

# Great American Insurance Group

## Exchange/Rollover/Transfer Request

into an IRA or non-qualified annuity



### 1. Owner/annuitant information for account to be exchanged/rolled over/transferred (please complete all sections)

Owner name \_\_\_\_\_

Joint owner name \_\_\_\_\_

Owner EIN/SSN \_\_\_\_\_

Joint owner SSN \_\_\_\_\_

☐ Check here if owner and annuitant are the same, or complete information below

☐ Check here if joint owner and joint annuitant are the same, or complete information below

Annuitant/participant name \_\_\_\_\_

Joint annuitant/participant name \_\_\_\_\_

Annuitant/participant SSN \_\_\_\_\_

Joint annuitant/participant SSN \_\_\_\_\_

### 2. Transferring institution information

Existing carrier name \_\_\_\_\_

Existing carrier street address (required) \_\_\_\_\_

Carrier phone \_\_\_\_\_

Existing account number \_\_\_\_\_

Existing carrier fax (if available) \_\_\_\_\_

Send paperwork: ☐ By mail ☐ By fax

Complete section 3 for qualified accounts. Complete section 4 for non-qualified accounts.

### 3. Qualified accounts

**From:** ☐ Traditional 403(b) ☐ Traditional IRA  
☐ Roth 403(b) ☐ SEP IRA  
☐ Governmental 457(b) ☐ SIMPLE IRA  
☐ Roth Governmental 457(b) ☐ Roth IRA  
☐ Pension/Profit Sharing/401(k) ☐ Inherited IRA  
☐ Roth 401(k)

**To:** ☐ Traditional IRA  
☐ Roth IRA  
☐ SEP IRA  
☐ SIMPLE IRA  
☐ Inherited IRA (not available for spouse)

**RMD status:** Select one box if you will be over age 70½ in the year of the exchange/rollover/transfer.

- ☐ No RMD is required for the current year.  
☐ I have already requested or taken my RMD for the current calendar year from the surrendering company account.  
☐ This is an IRA-to-IRA direct transfer, and I will be responsible for calculating and taking my RMD after the transfer.

The required beginning date for distributions from a TSA, IRA, 401 plan and Governmental 457 plans is April 1 following the calendar year in which you reach age 70½ (or a later year in which you retire, if not an IRA).

### 4. Non-qualified accounts

- ☐ Standard 1035 exchange (non-qualified annuity or life insurance to a non-qualified annuity)  
☐ Post death 1035 exchange (non-qualified annuity into a non-qualified annuity; not available for a spouse)  
☐ I certify that the exchange is occurring before the first anniversary of the decedent's death.  
☐ I certify that a 72(s) payment was taken before the exchange and before the first anniversary of the decedent's death.  
☐ Non-qualified transfer from CD, stock, brokerage account or other

☐ New GAIG contract    ☐ Existing GAIG contract # \_\_\_\_\_

☐ Full amount \$ \_\_\_\_\_☐ Partial amount \$

Effective date of transfer: ☐ Immediately ☐ Transfer on this date \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer window/renewal period ends on \_\_\_\_/\_\_\_\_/\_\_\_\_

Existing annuity contract is: ☐ Attached ☐ Lost

I understand and agree that: (1) No amount will be credited to my annuity with the GAIG annuity company until funds are received by GAIG company in cash; (2) the GAIG company is not responsible for the consequences of any delay in payment by the existing provider; (3) the GAIG company and its representatives cannot provide legal and tax advice; (4) neither the GAIG company nor the existing account provider can be responsible for the tax qualification of the other's account or for the exchange/rollover/transfer; and (5) GAIG does not accept responsibility for tracking after-tax funds in a qualified contract.

I represent and warrant that no prior request or bankruptcy, insolvency, levy, judgement or other pending legal proceeding limits or affects my right to make this exchange/rollover/transfer.

I AGREE AND HOLD HARMLESS AND INDEMNIFY THE GAIG COMPANY AGAINST ANY AND ALL CLAIMS OR DEMANDS RELATED TO THIS ROLLOVER/ EXCHANGE/TRANSFER AND THE LIQUIDATION OF THE EXISTING ACCOUNT.

I hereby direct the provider of my existing account to liquidate the amount indicated and forward to the GAIG company, and share information relation to the amount transferred.

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*Owner signature (required)*
*Date*

Joint owner signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

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*Signature guarantee (if required)*
*Date*

The GAIG company accepts this exchange/rollover/transfer and requests that the amount to be transferred or rolled over be liquidated and forwarded to it.  
Owner/Annuity information for accepting annuity:

Owner Name: \_\_\_\_\_

Joint Owner Name: \_\_\_\_\_

Annuitant Name: \_\_\_\_\_

Joint Annuitant Name: \_\_\_\_\_

|                      |       |      |      |
|----------------------|-------|------|------|
| Authorized signature | Title | Ext. | Date |
|----------------------|-------|------|------|

Make check(s) payable to:

☐ Annuity Investors Life Insurance Co.

☐ Great American Life Insurance Co.

FBO

☐ Fixed Contract # ☐ Variable Contract #

P.O. Box 5420

Cincinnati, OH 45201-5420

(800) 854.3649

P.O. Box 5423

Cincinnati, OH 45201-5423

(800) 789.6771

For overnight: 301 E Fourth Street • Cincinnati, OH 45202