



Independent Agent Information Form

SPECIAL CODE: IT00W
(OFFICE USE ONLY)

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

Agent Address

Other Names Known By (i.e., maiden)

City

County

State

Zip

Agent Phone

Date of Birth

Email

Social Security/Tax ID #

NAIC/National Producer # (if known)

APPOINT AGENCY

Agency Name

Agency Address

City

State

Zip

Agency Phone

Fax

Email

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 the National Integrity Life Insurance Company. In all other states you will be appointed with the Integrity Life Insurance Company.

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

City

State

Zip

Bank Address

Bank Phone

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 and that the number on this form is my correct taxpayer identification number. 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 am willing that a photocopy or electronic transmission of this authorization be accepted with the same authority as the original. I agree that this questionnaire does not constitute a contract of employment or a guarantee of appointment by Integrity/National Integrity.

Signature

Date

