



Fixed Annuity Suitability Statement

MAILING INSTRUCTIONS

Send the completed form along with the annuity application to:

REGULAR MAIL: National Integrity Life Insurance Company, PO Box 5720, Cincinnati, OH 45201-5720

EXPRESS MAIL: National Integrity Life Insurance Company, 400 Broadway, MS 74, Cincinnati, OH 45202-3341

CONFIRMING YOUR COURSE OF ACTION

Understanding How Fixed Annuity Suitability Requirements from National Integrity Life Help Protect You

Your financial professional must have a reasonable basis for believing that a product is suitable for your particular needs. Suitability is the term for the process of considering whether a product's characteristics align with your financial needs.

Your financial professional must document a reasonable basis for recommending that a particular course of action is suitable for you. In making this assessment, he or she must consider:

- Your other assets (including their liquidity)
- Tax status
- Income and net worth
- Financial needs and time horizon
- Financial objectives

Help yourself and your financial professional by providing timely, accurate and complete information about your personal circumstances and goals. At the same time, ask as many questions as necessary to gain a confident understanding of how the course of action you are considering may provide a risk management solution.

Your financial professional must be familiar with your personal information and should review the costs and benefits of the recommended product.

Use this Fixed Annuity Suitability Statement to determine if purchasing an annuity contract meets your financial needs by completing **ONLY PART 1**. If you do not wish to participate in this process, please complete **ONLY PART 2**.

STATEMENT OF UNDERSTANDING (MUST BE COMPLETED BY ALL APPLICANTS)

Please initial to indicate your understanding of the following:

_____ I am applying for an annuity and my payment is for an annuity contract, not a mutual fund, savings account, certificate of deposit, security or other financial product. My agent has answered all of my questions about the annuity contract and its features.

_____ My agent thoroughly reviewed the features of this annuity contract with me, including withdrawal charges, guarantees, contract terms and possible tax implications.

_____ This is not a short-term investment.

_____ Withdrawals from an annuity contract are subject to certain limitations and charges as described in the contract, including surrender charges for early termination. I intend to keep the annuity contract at least through the contract's surrender charge period. *This item applies to deferred annuities, but does not apply to single premium immediate annuities.*

_____ *For NewMOMENTUM, MOMENTUM Advantage® and MultiVantageSM contracts only:* Certain withdrawals are subject to a market value adjustment (MVA). The MVA reflects changes in interest rates from the time the guarantee period was selected and will result in an increase or decrease of the withdrawal amount. See product summary for important details.

_____ Cash withdrawals from, or a complete surrender of, the contract may be subject to income tax.


_____ I may incur surrender charges and income tax liabilities if I am exchanging another annuity contract for this one, but I believe this transaction is in my best interest.

FOR INTERNAL USE ONLY — REVIEWER'S COMMENTS

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PART 1: ELECTION TO PROVIDE SUITABILITY INFORMATION**(You must complete PART 1 if you are age 80 or older.)**

Complete all of the questions in PART 1 as they pertain to your personal financial situation and understanding of certain product features. **(Complete ONLY if you are not completing PART 2).**

| | | | |
|---|---|---|--|
| Name | | Age | Occupation |
| Annual Household Income (Can include projected income from a single premium immediate annuity (SPIA).) | Percentage of Net Worth Invested in this Annuity (excluding home and auto) | Approximate Federal Tax Bracket (10-35%) | Estimated dollar amount of this annuity purchase |
| Financial Objectives (check all that apply) <input type="checkbox"/> Tax Deferral <input type="checkbox"/> Long-Term Growth <input type="checkbox"/> Retirement Planning <input type="checkbox"/> Income <input type="checkbox"/> Protection of Principal <input type="checkbox"/> Asset Accumulation <input type="checkbox"/> Estate Planning | | Financial Horizon How long will it be before you begin taking cash withdrawals from this annuity? <input type="checkbox"/> Immediately <input type="checkbox"/> < 3 years <input type="checkbox"/> 3–7 years <input type="checkbox"/> > 7 years <input type="checkbox"/> Never <input type="checkbox"/> I expect to transfer or liquidate this annuity during the surrender charge period, which is ____ years. OR <input type="checkbox"/> I intend to hold this annuity beyond the ____ year surrender charge period. | |
| Available Funds Do you have sufficient cash or other liquid assets for living expenses and unexpected emergencies, such as medical expenses, in addition to the premium you are paying for this annuity? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain why you believe an annuity contract, which typically has withdrawal limitations, is suitable for your financial needs. | | Total Value of Current Assets Checking Accounts, Savings Accounts, Money Market Accounts and CDs | |
| | | Stocks, Bonds and Mutual Funds | |
| | | Retirement Savings Including Pension Plans, IRAs and 401(k)s | |
| | | Source of funds for this purchase <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Insurance/Annuity Products <input type="checkbox"/> Bank Accounts/CDs <input type="checkbox"/> Other | |
| SIGN ONLY IF PART 1 WAS COMPLETED | | | |
| Applicant Signature(s) The insurance company offering this annuity may rely on the information provided, and the information provided is true and accurate to the best of my knowledge. I believe this annuity contract is appropriate for my current financial situation. | | | |
| Signature of Applicant/Owner | | Date | |
| Signature of Joint Applicant/Joint Owner (if any) | | Date | |
| Agent Signature I recommend the purchase of the proposed annuity. I believe it is suitable based on the information provided by the applicant(s) and any other circumstances known to me regarding the applicant(s) financial objectives. I have made a reasonable effort to obtain all relevant information necessary to make this recommendation. | | | |
| Agent Signature | | Agent Phone Number | Date |
|  If you completed this part, STOP HERE, sign above and return this statement with your application. | | | |

PART 2: OPT OUT OF SUITABILITY REVIEW (Purchasers age 80 or older MUST complete PART 1)

I do not wish to provide the information necessary for the suitability review process. However, I believe an annuity contract is appropriate for my current financial situation.

Signature of Applicant

Date

Signature of Joint Applicant (if any)

Date

Agent Name

Agent Phone Number

Date

SIGN ONLY IF OPTING OUT OF SUITABILITY REVIEW