

Flexible Premium Deferred Annuity with Multiple Interest Crediting Strategies – Selection Form

1. Owner

Primary Owner

Name _____

SSN _____

Joint Owner (only available for non-qualified contracts)

Name _____

SSN _____

2. Initial Strategy Selection (Please indicate in whole percentages only.)

Below are the strategies to which your purchase payment account value may be applied, subject to the terms and conditions of your annuity contract. Indicate the percentage that you want applied to each strategy. Your selections must be indicated in whole percentages only and total 100%.

Initial Interest Strategy(ies) – Percentage of Purchase Payment Account Value

Declared Rate Strategy	_____ %	
S&P 500® Annual Point-to-Point Indexed Strategy	_____ %	
S&P 500® Annual Monthly Averaging Indexed Strategy	_____ %	
S&P Risk Control Annual Point-to-Point with Participation Rate*	_____ %	
SPDR® Gold Shares Exchange Traded Fund Annual Point-to-Point Indexed Strategy	_____ %	
Total (must equal 100%)	_____ %	

Unless you transfer funds between strategies at the end of a term, the balance in a strategy will automatically renew into that same strategy for the next term.

*The S&P 500 Risk Control 10% Index refers to the S&P Average Daily Risk Control 10% USD Price Return Index. For more information, visit www.US.SPIIndices.com and search keyword SPXAV10P.

3. Rider Selection (Please choose A, B or C below only if purchasing the IncomeSustainer® Plus, IncomeSecureSM or Inheritance EnhancerSM and ensure that the rider box on the application/request form is checked. Not available in all states. Please check availability with your financial professional.)

I elect the optional rider checked below (select one). I understand that an annual charge applies.

☐ A. IncomeSustainer Plus guaranteed income and death benefit rider. Available for ages 50–85.

☐ B. IncomeSecure guaranteed income rider. Available for ages 40–85.

☐ C. Inheritance Enhancer guaranteed death benefit rider. Available for ages 50–85.

Name of Insured*: _____

*Complete ONLY IF InheritanceEnhancer Rider is selected. Designate a human being who is an owner or joint owner. If the owner is not a human being, designate an annuitant or joint annuitant.

4. Agent/Producer Authorization to Make Transfers Between Strategies or Change Strategy Selections

INITIAL HERE if you wish to authorize the agent/producer identified on the application/request form to transfer funds between interest strategies or change your strategy selections for this contract on your behalf.

Owner and/or Joint Owner Initials

5. Agreement

The owner (and joint owner, if any) agrees that Great American Life is authorized to process the selections set out above, and to honor the agent/producer authorization, if any. In the case of joint owners, the owners agree that Great American Life is authorized to rely on the representation of one owner that he/she is authorized to transfer funds between interest strategy selections or change your strategy selections on behalf of both owners, and to rely on the agent/producer authorization, if any, made by either one of them. Each owner agrees to hold Great American Life harmless against any and all claims made by reason of these selections and any such authorization.

 Owner's signature

 Date

 Joint owner's signature (if applicable)

 Date

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