

## Single Premium Deferred Annuity with Multiple Interest Crediting Strategies – Application

## 1. Owner

## Primary Owner

Name John T. Smith  
 Address 111 Bond Street  
 City Anywhere State NC Zip 21212  
 Phone 555-555-5555 Sex ☒ M ☐ F  
 SSN/FEIN 111-11-1111 Birth date 01-01-1941  
 Email Address jsmith@verizon.net

## Joint Owner (only available for Non-Qualified contracts)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Sex ☐ M ☒ F  
 SSN/FEIN \_\_\_\_\_ Birth date \_\_\_\_\_  
 Email Address \_\_\_\_\_

## 2. Annuitant (if other than Owner)

## Primary Annuitant

Name John T. Smith  
 Address Same as above  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Sex ☐ M ☐ F  
 SSN/FEIN \_\_\_\_\_ Birth date \_\_\_\_\_

## Joint Annuitant (only available for Non-Qualified contracts)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Sex ☐ M ☐ F  
 SSN/FEIN \_\_\_\_\_ Birth date \_\_\_\_\_

## 3. Contract Information

A. Product Name ☐ AssuranceProtect 6 ☒ AssuranceSelect 7

B. Initial Purchase Payment: Amount \$ 100,000.00

- ☒ Check enclosed (☐ check here if indirect rollover)  
☐ Transfer  
☐ Rollover  
☐ CD Redemption  
☐ Brokerage Account  
☐ 1035 Exchange

If 1035 Exchange or Transfer, from what company?

Bank IRA Transfer from ABC Bank

C. Additional Purchase Payments:

Amounts \$ 25000.00

- ☐ Check enclosed (☐ check here if indirect rollover)  
☒ Transfer  
☐ Rollover  
☐ CD Redemption  
☐ Brokerage Account  
☐ 1035 Exchange

If 1035 Exchange or Transfer, from what company?

ABC Ins Co

D. Tax Qualification for New Annuity

- ☐ Non-Qualified ☒ IRA  
☐ TSA 403(b) ☐ Inherited IRA  
☐ Roth 403(b) ☐ Roth IRA  
☐ 457 ☐ SEP IRA  
☐ Other (please specify) ☐ SIMPLE IRA

E. Riders (Riders not available for all ages)

- ☒ IncomeSecure<sup>SM</sup> Rider  
 If this Rider is elected, you must complete Section 3B on the Selection Form. (Rider not available in all states)
- ☐ IncomeSustainer Plus Rider  
 If this Rider is elected, you must complete Section 3A on the Selection Form. (Rider not available in all states)

F. Special Requests

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### 4. Beneficiary

If the beneficiary listed below is not designated as a Primary or Contingent beneficiary, it will automatically default to a Primary designation. All shares will be divided equally unless otherwise noted in the space provided.

List additional beneficiaries on the Additional Beneficiary Designation Form. Share/Percentage must equal 100%. If beneficiary is a trust, list the name of the trust, name(s) of the current trustee(s), and trust agreement date, **AND provide copies of the first page and signature page of the trust. If the owner of the contract applied for is a trust, the trust must be designated as the primary beneficiary.**

Primary Beneficiary	Contingent Beneficiary
Share/Percentage <u>100</u> % Name <u>Mary M. Smith</u> Address <u>111 Bond Street</u> City <u>Anywhere</u> State <u>NC</u> Zip <u>21212</u> SSN <u>222-22-2222</u> Relationship <u>Spouse</u>	Share/Percentage <u>50</u> % Name <u>Meghan K. Smith</u> Address <u>321 Lamb Street</u> City <u>Anywhere</u> State <u>NC</u> Zip <u>21212</u> SSN <u>333-33-3333</u> Relationship <u>Daughter</u>
Share/Percentage _____ % Name _____ Address _____ City _____ State _____ Zip _____ SSN _____ Relationship _____	Share/Percentage <u>50</u> % Name <u>Tyler J. Thompson</u> Address <u>564 Hyde Street</u> City <u>Anywhere</u> State <u>NC</u> Zip <u>21212</u> SSN <u>444-44-4444</u> Relationship <u>Son</u>
Share/Percentage _____ % Name _____ Address _____ City _____ State _____ Zip _____ SSN _____ Relationship _____	Share/Percentage _____ % Name _____ Address _____ City _____ State _____ Zip _____ SSN _____ Relationship _____
Share/Percentage _____ % Name _____ Address _____ City _____ State _____ Zip _____ SSN _____ Relationship _____	Share/Percentage _____ % Name _____ Address _____ City _____ State _____ Zip _____ SSN _____ Relationship _____
Share/Percentage _____ % Name _____ Address _____ City _____ State _____ Zip _____ SSN _____ Relationship _____	Share/Percentage _____ % Name _____ Address _____ City _____ State _____ Zip _____ SSN _____ Relationship _____
Share/Percentage _____ % Name _____ Address _____ City _____ State _____ Zip _____ SSN _____ Relationship _____	Share/Percentage _____ % Name _____ Address _____ City _____ State _____ Zip _____ SSN _____ Relationship _____

