Great American Life Insurance Company®

AssuranceSelect 5® Plus Individual Deferred Annuity

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



Member Company

Single Premium Deferred Annuity with Multiple Interest Crediting Strategies – Selection Form		
1. Owner		
Primary Owner		Joint Owner (only available for non-qualified contracts)
Name		Name
SSN		SSN
2. Initial Strategy Selection (Please indicate in whole percentages only.)		
Below are the available strategies that you may select, Note: Unless you reallocate funds among strategies at the en		and conditions of your annuity contract. 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 S&P 500 Risk Control 10% 1-Year Point-to-Point	<u>%</u> %	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.
SP Retiree Spending 1YR PTP Par Rate iShares U.S. Real Estate ETF 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.
SPDR Gold Shares 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.
Total (must equal 100%)	%	GOLD refers to the SPDR® Gold Shares. For more information, visit www.spdrgoldshares.com.
3. Agent/Producer Authorization to Make Strategy Selections and Reallocations		
		ize the agent/producer identified on the application/request form to change funds among interest strategies on your behalf.
4. Agreement		
authorization, if any. In the case of joint owners, the ow	ners agree that Great will be deemed to be n	orized to process the selections set out above and to honor the agent/producer American Life is authorized to rely on any selection, reallocation or agent/producer nade on behalf of both owners. Each owner agrees to hold Great American Life Illocation or agent/producer authorization.
Owner's signature	Date	Joint owner's signature (if applicable) Date

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