

Help us pay you faster!



We want to make doing business with us easy.

Here are some helpful tips to keep in mind when submitting New Business paperwork.

- ★ Be sure to use the **correct version** of each form based on the state in which the order ticket is signed.
- ★ The signature dates **should be the same** on all forms.
- ★ If any sections are scratched out, the **client must initial the change**. White out may not be used on any of the forms.
- ★ A **replacement notice** must be completed for all cases involving a replacement (only applicable in NAIC 2000 Model Replacement States).
- ★ If a separate beneficiary sheet will be submitted, it must be **dated and signed by the owner**.
- ★ For all transfer cases, please include the **transfer company's street address and phone number** on the Transfer/Rollover form.
- ★ If the new contract is funded with tax-qualified funds, and the owner is over age 70½, then the required minimum distribution (RMD) must be satisfied **prior to funds being transferred**.
- ★ Keep the **client information** you gather to determine suitability for the time period required by your state.
- ★ For trust cases where the trust is the owner, the **Trust Certification form** must be completed. Additionally, the primary beneficiary must be the trust.
- ★ **For power of attorney (POA) cases**, you must complete a POA Affidavit.
- ★ Complete any **bank-specific paperwork** that your financial institution requires.



Member Companies

1. Owner

Name	John Smith				
Address	111 Main Street				
City	Anywhere	State	NC	Zip	55555
Phone	555-555-5555	Sex	<input checked="" type="checkbox"/> M	<input type="checkbox"/> F	
SSN/FEIN	111-11-1111	Birth date	1-1-1941		

Name	Mary Smith				
Address	111 Main Street				
City	Anywhere	State	NC	Zip	55555
Phone	555-555-5555	Sex	<input type="checkbox"/> M	<input checked="" type="checkbox"/> F	
SSN/FEIN	222-22-2222	Birth date	2-2-1942		

Name John Smith

Address Same as above

City _____ State _____ Zip _____

Phone _____ Sex ☐ M ☐ F

SSN/FEIN _____ Birth date _____

Name Write out "n/a"

Address _____

City _____ State _____ Zip _____

Phone _____ Sex ☐ M ☐ F

SSN/FEIN _____ Birth date _____

A. Product Name ☒ Stars & Stripes 5 ☐ Stars & Stripes 7

☒ Check enclosed (☐ check here if indirect rollover)

☐ Wire transfer☐ Transfer

 Rollover

☒ 1035 Exchange

☐ Brokerage Account

☐ CD Redemption

If Transfer or 1035 Exchange, from what company?

\$50,000 check enclosed and \$50k 1035 exchange from XYZ insurance

☒ Non-Qualified

☐ TSA 403(b)

☐ Roth 403(b)☐ Other (please specify)

457

☐ IRA☐ Roth IRA☐ Simple IRA☐ Inherited IRA

D. Special Requests

4. Beneficiary

If the beneficiary listed below is not designated as 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>Surviving spouse</u> Address _____ City _____ State <u>NC</u> Zip _____ SSN _____ Relationship <u>spouse</u>	Share/Percentage <u>50</u> % Name <u>Meghan Smith</u> Address <u>123 Bond Street</u> City <u>Anywhere</u> State <u>NC</u> Zip <u>55555</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 Smith</u> Address <u>321 Wright Street</u> City <u>Anywhere</u> State <u>NC</u> Zip <u>55555</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. Client Financial Disclosure *(Joint owners should provide combined information)*

Monthly Spendable Income:

- ☐ \$0 - \$2,500
- ☐ \$2,501 - \$5,000
- ☐ \$5,001 - \$7,500
- ☒ \$7,501 - \$10,000
- ☐ \$10,001+

Financial Objective - What is the intended use of this annuity?

(Check all that apply)

- ☐ Immediate income
- ☐ Lifetime income
- ☐ Safety
- ☒ Tax-deferred growth
- ☐ Death Benefit
- ☒ Growth potential
- ☐ Other, **explain:**

Do you have sufficient available cash, liquid assets or other sources of income for living expenses, health care and emergencies other than the money that you plan to use to purchase this Annuity contract?

- ☒ Yes
- ☐ No

If no, please explain:

Purchase Payment as a Percentage of Net Worth (Total Purchase Payment Divided by Approximate Household Net Worth):

- ☒ 1% - 10%
- ☐ 11% - 20%
- ☐ 21% - 30%
- ☐ 31% - 40%
- ☐ 41% - 50%
- ☐ greater than 50%

Federal Tax Bracket:

- ☐ 0% - 15%
- ☐ 16% - 25%
- ☐ 26% - 33%
- ☒ 33% and over

Accessing Your Money - How do you anticipate taking distributions from this Annuity? (Check all that apply)

- ☒ Free Withdrawals
- ☐ Loans
- ☐ Required Minimum Distribution
- ☐ Annuitize
- ☐ Lump Sum Surrender
- ☐ Partial Surrenders above Free Withdrawal
- ☐ Systematic Withdrawal
- ☐ Immediate Income
- ☐ Leave to Beneficiary
- ☐ Other, **explain:**

Accessing Your Money – When do you anticipate taking your first distribution? (choose one)

- ☐ Less than 1 Year
- ☐ Between 1 and 5 Years
- ☒ Between 5 and 9 Years
- ☐ 10 or More Years
- ☐ None Anticipated

6. 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.

