## Great American Life Insurance Company®

## AssuranceSelect 7 Individual Deferred Annuity

Administrative Address: P.O. Box 5420, Cincinnati, Ohio 45201-5420



## Flexible Premium Deferred Annuity with Multiple Interest Crediting Strategies - Selection Form

1. Owner			
Primary Owner	Joint Own	er (only available for non-qualified contra	ıcts)
Name	Name		
SSN	SSN		
2. Initial Strategy Selection (Please indicate in whole percentages only	v )		
Below are the available strategies that you may select, subject to the terms and conditions of your annuity contract.			
Note: Unless you reallocate funds among strategies at the end of a specified term, the balance in a strategy will automatically renew into that same strategy for the next term.			
Initial Interest Strategy(ies)	_	_	
Declared Rate Strategy	%		
S&P 500® Annual Point-to-Point Indexed Strategy	%	SP500 refers to the S&P 500® Index.	
S&P 500® Annual Monthly Averaging Indexed Strategy	%		the Diale Constant 100/ Dailer
S&P Risk Control Annual Point-to-Point with Participation Rate*	%	SP500 Risk Ctrl refers to the S&P 500 Average Daily Risk Control 10% Price Return Index. For more information, visit <a href="https://www.US.SPIndices.com">www.US.SPIndices.com</a> and search keyword SPXAV10P.	
SPDR® Gold Shares Exchange Traded Fund Annual Point-to-Point Indexed Strategy	%	GOLD refers to the SPDR* Gold Shares. For more www.spdrgoldshares.com.	information, visit
Total (must equal 10	0%)		
3. Rider Selection (Please choose A, B, or C below only if purchasing a rider and make sure the rider box on the application/request form is checked. Not available in all states. Please check availability with your agent/producer.)  I elect the optional rider checked below (select one). I understand an annual rider charge applies. I also understand that the charge may increase and other rider features may be affected if I elect to reset the rider benefit base, take an excess withdrawal or transfer the contract to the Insured's spouse.  Please read your rider for definitions and complete terms, conditions and limitations that apply to your rider.  A. IncomeSecure guaranteed income rider. Available for ages 40–85.  B. IncomeDuo Select guaranteed income rider. Available for ages 40–85.  Spouse Name:  SSN:  Date of Birth:  C. Inheritance Enhancer guaranteed death benefit rider. Available for ages 50–85. Name of Insured*:			
* 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 Strategy Selections and Reallocations			
INITIAL HERE if you wish to authorize the agent/producer identified on the application/request form to change strategy selections and to reallocate funds among interest strategies on your behalf.  **Owner and/or Joint Owner Initials**			
5. Agreement			
The owner (and joint owner, if any) agrees that Great American Life is authorization, if any. In the case of joint owners, the owners agree that authorization made by one owner and that such actions will be deemed harmless against any and all claims made by reason of any such select	t Great American Life is a to be made on behalf of	authorized to rely on any selection, reallocation both owners. Each owner agrees to hold Great	or agent/producer
Owner's signature Dat	 e Joi	nt owner's signature (if applicable)	Date

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