

Great American Life Insurance Company[®]

Administrative Address: P.O. Box 5420, Cincinnati, Ohio 45201-5420

Overnight Packages: 301 E. Fourth St., 8th Floor, Cincinnati, OH 45202

Fax Number: 855-306-7113

www.GAIGannuities.com



Application for Deferred Annuity with Multiple Interest Crediting Strategies

1. Owner Information

A. Primary Owner *If Owner is a Trust, then the Trust must be listed as the sole Primary Beneficiary.*

Name _____

Street Address _____

City _____ State _____ Zip _____

Country _____ E-mail address _____ Phone _____

SSN/FEIN¹ _____ Birth date _____ Sex ☐ Male ☐ Female

Mailing Address (if different from street address) _____

City _____ State _____ Zip _____ Country _____

Is Owner a U.S. person? ☐ Yes ☐ No (A U.S. person is defined as a U.S. citizen, U.S. resident alien, a U.S. domestic trust or estate, or a U.S. corporation, partnership, company or association. Additional information may be required for any non-U.S. person.)

B. Joint Owner *(only available for Non-Qualified contracts)*

Name _____

Street Address _____

City _____ State _____ Zip _____

Country _____ E-mail address _____ Phone _____

SSN/FEIN¹ _____ Birth date _____ Sex ☐ Male ☐ Female

Relationship to Owner _____

(If not a spouse we must have the Non-Spouse Joint Owner Form completed.)

2. Annuitant Information

A. Primary Annuitant ☐ Check here if same as Owner

Name _____

Street Address _____

City _____ State _____ Zip _____

Country _____ E-mail address _____ Phone _____

SSN/FEIN¹ _____ Birth date _____ Sex ☐ Male ☐ Female

B. Joint Annuitant ☐ Check here if same as Joint Owner

Name _____

Street Address _____

City _____ State _____ Zip _____

Country _____ E-mail address _____ Phone _____

SSN/FEIN¹ _____ Birth date _____ Sex ☐ Male ☐ Female

¹SSN and FEIN refer to your Social Security Number and/or Federal Employer Identification Number.

3. Contract Information

- A. **Product Name:** ☐ American Legend® III ☐ American Valor® 10 ☐ Safe ReturnSM
☐ Safe Outlook® ☐ American Custom 10SM
- B. **Purchase Payment Amount:** \$ _____
☐ Check (☐ check here if indirect rollover) ☐ Transfer ☐ Rollover ☐ 1035 Exchange

C. **Tax Qualification for New Annuity (Must select one):**

- ☐ Non-Qualified ☐ TSA² 403(b) ☐ Roth 403(b) TSA² ☐ 457 (Owner must be employer)
☐ Traditional IRA ☐ Roth IRA ☐ SEP IRA ☐ SIMPLE IRA
☐ Inherited IRA (Must include an RMD systematic payment election form)
☐ Inherited Non-Qualified (Must include an acknowledgement and 72(s) systematic payment election form)

Please check the product guide on www.GAIGannuities.com for available tax qualifications by product.

D. **Riders** (Riders not available for all ages and not available in all states):

American Custom 10

- ☐ Simple Income OptionSM
If this Rider is elected, **you must complete Section 3A on the Strategy Selection Form.**
- ☐ Stacked Income OptionSM
If this Rider is elected, **you must complete Section 3B on the Strategy Selection Form.**
- ☐ Cumulative Free-Withdrawal Option
If this Rider is elected, **you must complete Section 3C on the Strategy Selection Form.**
- ☐ Legacy Income OptionSM
If this Rider is elected, **you must complete Section 3C on the Strategy Selection Form.**

All Other Products

- ☐ IncomeSustainer Plus Rider
If this Rider is elected, **you must complete Section 3A on the Strategy Selection Form.**
- ☐ IncomeSecureSM Rider
If this Rider is elected, **you must complete Section 3B on the Strategy Selection Form.**
- ☐ Inheritance EnhancerSM Rider
If this Rider is elected, **you must complete Section 3C on the Strategy Selection Form.**

- E. **The source of funds for this transaction is:** _____
- F. **The purpose of this transaction:** _____
- G. **Brokerage ID (if applicable):** _____
- H. **Special Requests** (Subject to Home Office Approval) _____

4. Verification of Owner Identification (must complete all sections)

A. **Owner**

- ☐ Driver's License/State ID State/Country: _____ Number: _____
☐ Passport Expiration Date: _____ Date Issued: _____
☐ Other (photo ID)
- ☐ Owner is an entity, legal document(s) attached (e.g. Articles of Incorporation, Trust Agreement, etc.)