7. Agreement

I have read this application, and I understand each of the statements and answers on this form. To the best of my knowledge and belief, the information above is true and correct.

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

I UNDERSTAND THAT WITHDRAWALS AND FULL SURRENDERS MAY BE SUBJECT TO A MARKET VALUE ADJUSTMENT.

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.

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.

Signed at (city) Anywhere (state) NC

Owner's Signature

Date 6/1/2011

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

Date 6/1/2011

8. 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).

1st Agent's Name (please print) Joe Broker

Agent's Signature _____

Date 6/1/2011

Agent Code # GA Agent # Commission Split 100 %

Phone 555-555-5555

E-Mail Address joebroker@firm.net

2nd Agent's Name (please print) _____

Agent's Signature _____

Date _____

Agent Code # _____ Commission Split _____ %

Phone _____

E-Mail Address _____

Disclosure Document

This document reviews important points to think about when deciding to buy this annuity from Great American Life Insurance Company. Please read your annuity contract for a full description of your annuity.

- This annuity is a **single premium** annuity, which means you buy it with one purchase payment (premium).
- It is a **fixed** annuity, which means it earns at least the guaranteed interest rate.
- It is a **deferred** annuity, which means annuity benefit payments (payouts) don't begin until a future date. You don't pay taxes on the interest that it earns until the money is paid to you.

You can use an annuity to save money for retirement and to receive retirement income for life. An annuity is **not** meant to be used to meet short-term financial goals.

If you have questions about this annuity, please ask your agent/producer, or contact us at (800) 854-3649.

Your annuity contract

How will the value of my annuity grow?

Your annuity earns tax-deferred interest. Interest is credited daily and compounded annually. The interest rate that your annuity earns will never fall below the guaranteed interest rate set out on the contract specifications page.

We set a base interest rate for each term (a specific number of years) in your annuity. The base interest rate for a term depends on market interest rates.

After the first year in a term, we apply an annual interest rate adjustment to the base interest rate. Generally, the adjustment will increase the rate of interest for each subsequent year in the term. It may, however, decrease the rate of interest for each subsequent year in the term.

Examples: The base interest rate is 3.25% and the length of the term is five years. The annual interest rate adjustment is 0.10%.

Term year	Interest rate	Adjustment + 0.10%
1	3.25%	
2	3.35%	3.25% + 0.10%
3	3.45%	3.25% + 0.20%
4	3.55%	3.25% + 0.30%
5	3.65%	3.25% + 0.40%

When a term ends, you may choose any new term that is available under your annuity. During the first year of the new term, your annuity earns interest at a new base interest rate that depends on the length of the new term and market rates. During the subsequent years of the new term, your annuity earns interest at the new base interest rate plus or minus the annual interest rate adjustment.

The base interest rate and the annual interest rate adjustment may vary from term to term. We set the base interest rate and the annual interest rate adjustment for each new term at the beginning of the term. The annual interest rate adjustment for a term may be zero. We guarantee that the base interest rate and the annual interest rate adjustment for a term will not change during that term.

If you do not choose a new term, we apply your account value to a new term that is the same length as the term that just ended. If a term of that length is not available, we apply your account value to a new term that is one year long.

The initial term is five years long. The base interest rate and the annual interest rate adjustment for the initial term are set out on the contract specifications page. At the beginning of each new term, we will send you a supplemental contract specifications page. The length of the new term, the base interest rate for the new term, and the annual interest rate adjustment for the new term will be set out on the supplemental contract specifications page.

Unless you take money out of your annuity, the account value of your annuity cannot go down.

Does this annuity have a bonus feature?

Yes. We pay additional interest during the first contract year. The interest rate bonus is set out on the contract specifications page.

Example: The interest rate bonus is 1.00%. The initial term is five years, the base interest rate is 3.25%, and the annual interest rate adjustment is 0.10%. Here's how we calculate the interest rate for each year in the term.

Term Year	Interest Rate
1	4.25% (3.25 + 1.00)
2	3.35% (3.25 + 0.10)
3	3.45% (3.25 + 0.20)
4	3.55% (3.25 + 0.30)
5	3.65% (3.25 + 0.40)

This bonus is just one feature of this annuity. Choose your annuity based on all of its features, benefits and costs, not just a bonus feature.

Benefits

How do I get income from my annuity?

You can get income from your annuity through **annuity benefit payments**. Annuity benefit payments are based on the account value of your annuity. A market value adjustment and an early withdrawal charge may apply, as described below.

When you buy your annuity, we set the **annuity commencement date** (the date when you will start to get income from your annuity). This date is shown on the contract specifications page. You may choose an earlier date at any time. We may also agree to let you delay this date.

