



GREAT AMERICAN LIFE INSURANCE COMPANY®
ANNUITY INVESTORS LIFE INSURANCE COMPANY®
LOYAL AMERICAN LIFE INSURANCE COMPANY®

ADDITIONAL BENEFICIARY DESIGNATION FORM

(When used, this Form MUST be accompanied by an Application/Order Ticket/Request Form.)

1. BENEFICIARY ELECTION (Please print)

The Death Benefit will be paid to the primary beneficiaries or survivors of them in equal shares unless otherwise stated. The Death Benefit will be paid to contingent beneficiaries or survivors of them in equal shares only if there are no surviving primary beneficiaries. If additional space is needed, please attach a separate page signed by the owner(s) and dated the same date as this application/order ticket/request form.

Please show full name, address, relationship to Owner(s), and Social Security Number/Tax ID Number of all beneficiaries. If the Beneficiary is a trust, please list the name of the trust, the name(s) of the current trustee(s), and the trust agreement date AND provide copies of the first and signature pages of the trust.

PRIMARY BENEFICIARY(IES):

Name	Address	SSN/Tax ID #	Relationship to Owner
Name	Address	SSN/Tax ID #	Relationship to Owner
Name	Address	SSN/Tax ID #	Relationship to Owner
Name	Address	SSN/Tax ID #	Relationship to Owner
Name	Address	SSN/Tax ID #	Relationship to Owner

CONTINGENT BENEFICIARY(IES):

Name	Address	SSN/Tax ID #	Relationship to Owner
Name	Address	SSN/Tax ID #	Relationship to Owner
Name	Address	SSN/Tax ID #	Relationship to Owner
Name	Address	SSN/Tax ID #	Relationship to Owner
Name	Address	SSN/Tax ID #	Relationship to Owner

2. SIGNATURE AUTHORIZATION

Name of Owner (Please print)	Signature of Owner	Date
Name of Joint Owner (If applicable - Please print)	Signature of Joint Owner (If Applicable)	Date