



**Member Companies:**  
Great American Life Insurance Company®  
Annuity Investors Life Insurance Company®  
Manhattan National Life Insurance Company

**Administration for Life Insurance and Annuities:**  
United Teacher Associates Insurance Company  
Continental General Insurance Company®  
Loyal American Life Insurance Company®  
Central Reserve Life Insurance Company  
Provident American Life & Health Insurance Company

Fixed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax  
Variable Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 513-768-5115 Fax  
**Overnight Address:**  
Fixed/Variable Annuities: 10<sup>th</sup> Floor, 301 E Fourth St, Cincinnati OH 45202

## 1035 EXCHANGE OF TRUST-OWNED CONTRACT WITH CHANGE OF ANNUITANT

*If an annuity contract is to be owned by a revocable trust, Great American Insurance Group requires that the grantor be named as the annuitant. If there is more than one grantor, then all the grantors must be named as joint annuitants.*

*If an annuity contract is to be owned by an irrevocable trust that is a grantor-type trust, Great American Insurance Group requires that the grantor or beneficiary who is the substantial owner of the trust be named as the annuitant. If there is more than one substantial owner, then all the substantial owners must be named as joint annuitants.*

**Please complete this form if the 1035 Exchange involves**

- a revocable trust, or
- an irrevocable trust that is a grantor-type trust,

**and the annuitant under the existing annuity contract does not match what is required for the new Great American Insurance Group annuity contract.**

Name of Trust:

Contract Number(s) (if known)

### EXISTING CONTRACT INFORMATION

**Current Annuitant(s):**


**Use the annuitant(s) named on the existing contract on all transfer paperwork.**

### NEW GREAT AMERICAN CONTRACT INFORMATION

**New Annuitant(s):**


**Name the grantor(s) or other substantial owner(s) as annuitant(s) on the application.**

As part of the Section 1035 exchange, each trustee authorizes the annuitant to be changed as set out above.

\_\_\_\_\_  
Signature of Trustee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Trustee (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Trustee (if applicable)

\_\_\_\_\_  
Date