You choose how the payments will be made—the **settlement option**. Your choices include:

- **Income for a fixed period:** Pays income for the fixed period of time that you select.
- **Life annuity with payments for at least a fixed period:** Guarantees income for as long as you live. If you die during the fixed period that you select (usually 10 or 20 years), your annuity pays income for the rest of the period.
- **Joint and one-half survivor annuity:** Guarantees income for as long as you live. If your joint annuitant (usually a spouse) survives you, your annuity then pays 50% of the periodic payment amount for as long as your joint annuitant lives.
- **Income for a fixed period, not to exceed life expectancy:** Pays income for a fixed period of time. The fixed period is equal to the Medicaid life expectancy of the person on whose life payments are based.

You may change both the annuity commencement date and the settlement option up until 30 days before annuity benefit payments are scheduled to begin. If you don't choose a settlement option, the default settlement option is life annuity with annual payments for at least 10 years.

What happens if I take money out of my annuity?

Before the annuity commencement date, you can take out all of your account value (**surrender**) or withdraw part of it (**withdrawal**). A market value adjustment and an early withdrawal charge may apply, as described below.

- If you surrender your annuity, your contract terminates.
- If you take a withdrawal, your account value goes down. You can take a withdrawal as long as the amount you take is at least \$500 and you leave at least \$5,000 in your account.

Once annuity benefit payments begin, you can't take any other money out of your annuity.

What happens after I die?

If you die before the annuity commencement date, we will pay the death benefit to your beneficiary. The death benefit is based on the account value of your annuity.

You may tell us how to pay the death benefit to your beneficiary. You can choose a lump sum or payments under any settlement option. If you don't choose, your beneficiary can choose the type of payment. If neither of you chooses, the default is annual payments for four years.

If you die after the annuity commencement date, we will continue payments if called for by the settlement option you chose.

Optional benefits & related charges

What other benefits can I choose?

There are no optional benefits available with this annuity contract.

Adjustments, fees & other charges

What adjustments, fees and charges apply to my annuity?

We make a **market value adjustment (MVA)** when you surrender your annuity, take a withdrawal or request annuity benefit payments. We also take an **early withdrawal charge** (surrender charge) when you surrender your annuity, take a withdrawal or request annuity benefit payments. There is no MVA or early withdrawal charge during the last 30 days of a term.

Exceptions: In some cases, we may waive the MVA and the early withdrawal charge. For example, there's no MVA or early withdrawal charge if:

- during the first contract year, you withdraw the interest credited to your annuity;
- in any subsequent contract year, you withdraw 10% or less of your account value as of the most recent contract anniversary;
- you request annuity benefit payments for life or for a period of five years or more;
- you request annuity benefit payments under the fixed period of time, not to exceed life expectancy option; or
- we pay the death benefit to a beneficiary after your death.

We will also waive early withdrawal charges (but not the MVA) if you qualify for the extended care waiver or the terminal illness waiver.

What is a market value adjustment?

A market value adjustment is an increase or decrease in your annuity values to reflect changes in market interest rates after the beginning of the current term.

- If interest rates went up after the beginning of the term, the MVA likely will decrease the amount you receive.
- If interest rates went down after the beginning of the term, the MVA likely will increase the amount you receive.

How is the early withdrawal charge calculated?

Here's how the charge is calculated for the initial five-year term.

Term year	1	2	3	4	5	6+
Early withdrawal charge	7%	6%	5%	4%	3%	0%

Example: You surrender your annuity in the third year of the initial term when your account value (after the MVA) is \$100,000. You have already used your 10% free withdrawal allowance for the year and no other exception or waiver applies. We take an early withdrawal charge of \$5,000 (\$100,000 x 0.05) and you receive \$95,000.

Adjustments, fees & other charges

Do I pay any other fees or charges?

You don't pay any other fees or charges to us for this annuity.

If your state imposes a premium tax, it will be deducted from your account value at the time it is imposed.

Taxes

How will annuity benefit payments and withdrawals from my annuity be taxed?

This annuity is tax deferred, which means you don't pay taxes on the interest it earns until the money is paid to you. You will pay ordinary income taxes on the earned interest when:

- you receive annuity benefit payments;
- you surrender your annuity; or
- you take a withdrawal.

If your annuity is part of a retirement plan that received pre-tax or tax-deductible contributions, you will pay ordinary income taxes on those contributions when they are paid out.

In addition, you may pay a 10% federal penalty tax on the taxable amount of any payment that you receive before age 59½.

You may be able to exchange, directly transfer or roll over one tax-qualified annuity to another annuity or tax-qualified account without paying taxes. Before you do, compare the benefits, features and costs of each option. You may pay an early withdrawal charge under the old annuity or account. You may also pay a sales charge under the new annuity or account, or you may pay an early withdrawal charge if you later take withdrawals from the new annuity or account.

Does buying an annuity in a retirement plan provide extra tax benefits?

Buying an annuity within an IRA, 403(b), 457 or other tax-deferred retirement plan doesn't give you any extra tax benefits. Choose your annuity based on its other features and benefits as well as its risks and costs, not its tax benefits.

Other information

What else do I need to know?

Changes to your contract. We may change your annuity contract from time to time to follow federal or state laws and regulations. If we do, we'll tell you about the changes in writing.

Compensation. We pay a commission to the producer, agent, broker or firm for selling this annuity to you. They may receive additional compensation for selling this annuity rather than other annuities or investment products.

