



Annuity Licensing/Appointment Questionnaire

Fax to the Annuity Desk at (212) 292-7938

Or mail to: Agent Support Group, 99 Park Avenue, 11th Fl., NY, NY 10016

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

Submit separate forms for each individual.

1. 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 _____

2. Affiliation Independent Name/Address _____

Bank Broker-Dealer Goshen Mktg. _____

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 National 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) I am hereby notified that inquiries may be made by National 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 National 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 National 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 National Integrity.

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

Date: _____

Signature _____

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

Name (please print) _____

For Agent Use Only

