Integrity Life Insurance Company | National Integrity Life Insurance Company

Members of Western & Southern Financial Group

# Independent Agent/Agency Appointment Form

SPECIAL CODE: (OFFICE USE ONLY)

## MAILING INSTRUCTIONS

**Return this form and required documents to:**
Integrity Companies, 303 Broadway, Suite 1100, Cincinnati, OH 45202-4203
**Fax:** 888.220.2677 **Email:** licensingintegrity@integritycompanies.com

**FOR ASSISTANCE Call:**
800.804.4465

☐ NEW APPOINTMENT REQUEST ☐ AGENT/FIRM INFORMATION UPDATE

## HIERARCHY

Name of firm, agency or general agent that you sell fixed annuities through:

Tax ID or Firm's Integrity/National Integrity Agency Code (if known):

## APPOINTMENT

| ☐ **APPOINT AGENT** | Agent Name | | Other Names Known By (i.e., maiden) | |
|---|---|---|---|---|
| Agent Address | | City | State | Zip |
| County | Agent Phone # | Date of Birth | Social Security/Tax ID # | |
| Email | | | NAIC/National Producer # (if known) | |

| ☐ **APPOINT AGENCY** | Agency Name | | Agency Tax ID # | |
|---|---|---|---|---|
| Agency Address | | City | State | Zip |
| County | Agent Phone # | Fax | | |
| Email | | | | |

## MAILING OR COMMISSION INSTRUCTIONS

Special mailing or commission instructions:

List those states where you wish to be appointed:

**Please attach a copy of your state insurance license for all states listed above. In NY, ME, VT and NH, you will be appointed with National Integrity Life Insurance Company. In all other states you will be appointed with Integrity Life Insurance Company.**

| ASSIGNMENT OF COMMISSION<br>☐ Check box if commission is to be assigned.<br>Assign entire commission to (please print name): | Agent/Firm ID # |
|---|---|

## DIRECT DEPOSIT COMMISSIONS / ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT (Required)

**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 | | | Bank Phone # | |
|---|---|---|---|---|
| Bank Address | | City | State | Zip |
| Account Number | | ABA Routing Number | | |

| | |
|---|---|
| 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. **If my bank changes, I will notify the Licensing Department as soon as possible at the addresses or fax number above.** I hereby certify that the above information is true and correct to the best of my knowledge. Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number, I am not subject to backup withholding, and I am a US person (including a US resident alien).I am hereby notified that inquiries may be made on behalf of Integrity/National 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/National Integrity or its legal representative. I hereby agree to hold harmless and indemnify Integrity/National 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 agree that a photocopy or electronic transmission of this authorization be accepted with the same authority as the original. I understand that this appointment form does not constitute a contract of employment or a guarantee of appointment by Integrity/National Integrity. | |
| Name (Please print) | |
| Signature | Date |