Free look. Read the first page of your contract to learn about your **free-look** period. If you decide during your free-look period that you don't want this annuity, you can return it and get all your money back.

Tax qualification. If your annuity is a tax-qualified contract, its particular status is determined by the tax qualification endorsement attached to it. To determine if your annuity is a tax-qualified contract, look at the first page your contract. Distributions from certain qualified contracts may be restricted as required by tax law or an employer plan.

What should I know about Great American Life?

Great American Life Insurance Company® is a subsidiary of Great American Financial Resources®, Inc. (GAFRI). Through its subsidiaries, GAFRI offers a variety of retirement products, including fixed, fixed-indexed and variable annuities and life, long-term care and supplemental health insurance. GAFRI and its subsidiaries are leading providers of products and services to educators and employees of non-profit institutions.

Our A.M. Best rating is A (Excellent), which is the third highest of 16 categories. Ratings from this independent insurance rating firm are subject to change from time to time.

How do I contact Great American Life?

- Web: www.GAFRI.com
- Phone: (800) 854-3649
- Mail: P.O. Box 5420, Cincinnati, OH 45201-5420

Legal notices

This is only a summary document. It is not part of your contract with Great American Life.

This document is not intended or written to be used as legal or tax advice. It cannot be used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer. It was written solely to support the sale of annuity products. You should seek advice on legal and tax questions based on your particular circumstances from an independent attorney or tax advisor.

All payments and guarantees are based on the claims-paying ability of Great American Life.

For use with contract forms P1024604NW and P1024704NW and rider forms R6019308NW and R6020708NW. Form numbers may vary by state. Products and features not available in all states.

Copyright © 2009 Great American Life Insurance Company. All rights reserved.

**Not FDIC or NCUSIF Insured • No Bank or Credit Union Guarantee
• Not Insured by any Federal Government Agency • Not a Deposit
• May Lose Value**

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 Smith
 Owner SSN/tax ID 111-11-1111
 Joint owner name Mary Smith
 Joint owner SSN 222-22-2222

Annuitant/participant name John Smith
 Annuitant/participant SSN 111-11-1111
 Joint annuitant/participant name n/a
 Joint annuitant/participant SSN n/a

2. Transferring institution information (required)

Existing account provider XYZ Insurance Co
 Provider phone 888-555-5555
 Existing account # XYZ12345677

Provider street address (required) Attn: 1035 Exchange Dept
123 Main Street
Anywhere, SC 11111

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 \$ _____

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 \$ 50,000.00)

☐ 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) \$ _____ Surrendering carrier will complete this section

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)

6/1/2011

Date

6/1/2011

Joint owner/participant signature (if applicable)

Date

Only if surrendering carrier requires it

Guarantee signature (if required)

Date

GA Agent #

Witness signature (Agent)

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	Title	Ext.	Date
	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: 525 Vine Street • Cincinnati, OH 45202

Exchange/Rollover/Transfer Request

Attachment A

Is my request an exchange, rollover or transfer?

Exchange *(within same employer's plan)*

- The transferring plan and the receiving plan are the same.
- Funds are moving to a different account under the same plan.
- The vendor receiving the funds must be a participating vendor under the plan, or must have an information sharing agreement with the employer.

Rollover *(to a different employer's plan)*

- The transferring plan and the receiving plan are sponsored by two different employers.
- The participant must be eligible to receive a distribution from the transferring plan.
- The distribution from the transferring plan must qualify as an eligible rollover distribution.
- No after-tax amount may be rolled over into the receiving plan.
- If the receiving plan is a 403(b) plan, then the rollover contribution must be held in a separate account under the receiving plan, and not commingled with other contributions to the receiving plan, unless the terms of the receiving plan provide otherwise.
- If the receiving plan is a Governmental 457(b) plan, then in all cases the rollover contribution must be held in a separate account under the receiving plan, and not commingled with other contributions to the receiving plan.
- A separate rollover account under the receiving plan will not be subject to the distribution restrictions that otherwise may apply under the receiving plan, unless the terms of the receiving plan provide otherwise.

Plan-to-plan transfer *(to a different employer's plan)*

- The transferring plan and the receiving plan are sponsored by two different employers.
- The transferring plan and the receiving plan must both have the same tax qualification.
- The transferring plan and the receiving plan must both contain terms that permit this plan-to-plan transfer.
- The participant must have satisfied the distribution restrictions under the transferring plan, or the receiving plan must agree to continue to enforce those distribution restrictions.
- If both plans are 403(b) plans, the participant must be an employee or former employee of the employer that sponsors the receiving plan. If both plans are governmental 457(b) plans, the participant must have severed employment with the employer that sponsors the transferring plan and be currently providing services to the employer that sponsors the receiving plan.
- The funds will be subject to all of the distribution restrictions that otherwise apply under the receiving plan.



