



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

## CERTIFICATION FOR LATE ROLLOVER CONTRIBUTION

TO: Great American Life Insurance Company®

### Certification

Pursuant to Internal Revenue Service Revenue Procedure 2016-47, I certify that my contribution of \$  missed the 60-day rollover deadline for the reason(s) listed below under *Reasons for Late Contribution*.

I am making this contribution as soon as practicable after the reason or reasons listed below no longer prevent me from making the contribution.

I understand that this certification concerns only the 60-day requirement for a rollover and that, to complete the rollover, I must comply with all other tax law requirements for a valid rollover and with the contract and rollover procedures of Great American Life Insurance Company.

Pursuant to Revenue Procedure 2016-47, unless Great American Life Insurance Company has actual knowledge to the contrary, it may rely on this certification to show that I have satisfied the conditions for a waiver of the 60-day rollover requirement for the amount identified above. Great American Life Insurance Company may not rely on this certification in determining whether the contribution satisfies other requirements for a valid rollover.

### Reasons for Late Contribution

I intended to make the rollover within 60 days after receiving the distribution but was unable to do so for the following reason(s) (check all that apply):

- ☐ An error was committed by the financial institution making the distribution or receiving the contribution.
- ☐ The distribution was deposited into and remained in an account that I mistakenly thought was a retirement plan or IRA.
- ☐ The distribution was in the form of a check and the check was misplaced and never cashed.
- ☐ My principal residence was severely damaged
- ☐ One of my family members died.
- ☐ I or one of my family members was seriously ill.
- ☐ I was incarcerated.
- ☐ Restrictions were imposed by a foreign country.
- ☐ A postal error occurred.
- ☐ The distribution was made on account of an IRS levy and the proceeds of the levy have been returned to me.
- ☐ The party making the distribution delayed providing information that the receiving plan or IRA required to complete the rollover despite my reasonable efforts to obtain the information.

### Signature

I declare that the representations made in this document are true and that the IRS has not previously denied a request for a waiver of the 60-day rollover requirement with respect to a rollover of all or part of the distribution to which this contribution relates. I understand that in the event I am audited and the IRS does not grant a waiver for this contribution, I may be subject to income and excise taxes, interest, and penalties. If the contribution is made to an IRA, I understand Great American Life Insurance Company will be required to report the contribution to the IRS. I also understand that I should retain a copy of this signed certification with my tax records.

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Signature of Taxpayer

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Date