



Great American Life Insurance Co[®] Loyal American Life Insurance Co[®]
 Annuity Investors Life Insurance Co[®]
 Mailing Address: PO Box 5420, Cincinnati OH 45201 Fixed Annuities
 Mailing Address: PO Box 5423, Cincinnati OH 45201 Variable Annuities
 Overnight Address: 301 E Fourth Street, 10th Floor, Cincinnati OH 45202-4201
 Client Relations - 800-854-3649 Fixed Annuities
 Fax Number - 1-888-788-1693 Fixed Annuities
 Client Relations - 800-789-6771 Variable Annuities
 Fax Number - 1-888-788-1693 Variable Annuities

THIRD PARTY CHECK – LETTER OF INSTRUCTION

1. Check Information

Name of check owner (including a person named as "remitter" or "FBO" beneficiary)		SSN of check owner
Name of joint check owner (if any)		SSN of joint check owner
Check amount \$	Check type (e.g., personal, cashier's, insurance, brokerage)	Check date

2. Information on Contract (to which deposit is to be made)

Name of contract owner		SSN of contract owner
Name of joint contract owner (if any)		SSN of joint contract owner
Contract # (if known)	Relationship of contract owner(s) to check owner(s)	
Reason for transfer from check owner(s) to contract owner(s)		

3. Instructions, Acknowledgement, and Agreement

By this document, each undersigned check owner (identified in Section 1 above)

- Certifies that this form has been completed in full, and the information contained on this form is true;
- Instructs the life insurance company ("Insurer") affiliated with Great American Financial Resources, Inc. ("GAFRI") to which the check was remitted to apply the check proceeds to the annuity contract identified in Section 2 above that is to be or has been issued by the Insurer;
- Acknowledges that the application of the check proceeds to an annuity contract owned by a different person may constitute a change in ownership and have financial, legal, and income, gift, and estate tax consequences, that GAFRI, the Insurer, and its agents are not permitted to give legal or tax advice and are not responsible for these consequences, and that the undersigned should consult with his or her own legal or tax advisors concerning the advisability of the transfer and the consequences of it; and
- Agrees to hold GAFRI and the Insurer harmless against any claim made by reason of their compliance with these instructions.

 Signature of check owner

 Date

 Signature of check joint owner (if applicable)

 Date

☐ **Attach Notary Form (N2654811NW) if this box is checked or if requested**

Important Information about Powers of Attorney: If this form is signed by an attorney-in-fact on behalf of the check owner, we will require a copy of the Power of Attorney and the GAFRI Power of Attorney Affidavit (Form #AAG2816) completed and signed by the attorney-in-fact. We may reject the Power of Attorney if it does not include the authority to make gifts (or the requested transfer into trust name), or if the transfer exceeds the stated authority. We may reject the Power of Attorney if the attorney-in-fact will personally benefit from the transfer and the Power of Attorney does not specifically permit self-dealing or waive the conflict of interest.