Great American Life Insurance Co®
Annuity Investors Life Insurance Co®

Loyal American Life Insurance Co®

Fixed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-482-8126 Fax
Variable Annuities: PO Box 5423, Cincinnati OH 45201 / 513-768-5115 Fax
Overnight Address: 301 E. Fourth St, 10th Floor, Cincinnati OH 45202

Client Relations: 800-854-3649 Fixed Annuities / 800-789-6771 Variable Annuities

EASY SYSTEMATIC PAYMENT (ESP) PROGRAM ELECTION AGREEMENT FOR LIFE DISTRIBUTION OPTIONS FOR INHERITED IRAS

SECTION I. OWNER		
Owner: Only complete if Beneficiary IRA	Contract #:	Today's Date:
Address:	Date of Birth:	
City/State/Zip:	S.S. #:	Daytime Phone #: ()
SECTION II. DECEDENT INFORMATION		
Decedent:	Date of Birth:	Date of Death
SECTION III. REQUIRED MINIMUM DISTRIBUTION (RMD) CALCULATION METHOD		
<p>Please see the Easy Systematic Payment Program Terms And Conditions For Life Distribution Options For Inherited IRAs Section II, Description of Life Distribution Options for Inherited IRAs for a description of these calculation methods.</p> <p><input type="checkbox"/> Payments based on Owner's unrecalculated single life expectancy</p> <p><input type="checkbox"/> Payments based on unrecalculated single life expectancy of eldest joint beneficiary who was born: _____</p> <p><input type="checkbox"/> Payments based on Decedent's unrecalculated single life expectancy (<i>only if Decedent died after RMD required beginning date</i>)</p> <p>RMD payments over life expectancy must begin by December 31 of the year following the year of the Decedent's death. The RMD calculation method chosen above must match the RMD calculation method used for the payments for each prior year (if any) since the death of the Decedent that were made from this Inherited IRA or from any 401 plan, 403(b) TSA plan, governmental 457(b) plan, or IRA from which funds were transferred or rolled over into this Inherited IRA.</p>		
SECTION IV. PAYMENT START DATE AND FREQUENCY		
<p>The ESP Life Program for Inherited IRAs is <u>NOT AVAILABLE FOR THE CALENDAR YEAR OF THE TRANSFER OR ROLLOVER.</u></p> <p>If you would like to begin your payments as of a particular date, please specify ____/____/____. Allow at least 15 days from the date submitted for processing.</p> <p>Monthly, Quarterly, and Semi-Annual payments are <u>ONLY</u> available via electronic funds transfer to the owner's checking or savings account. If bank information is not provided and/or should bank information be subsequently rejected at any time, future payments will be made annually to the owner at their address of record. If Monthly, Quarterly, or Semi-Annual payments are elected, the initial net payments must be a minimum of \$50 monthly, \$150 quarterly, or \$300 semi-annually, and the appropriate GAFRI company may alter the payment mode if the initial or any subsequent net payment fails to meet these minimums. If a payment frequency is not elected, payments will be made on an <u>ANNUAL</u> basis.</p> <p>Select payment frequency: <input type="checkbox"/> Monthly (EFT only) <input type="checkbox"/> Quarterly (EFT only) <input type="checkbox"/> Semi-Annual (EFT Only) <input type="checkbox"/> Annual</p>		
Section V. PAYMENT INFORMATION		
<p><input type="checkbox"/> Payments to the Owner at the address above.</p> <p><input type="checkbox"/> Payments are to be sent directly by Electronic Funds Transfer (EFT) to my bank account listed below. Please complete the information below and <i>attach a voided check, if applicable.</i> I also authorize the appropriate GAFRI Company and the financial institution indicated below to adjust any over-deposit made to my account.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Bank Name: _____</p> <p>Bank Address: _____</p> <p>Bank Phone #: _____</p> </div> <div style="width: 45%;"> <p style="text-align: right;"><input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p>Branch: _____</p> <p>Account #: _____</p> <p>Routing #: _____</p> </div> </div> <p>Please note that an EFT transaction normally takes 2-3 business days for the funds to be credited to your bank account.</p>		

SECTION VI. INCOME TAX WITHHOLDING

If a withholding preference is not indicated, 10% will be withheld for federal income tax. State income tax withholding may also apply. Even if federal and state income tax are not withheld, you are liable for payment of federal and/or state income tax on the taxable portion of the distribution. You may also be subject to penalties under the estimated tax payment rules if your withholding and estimated tax payments, if any, are not adequate.

- ☐ **Do NOT** withhold federal income tax.
- ☐ **Withhold** federal income tax. To have MORE than 10% federal withholding, specify TOTAL percentage: _____%.

Any withholding election will remain in effect until revoked. You may revoke any withholding election for any payments not yet distributed by notifying the appropriate GAFRI Company in writing at any time.

SECTION VII. OWNER ACKNOWLEDGMENT AND SIGNATURE AUTHORIZATION

I UNDERSTAND AND AGREE:

1. Payments under a Life Distribution Option will be reduced by any withdrawals taken from the annuity contract during the same calendar year. Payments under a Life Distribution Option are intended to satisfy the Required Minimum Distribution for this annuity contract for the current year IF no withdrawals from the annuity contract were direct transferred to another Inherited IRA. If any such direct transfers occurred, then the payments under a Life Distribution Option will be insufficient to satisfy the Required Minimum Distribution for this annuity contract.
2. The RMD calculation method chosen above must match the RMD calculation method used for the payments for each prior year (if any) since the death of the Decedent that were made from this Inherited IRA or from any 401 plan, 403(b) TSA plan, governmental 457(b) plan, or IRA from which funds were transferred or rolled over into this Inherited IRA.
3. Payments under a Life Distribution Option are made to the annuitant and cannot be rolled over or direct transferred.
4. I am personally responsible for any income tax implications of my election.
5. Payments will be subject to the "Easy Systematic Payment Program Terms and Conditions for Life Distribution Options for Inherited IRAs," which I have received and read, and which I should keep for future reference.

