WITH INTEGRITY LIFE INSURANCE TODAY!

Or mail to : Integrity Life Insurance, P.O. Box 740074, Louisville, KY 40201-7474

Please note that a completed application includes one questionnaire per individual and copies of all applicable licenses.

1. Affiliation

☒ Independent

Name/Address _____

☐ Bank

☐ Broker-Dealer

☐ Goshen Mktg. _____

IT00W

Submit separate forms for each individual.

2. Appointment

☐ Individual

☐ Agency

Full Name _____ Social Security # _____

Agency Name _____ Tax ID # _____ Principal Name _____

(Include a copy of license)

Residence Address _____

Business Address _____

Telephone: Res () _____ Bus () _____ Fax () _____

Date of Birth _____ Email Address _____

Please indicate any special mailing instructions for statements, contracts or commissions. _____

3. Licenses Held

☐ Life — Includes annuity ☐ Variable Annuity (Attach copy of License)

License Number: _____

NASD License

☐ Yes

☐ No

Broker/Dealer _____ CRD # _____

List the states in which you wish to be appointed: _____

4. Financial Institution (Bank) Information for Direct Deposit Commissions

☐ Checking Account

☐ Savings Account

Owner's Bank Account Number: _____

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

Bank Name _____ Bank Address _____

Bank Phone Number _____ Bank ABA Routing Number _____

(Your Bank will provide you this information)

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

5. Compliance Information/Signature

1. Has a complaint ever been filed with any Department of Insurance against you?

☐ Yes

☐ No

2. Have you ever had your license suspended or revoked?

☐ Yes

☐ No

3. Have you ever been known personally by any other name or have you ever conducted business under any other name than shown above?

☐ Yes

☐ No

4. Have you ever been convicted of any felony, or a misdemeanor involving theft, embezzlement, conversion, or any similar violation of law?

☐ Yes

☐ No

5. Are you indebted to any insurance company, insured, agency or person for premiums collected, or is there any dispute regarding your insurance accounts?

☐ Yes

☐ No

6. Have you had a federal tax lien, state tax lien, or filed bankruptcy within the last 2 years?

☐ Yes

☐ No

If you answered "Yes" to any of the above questions please explain on a separate sheet of paper and attach it to this application.

NOTICE (Public Law 91-508) I am hereby notified that inquiries may be made by Integrity Life Insurance Company and/or outside entities regarding my character, general reputation, business experience, credit history and personal characteristics. I authorize such knowledge/information to be released to Integrity Life Insurance Company or its legal representative (upon written request, additional information as to the nature and scope of the report will be provided). I hereby agree to hold harmless and indemnify Integrity Life Insurance Company, 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. A photocopy or facsimile of this signed authorization shall be as valid as the original. Under penalties of perjury, I certify that the information provided by me is correct and the number shown on this form is my correct taxpayer identification number. **I agree that this questionnaire does not constitute a contract of employment or a guarantee of appointment by Integrity.**

Date: _____

Signature _____

Name (please print) _____

Please Note: Integrity will not provide 1099-Misc. Reporting for Corporations.

For Agent Use Only



Catalog # 001831 (08/03)

Integrity Life Insurance Company
Fixed Product Sales Agreement

Commissions*

Product(s)	1st-Year Contributions	Subsequent Contributions	Annuity Payments for all Ages in Year(s) 1 or 6+ 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% 3.00%	3.75%	3.00%
Momentum Advantage 4 Year Ages 0-79 Ages 80-86	2.00% 0.50%	N/A N/A	3.75%	3.00%
5 Year Ages 0-79 Ages 80-86	2.50% 0.50%	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%
Income Source All Ages	N/A	N/A	3.75%	3.00%

*100% commission chargeback for first six months, for freeloops, partial withdrawals, and full surrenders. Special commission reimbursement chargeback provisions apply for 1st year annuity payments 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 annuity payments. There will be no commissions paid on annuity payments 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

MA Code#: _____
 Cat# 002590 street level 5
 (09/03)

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

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

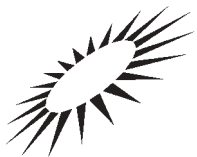
Upon receipt of timely notice, each party shall defend and indemnify the other and its affiliated companies, officers, directors, employees, and agents with respect to any and all losses, damages, unjust or wrongful enrichment, claims or expenses (including reasonable attorneys' fees) arising from such 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.
- 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 and any agent's appointment hereunder may be terminated by either party in writing. Upon termination, all company materials must be returned to the company.
- 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.



Easyannuity Commissions

Electronic Funds Transfer Authorization Agreement

Mailing Instructions

Send this completed form to:

REGULAR MAIL: Integrity Life Insurance Company, Section 174, Louisville, KY 40289

EXPRESS MAIL: Integrity Life, Attn: Commissions Department, 515 W. Market St., 8th Floor, Louisville, KY 40202

FAX: 1-888-220-2677

Firm Name/Individual Name

Email Address

Tax ID Number/Social Security Number

Phone Number

Fax Number

Address

City

State

Zip Code

Financial Institution (Bank) Information

☐ Checking Account

☐ Savings

(OR please attach a voided check or copy of voided check).

Bank Name

Address

City

State

Zip Code

Account Number

ABA Routing Number

I/We authorize Integrity Life Insurance Company, hereinafter called Integrity, to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated above and the depository name above, hereinafter called depository, to debit and/or credit the same to such account. This authorization is to remain in full force and effect until Integrity has received written notice from me of its termination in such time and such manner as to afford Integrity and depository a reasonable opportunity to act on it.

Authorized Signature

Printed Name

Title

Date

If your bank changes, please notify us as soon as possible at the addresses or fax number above.

