



Home Office: Cincinnati, Ohio
Fixed Administrative Office: P.O. Box 5420, Cincinnati, Ohio 45201-5420

SIGNATURE VERIFICATION FOR ELECTRONIC APPLICATION

Owner/Annuitant/Participant Name *(please print)*:

Joint Owner Name (if applicable) *(please print)*:

Owner's Social Security No.:

Signature of Owner/Annuitant/Participant

Date

Signature of Joint Owner (if applicable)

Date

Agent Attestation:

WITNESS: The above individual(s) personally appeared and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) and signature(s) are set out above.

Agent's Signature

Date