## 5. Existing Insurance/Replacement

Do you have any existing life insurance policies or individual annuity contracts currently in force with this Company or any other company?

☒ **Yes**   ☐ **No**

**If “Yes”, complete the Important Notice Replacement of Life Insurance or Annuities.** Your agent must present and read the Notice to you unless you voluntarily waive this step.

## 6. Agreement

I certify that I have read the statements and that my answers to the questions on this application are true and complete to the best of my knowledge and belief.

**I understand that the annuity for which I am applying is a single premium deferred annuity with multiple interest crediting strategies. I understand that the values of the annuity may be affected by the change in an external index. I understand that the annuity does not directly participate in equity or debt investments. I understand that only the guaranteed minimum surrender value is guaranteed, and that the other values are not guarantees, promises, representations or warranties.**

I received and reviewed the Disclosure Document that includes information about my annuity contract, its benefits, and the fees and charges that apply to it.

I understand annuities are not insured by the FDIC, or the NCUSIF, and are not a deposit or other obligation of, or guaranteed by a bank or similar financial institution. Annuities are subject to investment risk, including possible loss of principal amount invested.

By signing below, I also authorize any law enforcement agency, public or private institution, information service bureau or other entity contacted by the Company to furnish information sufficient to confirm my/our personal information as required by Federal law. I hereby release all persons, agents and agencies, and entities providing confirming information from any and all liability arising out of the request for or the release of confirming information.

I understand that neither the Company issuing this Contract nor its representatives offer legal or tax advice. (Please consult your tax advisor or lawyer with any questions or concerns.) I believe the Contract I am purchasing is suitable based on my financial status, tax status, investment objectives and insurance needs.

Signed at (city) Anywhere (state) NC

Owner's Signature

John's Signature here

Date 07/01/2012

Joint Owner/Plan Administrator's Signature *(if applicable)*

Date \_\_\_\_\_

**PLEASE INCLUDE THE STRATEGY SELECTION FORM WITH THIS APPLICATION. WE WILL NOT BE ABLE TO PROCESS YOUR CASE WITHOUT THE STRATEGY SELECTION FORM.**

**PLEASE ALSO NOTE THAT ADDITIONAL FORMS OR DOCUMENTATION WILL BE REQUIRED TO VERIFY THE AUTHORITY OF THE PERSON SIGNING WHERE THE OWNER IS A TRUST, CORPORATION OR OTHER ENTITY, OR WHERE A POWER OF ATTORNEY IS BEING USED.**

## 7. Agent's Statement

To the best of my knowledge, (1) the purchaser(s) ☒ **does**  
☐ **does not** have any existing life insurance policies or annuity  
contracts currently in force with this or any other company; and  
(2) the annuity being purchased ☐ **is** ☒ **is not** intended to  
replace or use cash values of any existing life insurance or annuity  
with this or any other company. (If the purchaser(s) does have  
existing life insurance policies or annuity contracts, please read the  
appropriate replacement forms to the purchaser(s) (unless  
voluntarily waived) and complete the appropriate replacement forms.  
If the annuity being purchased is intended to replace or use cash  
values of any existing life insurance or annuity with this or any other  
company, please complete the appropriate replacement forms.)

If the Contract applied for replaces any existing life insurance or  
annuity with this or any other company, I attest that I have reviewed  
the potential advantages and disadvantages of the proposed  
transaction.

I hereby certify that in connection with my presentation to the  
purchaser(s) herein, I only used sales material that was previously  
approved by the Company and that I left with the purchaser(s) a copy  
of all sales material used in my presentation. ("**Sales Material**")  
**means a sales illustration and other written, printed or**  
**electronically presented information created, completed or**  
**provided by the Company or the agent and is used in the**  
**presentation to the purchaser in connection with the contract**  
**purchased).**

I further certify that this transaction is in accord with the Company's  
written statement with respect to the acceptability and appropriateness  
of replacements and that I truly and accurately recorded on this  
application the information provided by the applicant.