I HAVE READ, UNDERSTOOD, AND AGREED to the Terms and Conditions of the Easy Systematic Payment Program for Life Distribution Options for Inherited IRAs. **I AUTHORIZE** the appropriate GAFRI Company to process this election.

Signature of Owner: _____ Date: _____



EASY SYSTEMATIC PAYMENT (ESP) PROGRAM TERMS AND CONDITIONS FOR LIFE DISTRIBUTION OPTIONS FOR INHERITED IRAS

DETACH AND RETAIN THIS SECTION FOR YOUR RECORDS

SECTION I. INSTRUCTIONS

To enroll in a Life Distribution Option for Inherited IRAs under the ESP Program, complete the first two pages of the “*Easy Systematic Payment Election Agreement*” and forward to our office. The completed form along with any other necessary paperwork should be returned to the appropriate GAFRI Company at least 15 days before the requested payment date. Please detach this portion of the form and retain for your records. Should you have any questions, please contact your agent or our Client Relations Department.

SECTION II. DESCRIPTION OF LIFE DISTRIBUTION OPTIONS FOR INHERITED IRAS

Subject to the restrictions and additional terms and conditions stated in Section III, the owner of an Inherited IRA contract may elect to receive systematic payments.

AMOUNT OF PAYMENTS

The amount to be paid for any given year will be determined by dividing the Annuity/Account Value as of the end of the prior year by the life expectancy factor for the distribution year, and then subtracting any distributions already made during the current calendar year. In the case of payments made monthly, quarterly, or semi-annually, the amount to be paid on each payment date will be equal to the remaining amount for the current calendar year divided by the number of remaining payments for the year.

The life expectancy factor will be calculated under one of the following methods:

- **Unrecalculated Life Expectancy of Owner.** The life expectancy factor will be determined based on the Owner's age in the year following the Decedent's death. The life expectancy factor will be reduced by 1 for each succeeding year.
- **Unrecalculated Life Expectancy of Eldest Joint Beneficiary.** In cases where the Decedent had multiple beneficiaries and the Owner's benefit was not segregated, the life expectancy factor will be determined based on the eldest joint beneficiary's age in the year following the Decedent's death. The life expectancy factor will be reduced by 1 for each succeeding year.
- **Unrecalculated Life Expectancy of Decedent.** In cases where the Decedent died after his or her RMD required beginning date, at your election the life expectancy factor may be determined based on the Decedent's age in the year of death. The life expectancy factor will be reduced by 1 for each succeeding year.

SECTION III. ADDITIONAL TERMS AND CONDITIONS

The following additional terms and conditions apply to Life Distribution Options for Inherited IRAs for the Easy Systematic Payment Program (ESP Program):

RESTRICTIONS ON ESP PROGRAM

1. **Restrictions on Entry.** You may not enter the ESP Program during the first calendar year of the contract. You may not enter the ESP Program after payments are made under a settlement option.
2. **Prior RMD Payments Made.** The RMD payments (if any) for any prior year must have been paid before you may enter the ESP Program.
3. **Prior RMD Payment Method.** The RMD calculation method chosen must match the RMD calculation method used for the payments for each prior year (if any) since the death of the Decedent that were made from this Inherited IRA or from any 401 plan, 403(b) TSA plan, governmental 457(b) plan, or IRA from which funds were transferred or rolled over into this Inherited IRA.
4. **Time for Election.** An ESP Program election must be received by the appropriate GAFRI company no later than December 15th of the year for which a payment under a Life Distribution Option is to be made.

CHANGES AND OTHER ANNUITY CONTRACT ACTIVITY

5. **Changes Limited.** You may not change or revoke a Life Distribution Option election in any year except to convert to a settlement option that provides for payments which are at least as rapid as the Life Distribution Option.
6. **Additional Transfers or Rollovers Not Permitted.** You may not make any additional transfers or rollovers into the annuity contract after your Life Distribution Option election.
7. **Withdrawals and Surrenders.** Withdrawals and surrenders are permitted after your Life Distribution Option election. A withdrawal will reduce the amount of the Life Distribution Option payments to be made later in that calendar year.