B. **Occupation:** _____

Employer: _____

Retired ☐ Yes ☐ No For TSA to TSA transfer cases the previous employer is required even if retired.

²Tax-sheltered Annuity.

4. Verification of Owner Identification (continued)

C. Joint Owner

<input type="checkbox"/> Driver's License/State ID	State/Country: _____	Number: _____
<input type="checkbox"/> Passport	Expiration Date: _____	Date Issued: _____
<input type="checkbox"/> Other (photo ID)		

D. Occupation: _____

Employer: _____

Retired ☐ Yes ☐ No

5. Existing Insurance/Replacement

☐ **Yes** ☐ **No** Do you have any existing life insurance policies or individual annuity contracts currently in force with Great American Life Insurance Company or any other company?

If "Yes", complete the Important Notice Replacement of Life Insurance or Annuities. Your agent must present and read the Notice to you unless you voluntarily waive this step. ***If the existing life insurance policy or individual annuity contract has Joint Owners, both Owners must sign the replacement form.***

6. Beneficiary (P-Primary, C-Contingent)

If the beneficiary listed below is not designated as Primary or Contingent beneficiary, it will automatically default to a Primary designation. All shares will be divided equally unless otherwise noted in the space provided.

A joint owner will be the sole Primary Beneficiary, notwithstanding any designation made below.

*List additional beneficiaries on the Additional Beneficiary Designation Form. Share/Percentage must equal 100%. If beneficiary is a trust, list the name of the trust, name(s) of the current trustee(s), and trust agreement date **AND** either provide a notarized trust certification or copies of the first page and signature page of the trust.*

If the owner of the contract applied for is a trust, the trust must be designated as the sole Primary Beneficiary.

The owner agrees that, in the event that the owner should die before the annuity contract is issued, this designation shall be treated as a transfer on death designation for any funds properly received by Great American Life Insurance Company intended for this annuity contract. Accordingly, it is agreed that Great American Life Insurance Company will pay such funds to the joint owner, or if none, then to the person(s) designated as beneficiary below.

☐ **P** ☐ **C** **Share/Percentage** _____ %

Name _____

Address _____

Country _____ **Phone** _____

E-mail address _____

SSN _____ **Birth date** _____

Relationship _____

☐ **P** ☐ **C** **Share/Percentage** _____ %

Name _____

Address _____

Country _____ **Phone** _____

E-mail address _____

SSN _____ **Birth date** _____

Relationship _____

6. Beneficiary (continued)

☐ P ☐ C Share/Percentage _____ %

Name _____

Address _____

Country _____ Phone _____

E-mail address _____

SSN _____ Birth date _____

Relationship _____

☐ P ☐ C Share/Percentage _____ %

Name _____

Address _____

Country _____ Phone _____

E-mail address _____

SSN _____ Birth date _____

Relationship _____

☐ P ☐ C Share/Percentage _____ %

Name _____

Address _____

Country _____ Phone _____

E-mail address _____

SSN _____ Birth date _____

Relationship _____

☐ P ☐ C Share/Percentage _____ %

Name _____

Address _____

Country _____ Phone _____

E-mail address _____

SSN _____ Birth date _____

Relationship _____

☐ P ☐ C Share/Percentage _____ %

Name _____

Address _____

Country _____ Phone _____

E-mail address _____

SSN _____ Birth date _____

Relationship _____

☐ P ☐ C Share/Percentage _____ %

Name _____

Address _____

Country _____ Phone _____

E-mail address _____

SSN _____ Birth date _____

Relationship _____

7. Notices

Patriot Act Notice:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires us to obtain all relevant customer-related information necessary to run an effective anti-money laundering program.

What this means to you: When submitting an application, we ask that the producer obtain the owner's name, street address, date of birth, tax identification number and other customer-related information that will allow us to identify the customer and fulfill our obligations under Federal law. Picture documentation, such as a driver's license or other identifying documents, will be used to verify the information given at the time of the sale.

Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

8. Agreement

I certify that I have read the statements and that my answers to the questions on this application are true and complete to the best of my knowledge and belief.

For single premium annuity products:

I understand that the annuity for which I am applying is a single premium deferred annuity with multiple interest crediting strategies. I understand that the values of the annuity may be affected by the change in the external index. I understand that the annuity does not directly participate in equity of debt investments. I understand that only the guaranteed minimum surrender value is guaranteed, and that the other values are not guarantees, promises representations or warranties.