I ☒ did recommend ☐ did not recommend that the product being  
applied for is suitable for the proposed owner(s) on the basis  
of the facts disclosed by the proposed owner(s).

**1<sup>st</sup> Agent's Name (please print)** Joe Broker

**Agent's Signature** \_\_\_\_\_

**Date** 07/01/2012

Agent Code # GA123 Commission Split 100 %

Phone 555-666-1236

E-Mail Address jbroker@bank.com

**2<sup>nd</sup> Agent's Name (please print)** \_\_\_\_\_

**Agent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Agent Code # \_\_\_\_\_ Commission Split \_\_\_\_\_ %

Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## 8. For Agent Use Only (Commission Structure Codes)

AssuranceSelect 7: ☐ HEAP(01) ☐ MOD 3 (02)  
Default: HEAP(01) ☒ Trail AV (03)

AssuranceProtect 6: HEAP only

## AssuranceSelect 7 Individual Deferred Annuity

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



Member Company

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

## 1. Owner

## Primary Owner

Name John T. Smith  
 Address 111 Bond Street  
 City Anywhere State NC Zip 21212  
 SSN 111-11-1111

## Joint Owner (only available for non-qualified contracts)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 SSN \_\_\_\_\_

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

Below are the strategies to which your purchase payment account value may be applied, subject to the terms and conditions of your annuity contract. Indicate the percentage that you want applied to each strategy. Your selections must be indicated in whole percentages only and total 100%.

## Initial Interest Strategy(ies) – Percentage of Purchase Payment Account Value

Declared Rate Strategy	<u>25</u>	%	Some annuities provide that, unless you make changes to your selections, each strategy will automatically renew for a term. Other annuities provide that, at the end of each term, the funds held for that term will be reapplied for a new term based on your most recent selection of interest strategies. Please check with your financial professional for renewal information of the Great American Life annuity that you are purchasing.
Annual Point-to-Point Indexed Strategy	<u>50</u>	%	
Monthly Averaging Indexed Strategy	<u>25</u>	%	
<b>Total (must equal 100%)</b>	<u>100</u>	%	

3. Rider Selection (Please choose A or B below only if purchasing the IncomeSecure<sup>SM</sup> or IncomeSustainer<sup>®</sup> Plus and ensure that the rider box on the application/request form is checked. An annual charge applies. Not available in all states. Please check availability with your financial professional.)

## A. IncomeSustainer Plus

*I elect the IncomeSustainer Plus guaranteed income and death benefit rider. I have read and understand the reset option set out below. Available for ages 50–85.*



## B. IncomeSecure

*I elect the IncomeSecure guaranteed income rider. I have read and understand the reset option set out below. Available for ages 40–85.*

## Information about the Reset Option Under IncomeSecure and IncomeSustainer Plus

If you wish to reset the income base to your account value on a contract anniversary as permitted under the rider, you must make that election by a separate written request specifically related to that contract anniversary. We must receive the written request for a reset no later than 30 days after the applicable contract anniversary. If you elect a reset and the then current charge for new issues of the rider is higher than the charge that we are then assessing for your rider, the reset will trigger an increase in the rider charge. You may not elect a reset if your account value is lower than the income base on a contract anniversary.

*Note: If you elect a reset, a new income rollup period may begin and purchase payments and income credits added on or before the reset date are disregarded. A reset will not change your rollup base amount.*

## 4. Agreement

The owner(s) agrees that Great American Life<sup>®</sup> is authorized to process the selections set out above, and to honor the agent/producer authorization, if any, indicated below. The owner(s) will hold Great American Life<sup>®</sup> harmless against any and all claims made by reason of these selections and any such authorization.

JS Please initial here if you wish to authorize the agent/producer identified on the application/request form to change your interest strategy selections on your behalf for this contract.

Owner's signature

7/1/2012

Date

Joint Owner's signature (if applicable)

Date

- ☐ Annuity Investors Life Insurance Company®  
☒ Great American Life Insurance Company®  
☐ Loyal American Life Insurance Company®

## IMPORTANT NOTICE

### Replacement of Life Insurance or Annuities

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

- Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ☐ Yes ☒ No
- Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ☐ Yes ☒ No

If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the contract or policy number if available) and whether each contract or policy will be replaced or used as a source of financing:

Insurer Name	Contract or Policy #	Insured or Annuitant	Replaced (R) or Financing (F)
1.			
2.			
3.			