**INHERITED IRA SYSTEMATIC PAYMENT
TERMS AND CONDITIONS**

SECTION III. ADDITIONAL TERMS AND CONDITIONS *(continued)*

PAYMENT AMOUNTS AND TERMS

8. **Minimum Payments.** If Monthly, Quarterly, or Semi-Annual payments are elected, the initial net payments must be a minimum of \$50 monthly, \$150 quarterly, or \$300 semi-annually. The appropriate GAFRI company may alter the payment mode if the initial or any subsequent net payment fails to meet these minimums.
9. **Duration of Payments.** Unless changed or terminated as provided in these terms and conditions, payments under a Life Distribution Option will continue for the unrecalculated life expectancy of the designated person or until a death benefit is due under the annuity contract.
10. **Life Expectancy Calculations.** Payments under a Life Distribution Option will be calculated based on unrecalculated life expectancy of the designated person as determined in accordance with the Required Minimum Distribution rules of federal tax law.
11. **Required Minimum Distribution.** Payments under a Life Distribution Option will be reduced by any withdrawals taken from the annuity contract during the same calendar year. Payments under a Life Distribution Option should satisfy the Required Minimum Distribution for this annuity contract for the current year IF no withdrawals from the annuity contract were direct transferred to another Inherited IRA. If any such direct transfers occurred, then payments under the Life Distribution Option will be insufficient to satisfy the Required Minimum Distribution for the annuity contract.
12. **No Rollover or Direct Transfer.** Life Distribution Option payments under the ESP program are not Eligible Rollover Distributions and may not be rolled over or direct transferred.
13. **Payment Frequency.** Monthly, Quarterly, or Semi-Annual payments are only available via electronic funds transfer to the owner's checking or savings account. If bank information is not provided and/or should bank information be subsequently rejected at any time, future payments will be made annually by check mailed to the owner at their address of record.
14. **Program Changes and Termination.** The company reserves the right to change or terminate the ESP Program at any time without notice. Upon termination, we may require you to convert to a settlement option that provides for payments over a fixed period no longer than the remaining non-recalculated life expectancy, to elect a lump sum payment, or to assume full responsibility for withdrawing the RMD from the Inherited IRA.

EFFECT ON OTHER ANNUITY CONTRACT PROVISIONS

15. **Early Withdrawal Charges.** Early Withdrawal Charges or Surrender Charges, if any, will be waived on an amount equal to the Life Distribution Option payments unless the contract is surrendered within 12 months of the distribution. If surrendered within 12 months, then any applicable charges will be retroactively applied. Life Distribution Option payments for a year will reduce the amount of any other penalty-free withdrawals which otherwise may be available under the annuity contract during that year. A partial withdrawal will reduce the amount of the Life Distribution Option payments to be made later in that year. Proportionality adjustments, if any, may apply to amounts withdrawn for Life Distribution Option payments.
16. **Availability of Annuity/Account Value.** Under certain annuity contracts, the Annuity/Account Value is available upon maturity only if payments are to be made for life or some minimum number of years, or fixed period Settlement Options must be for at least some minimum number of years. Payments under the ESP Program will not count towards meeting any such minimum requirement.
17. **Contract Minimums Waived.** Any minimum Surrender Value requirement of the annuity contract will be waived. If, at any time, the Surrender Value is reduced to \$0, the annuity contract will have no cash value and may not be surrendered. Life Distribution Option payments will then cease and the contract owner must elect a Settlement Option or the contract will be terminated.

GREAT AMERICAN LIFE INSURANCE COMPANY® - PO Box 5420, Cincinnati, OH 45201-5420; 800-854-3649
 LOYAL AMERICAN LIFE INSURANCE COMPANY® - PO Box 5420, Cincinnati, OH 45201-5420; 800-771-2140
 ANNUITY INVESTORS LIFE INSURANCE COMPANY® (Fixed Annuities) - PO Box 5420, Cincinnati, OH 45201-5420; 800-854-3649
 ANNUITY INVESTORS LIFE INSURANCE COMPANY® (Variable Annuities) - PO Box 5423, Cincinnati, OH 45201-5423; 800-789-6771



Please check the appropriate Company:

- ☐ Great American Life Insurance Company[®]
☐ Annuity Investors Life Insurance Company[®]
☐ Loyal American Life Insurance Company[®]

Military Sales Disclosure Statement

No person may sell, or offer for sale, any annuity product to any member of the Armed Forces, regardless of the location of the sale unless this disclosure, which is in accordance with Sections 5 and 10 of the Military Personnel Financial Services Protection Act of 2006, is provided to such member at the time of sale or offer.

Instructions: You and your client must each keep a copy for your records. This disclosure applies to active duty service members of the Armed Forces as well as the dependants of any active duty service member.

DISCLOSURE

1. The annuity product being offered to you at this time is not offered or provided by the Federal Government, and the Federal Government has in no way sanctioned, recommended, or encouraged the sale of the annuity product being offered.
2. Subsidized life insurance is available to members of the Armed Forces from the Federal Government under the Service members' Group Life Insurance ("SGLI") program, under subchapter III of Chapter 19, Title 38, United States Code.
3. The maximum amount of life insurance coverage available under the SGLI program is \$400,000 at the total monthly premium deduction amount of \$27.00. (SGLI premium rate effective July 1, 2008). Additional information can be obtained by contacting Service Members Group Life Insurance at 1-800-419-1473 or at www.insurance.va.gov.
4. No person, other than a licensed life insurance producer, has received any referral fee or incentive compensation in connection with the offer or sale of this annuity product.

As required by state law, your contract will contain a Right to Return, Right to Examine or Free Look provision. When you receive your contract, review it immediately and if you decide you do not want to keep it, return it to the producer or the Company within the period specified and your contract will be void from the beginning. Any payment made will be returned as specified in your contract.