For flexible premium annuity products:

I understand that the annuity for which I am applying is a flexible premium deferred annuity with multiple interest crediting strategies. I understand that the values of the annuity may be affected by the change in an external index. I understand that the annuity does not directly participate in equity or debt investments. I understand that only the guaranteed minimum surrender value is guaranteed, and that the other values are not guarantees, promises, representations or warranties.

I received and reviewed a Disclosure Document that includes information about my annuity contract, its benefits, and the fees and charges that apply to it.

By signing below, I also authorize any law enforcement agency, public or private institution, information service bureau or other entity contacted by Great American Life Insurance Company to furnish information sufficient to confirm my personal information as required by Federal law. I hereby release all persons, agents and agencies, and entities providing confirming information from any and all liability arising out of the request for or the release of confirming information.

A. Signed at (city) _____ **B. (state)** _____

C. Owner's Signature _____ **Date** _____

D. Joint Owner/Plan Administrator's Signature _____ **Date** _____
(if applicable)

E. Title _____

ADDITIONAL FORMS OR DOCUMENTATION WILL BE REQUIRED TO VERIFY THE AUTHORITY OF THE PERSON SIGNING WHERE THE OWNER IS A TRUST, CORPORATION OR OTHER ENTITY, OR WHERE A POWER OF ATTORNEY IS BEING USED.

PLEASE INCLUDE THE STRATEGY SELECTION FORM WITH THIS APPLICATION.

9. Agent's Statement

I/we hereby certify that in connection with my/our presentation to the owner(s) herein, I/we only used sales material that was previously approved by Great American Life Insurance Company and that I/we left with the owner(s) a copy of all sales material used in my presentation. (**"Sales Material means a sales illustration and other written, printed or electronically presented information created, completed or provided by Great American Life Insurance Company or the Agent and is used in the presentation to the owner in connection with the contract purchased).**

I/we further certify that this transaction is in accord with Great American Life Insurance Company's written statement with respect to the acceptability and appropriateness of replacements.

Questions A and B below must be completed to the best of your knowledge.

A. ☐ **Yes** ☐ **No** Does the owner have any existing life insurance policies or annuity contracts currently in force with this or any other company?

B. ☐ **Yes** ☐ **No** Will this contract replace or use cash values of any existing life insurance or annuity with this or any other company?

If the owner(s) does have existing life insurance policies or annuity contracts, please read the appropriate replacement forms to the owner(s) (unless voluntarily waived) and complete the appropriate replacement forms. If the annuity being purchased is intended to replace or use cash values of any existing life insurance or annuity with this or any other company, please complete the appropriate replacement forms.

If the Contract applied for replaces any existing life insurance or annuity with this or any other company, I attest that I have reviewed the potential advantages and disadvantages of the proposed transaction.

1st Agent's Name (please print full name) _____

Agent's Signature _____ **Agent Code #** _____

Phone _____ **E-mail address** _____ **Commission Split** _____ %

2nd Agent's Name (please print full name) _____

Agent's Signature _____ **Agent Code #** _____

Phone _____ **E-mail address** _____ **Commission Split** _____ %

3rd Agent's Name (please print full name) _____

Agent's Signature _____ **Agent Code #** _____

Phone _____ **E-mail address** _____ **Commission Split** _____ %

10. For MGA/Agent Use Only (Commission Structure Codes)

If commission option is not selected below, commission will default to Heap for all products.

<u>Safe ReturnSM</u>	<u>Safe Outlook[®]</u>	<u>American Legend[®] III</u>	<u>American Valor[®] 10</u>	<u>American Custom 10SM</u>
<input type="checkbox"/> Heap (01)	<input type="checkbox"/> Heap (01)	<input type="checkbox"/> Heap (01)	<input type="checkbox"/> Heap (01)	<input type="checkbox"/> Heap (01)
<input type="checkbox"/> Mod 3 (02)	<input type="checkbox"/> Mod 3 (02))	<input type="checkbox"/> Mod 3 (02)	<input type="checkbox"/> Trail AV (03)	<input type="checkbox"/> Mod 3 (02)
<input type="checkbox"/> Trail AV (03)	<input type="checkbox"/> Trail AV (03)	<input type="checkbox"/> Trail AV (03)	<input type="checkbox"/> Level AV (04)	<input type="checkbox"/> Trail AV (03)
<input type="checkbox"/> Level AV (04)		<input type="checkbox"/> Level AV (04)		<input type="checkbox"/> Level AV (04)