Make sure you know the facts. Contact your existing company or its agents for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because \_\_\_\_\_

I certify that the responses herein are, to the best of my knowledge, accurate:

John Smith

7/1/2012

Applicant's Signature and Printed Name

Date

Joe Broker

must be dated before or on app date

Agent's/Producer's Signature and Agent's/Producer's Printed Name

Date

I do not want this notice read aloud to me. \_\_\_\_\_ (Applicants must initial only if they do not want the notice read aloud.)

**Exchange/Rollover/Transfer Request**

Great American Life® • Annuity Investors® Life



Sections 3a-3e are required for all qualified requests; section 4a is required for all non-qualified requests; section 4b should be completed from transferring institution.

**1. Account to be exchanged/rolled over/transferred (required)**

Owner name John T. Smith  
 Owner SSN/tax ID 111-11-1111  
 Joint owner name \_\_\_\_\_  
 Joint owner SSN \_\_\_\_\_

Annuitant/participant name John T. Smith  
 Annuitant/participant SSN 111-11-1111  
 Joint annuitant/participant name \_\_\_\_\_  
 Joint annuitant/participant SSN \_\_\_\_\_

**2. Transferring institution information (required)**

Existing account provider ABC Ins. Co  
 Provider phone 888-555-5555  
 Existing account # 123654789

Provider street address (required) Attn: Transfer Exchange Department  
123 Main Street  
Anwhere, MD 23456

**3a. Qualified accounts: Tax qualification of existing and new accounts**

**From:** ☐ Traditional 403(b) ☐ Traditional IRA  
☐ Roth 403(b) ☐ SEP IRA  
☐ Governmental 457(b) ☐ SIMPLE IRA  
☐ Pension/Profit Sharing/401(k) ☐ Roth IRA  
☐ Roth 401(k)

**To:** ☐ Traditional 403(b) ☐ Traditional IRA  
☐ Roth 403(b) ☐ SEP IRA  
☐ Governmental 457(b) ☐ SIMPLE IRA  
☐ Pension/Profit Sharing/401(k) ☐ Roth IRA  
☐ Roth 401(k) ☐ Inherited IRA (for non-spouse beneficiary of 403(b), 457(b) or 401 plan)

**3b. Qualified accounts: Type of exchange/rollover/transfer where existing and new accounts have the same tax qualification**

- ☐ This is a contract exchange/reinvestment within the same employer plan.  
☐ This is a direct rollover to a plan with a new employer of an eligible rollover distribution from a plan of a previous employer.  
☒ This is an IRA to IRA direct trustee to trustee transfer, or a plan-to-plan transfer to a plan of a different employer with the same tax qualification as the plan with the previous employer.

Please refer to Attachment A for complete transaction definitions.

**We will require documentation that the receiving plan will accept the rollover/exchange/transfer; most 403(b), Governmental 457(b) and 401 plans will require a segregated rollover account.**

**3c. Qualified accounts: Amount to be exchanged/rolled over/transferred**

☒ New GAFRI contract ☐ GAFRI contract # \_\_\_\_\_  
 I wish to rollover/exchange/transfer:  
☒ Full amount \$ 25,000.00  
 If annuity: ☐ contract attached ☐ contract lost  
☐ Partial amount \$ \_\_\_\_\_ or \_\_\_\_\_ %  
 Effective: ☐ Immediately ☐ On \_\_\_\_/\_\_\_\_/\_\_\_\_

**Required Minimum Distribution Information**

The required beginning date for distributions from a TSA, all IRAs (except a Roth IRA), all 401 plans and Governmental 457 plans is April 1 following the calendar year in which you reach age 70½ (or a later year in which you retire, if not an IRA). The following information is required if you are or will be over 70½ in age in the year of the transfer/rollover:

- ☐ No RMD is required for the current year.  
☐ I have already taken my full RMD for the current year.  
☒ I direct the provider of my existing account to distribute the RMD to me before the exchange/rollover/transfer.

**3d. Qualified accounts: For exchange within or rollover/transfer from 403(b), pension/profit sharing/401(k), or governmental 457(b) plan**

Name of existing employer plan \_\_\_\_\_  
 Name of plan administrator \_\_\_\_\_  
 Plan administrator phone/contact name \_\_\_\_\_

The plan administrator of the employer plan under which the existing account is maintained hereby certifies that the exchange, rollover, or transfer is permitted under the employer plan, and authorizes the provider of the existing account to process this request.