Note to Producers: If this solicitation or sale is on Federal land or a facility located outside of the U.S., you must provide the applicant with the address and phone number at which consumer complaints are received by the State Insurance Commissioner for the state having the primary jurisdiction and duty to regulate the sale of such annuity products. You may obtain this information at: http://www.naic.org/state_web_map.htm.

Important Notice Concerning Nonspouse Joint Owners of Annuity Contracts

We have received a request for joint ownership of an annuity contract. We understand that the intended joint owners are not spouses (as defined by federal tax law). Before we process your request, we ask you to consider issues related to nonspouse joint owners.

Contract Provisions

Designation of Beneficiary: The terms of the annuity contract may provide that a surviving joint owner will be the beneficiary of any death benefit. If present in your contract, this rule would mean that a designation of another person as beneficiary would only be effective in the event that there is no joint owner surviving. While this is fine if you wish the full death benefit to be paid to the surviving joint owner, it may prevent a joint owner from having his or her "share" of the death benefits paid to someone else.

Successor Ownership Rights: Generally, on the death of an owner, the contract will end and the death benefit will be paid. Instead of that, a surviving spouse may elect to continue the annuity contract as a successor owner. In certain states, the right to become a successor owner is also given to a civil union partner or a domestic partner. If the successor owner is not a spouse as defined by federal tax law, the contract values must be paid out under the rules applicable to death benefit proceeds.

Joint Action Required: Joint action of both owners will be needed for most transactions involving the contract.

No Separate Shares: The annuity contract does not provide separate accounting for joint owners. Early withdrawal charges (which are called surrender charges, premature use charges, or contingent deferred sales charges in some contracts), free withdrawal allowances, and other contract elections and features apply to the contract as a whole, and cannot be allocated between owners. Unless each owner makes a proportional share of each purchase payment and receives a proportional share of each payment made from the contract, it will be very difficult to determine or value the respective interests of the owners.

Division of Contract: There are two ways to divide an existing annuity contract: you can withdraw an amount from the existing contract and use the proceeds to purchase a new contract; or you can surrender the existing contract and use the proceeds to purchase two new contracts. In either case, the withdrawal or surrender may be subject to early withdrawal charges. Each new contract may start a new early withdrawal charge period.

Tax Law Implications

Transfers into or out of Joint Name: A change of ownership to add or drop a nonspouse joint owner to an existing contract is a taxable event.

Where no consideration is paid, we will report as taxable the amount by which the surrender value of the contract exceeds the investment in the contract on the date of the transfer. After the transfer, the investment in the contract will be increased by the amount reported as taxable. The transfer may also have gift and estate tax consequences.

Where consideration is paid, we will report the transfer as "taxable amount not determined." We will no longer be able to track the investment in the contract. Future payments from the contract will be reported as "taxable amount not determined."

Division of Contract: The division of a contract between two joint owners is a taxable event. Based on current guidance, we will report as taxable the amount by which the surrender value of the existing contract exceeds the investment in the contract on the date of the division. After the division, the

investment in the contract will be allocated between the contracts, and increased by the amount reported as taxable.

Death Benefit Proceeds: Upon the death of a joint owner, the death benefit proceeds must be distributed within five years from the date of death, or over the life or life expectancy of the beneficiary with payments beginning within one year from the date of death.

Tax Reporting: Generally, tax reporting for a contract with joint owners will be made under the name and Social Security number of the primary owner. The primary owner is the first name listed as owner. It will be up to the primary owner and joint owner to allocate the income between them when they file their respective personal income tax returns. The primary owner is also responsible for preparing and filing a Form 1099 as a nominee to report the joint owner's share. In the case of a division of an existing contract, the gain on the transaction will be reported proportionately to each joint owner.

Acknowledgment

This information is based on our understanding of current tax law. Tax law is subject to change. Our tax reporting may change to reflect changes in the law or future tax guidance.

This information is not intended or written to be used as legal or tax advice. It was written solely to provide general information and support the sale and administration of annuity products. A taxpayer cannot use it for the purpose of avoiding penalties that may be imposed under the tax laws. A taxpayer should seek advice on legal or tax questions based on his or her particular circumstances from an attorney or tax advisor not related to GAFRI.

The undersigned acknowledge receipt of this notice. Notwithstanding the issues raised in this notice, we direct the appropriate GAFRI company to process the joint ownership request.

Signature of Owner/Proposed Owner

Date

Signature of Joint Owner/Proposed Joint Owner

Date

Printed Name of Owner/Proposed Owner

Social Security Number

Printed Name of Joint Owner/Proposed Joint Owner

Social Security Number

Contract Number (if known)

N6030810NW

(6/10)

- ☐ 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. XYZ Insurance Co	XYZ1234567	John Smith	R
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 client wants a fixed rate of return

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

John Smith and Mary Smith (both must sign)

6/1/2011

Applicant's Signature and Printed Name

Date

Joe Broker

6/1/2011

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.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS :

- Are they affordable?
- Could they change?
- You're older—are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES :

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid; you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY :

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY :

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT :

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS :

- What are the tax consequences of buying the new policy?
- Is this a tax-free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?