

Flexible Premium Deferred Annuity with Multiple Interest Crediting Strategies – Selection Form

1. Owner

Primary Owner

Name _____

SSN _____

Joint Owner (only available for non-qualified contracts)

Name _____

SSN _____

2. Initial Strategy Selection (Please indicate in whole percentages only.)

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	_____ %	SP500 refers to the S&P 500® Index.
S&P 500 1-Year Point-to-Point	_____ %	SP500 Risk Ctrl refers to the S&P 500 Average Daily Risk Control 10% Price Return Index. For more information, visit www.US.SPIndices.com and search keyword SPXAV10P.
S&P 500 Risk Control 10% 1-Year Point-to-Point	_____ %	
S&P U.S. Retiree Spending 1-Year Point-to-Point	_____ %	SP Retiree Spending refers to the S&P U.S. Retiree Spending Index. For more information, visit www.US.SPIndices.com and search keyword SPRETIRE.
iShares U.S. Real Estate ETF 1-Year Point-to-Point	_____ %	Real Estate refers to the iShares U.S. Real Estate ETF. For more information, visit www.iShares.com and search ticker symbol IYR.
SPDR Gold Shares ETF 1-Year Point-to-Point	_____ %	
Total (must equal 100%)	_____ %	GOLD refers to the SPDR® Gold Shares. For more information, visit www.spdrgoldshares.com .

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 authorized to process the selections set out above and to honor the agent/producer authorization, if any. In the case of joint owners, the owners agree that Great American Life is authorized to rely on any selection, reallocation or agent/producer authorization made by one owner and that such actions will be deemed to be made on behalf of both owners. Each owner agrees to hold Great American Life harmless against any and all claims made by reason of any such selection, reallocation or agent/producer authorization.

Owner's signature

Date

Joint owner's signature (if applicable)

Date

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