Plan administrator signature \_\_\_\_\_

Date \_\_\_\_\_



**3e. Qualified accounts: For rollover/transfer into 403(b), pension/profit sharing/401(k), or governmental 457(b) plan**

Name of receiving employer plan \_\_\_\_\_

Name of plan administrator \_\_\_\_\_

Plan administrator phone/contact name \_\_\_\_\_

The plan administrator of the employer plan that will receive the rollover or transfer hereby certifies that the rollover or transfer is permitted under the employer plan, and authorizes the GAFRI company to accept the rollover or transfer.

\_\_\_\_\_  
Plan administrator signature

\_\_\_\_\_  
Date

**4a. Non-qualified accounts: Transfer information**

1035 Exchange (non-qualified annuity/life insurance):

☐ Full (approximate value \$ \_\_\_\_\_)

☐ Partial \$ \_\_\_\_\_ or \_\_\_\_\_%

Other non-qualified transfer from:

☐ CD ☐ Stock ☐ Other \_\_\_\_\_

☐ Full (approximate value \$ \_\_\_\_\_)

☐ Partial \$ \_\_\_\_\_ or \_\_\_\_\_%  
from the account referenced above and place the proceeds in a non-qualified account at GAFRI.

I hereby make a complete and absolute assignment and transfer to the GAFRI company of all rights, title and interest of every nature and character in and to said policy or account (or said portion thereof), and irrevocably waive all rights, claims and demands under it, in exchange for a GAFRI contract issued by the GAFRI company. I agree to pay any premium on the prior policy required before the date it is surrendered, and assume full responsibility for any lapse of the prior policy for nonpayment of premiums or otherwise. This serves as my authorization to liquidate and forward the amount to be withdrawn from the above account to the GAFRI company to be applied as follows:

Transfer these funds: ☒ Immediately ☐ On \_\_\_\_/\_\_\_\_/\_\_\_\_

To: ☐ New policy ☐ Policy in force (# \_\_\_\_\_)

**4b. Non-qualified accounts: 1035 exchange information from prior carrier (List cost basis information for contract being exchanged.)**

Pre-TEFRA: Deposits on/before 8/13/82

(net of withdrawals) \$ \_\_\_\_\_

Post-TEFRA: Deposits on/after 8/14/82

(net of withdrawals) \$ \_\_\_\_\_

Were any deposits made after 6/30/86? ☐ Yes ☐ No

\_\_\_\_\_  
Institution representative name (print)

\_\_\_\_\_  
Institution representative signature

\_\_\_\_\_  
Date

**5. Agreement and authorization (required)**

I understand and agree that: (1) No amount will be credited to my annuity with the GAFRI company until the funds are received by the GAFRI company in cash; (2) the GAFRI company is not responsible for the consequences of any delay in payment by the existing account provider; (3) the GAFRI company and its representatives cannot provide legal and tax advice; (4) neither the GAFRI company nor the existing account provider can be responsible for the tax qualification of the other's account or for the intended tax treatment of the rollover/exchange/transfer; and (5) GAFRI does not accept responsibility for tracking after-tax funds in a qualified contract.

I represent and warrant that no prior request or bankruptcy, insolvency, levy, judgment or other pending legal proceeding limits or affects my right to make this rollover/exchange/transfer.

I AGREE AND HOLD HARMLESS AND INDEMNIFY THE GAFRI COMPANY AGAINST ANY AND ALL CLAIMS OR DEMANDS RELATED TO THIS ROLLOVER/EXCHANGE/TRANSFER AND THE LIQUIDATION OF THE EXISTING ACCOUNT.

I hereby direct the provider of my existing account to liquidate the amount indicated and forward it to the GAFRI company, and to share information related to the amount transferred.

\_\_\_\_\_  
Owner/participant signature (required)

7/1/2012

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint owner/participant signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guarantee signature (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness signature (Agent)

7/1/2012

\_\_\_\_\_  
Agent #

**6. Acceptance (completed by Home Office)**

The GAFRI company accepts this transfer or rollover and requests that the amount to be transferred or rolled over be liquidated and forwarded to it.

\_\_\_\_\_  
Authorized signature  
Executive Vice President  
\_\_\_\_\_  
Officer signature  
Title

Make check(s) payable to:

☐ Annuity Investors Life Insurance Co.  
☐ Great American Life Insurance Co. ☐ Annuity Investors Life Insurance Co.  
(variable annuity address)

FBO \_\_\_\_\_ FBO \_\_\_\_\_

Contract # \_\_\_\_\_ Contract # \_\_\_\_\_

P.O. Box 5420 P.O. Box 5423  
Cincinnati, OH 45201-5420 Cincinnati, OH 45201-5423  
(800) 854.3649 (800) 789.6771

For overnight: 301 E Fourth Street • Cincinnati, OH 45202