

# Great American Insurance Group

## Exchange/Rollover/Transfer Request

into a 403(b), 457(b) or 401



### 1. Owner/annuitant information for account to be exchanged/rolled over/transferred (please complete all sections)

Owner name \_\_\_\_\_

Owner EIN/SSN \_\_\_\_\_

☐ Check here if owner and annuitant are the same, or complete information below

Annuitant/participant name \_\_\_\_\_

Annuitant/participant SSN \_\_\_\_\_

Joint owner name \_\_\_\_\_

Joint owner SSN \_\_\_\_\_

☐ Check here if joint owner and joint annuitant are the same, or complete information below

Joint annuitant/participant name \_\_\_\_\_

Joint annuitant/participant SSN \_\_\_\_\_

### 2. Transferring institution information

Existing carrier name \_\_\_\_\_

Carrier phone \_\_\_\_\_

Existing account number \_\_\_\_\_

Existing carrier street address (required) \_\_\_\_\_

Existing carrier fax (if available) \_\_\_\_\_

Send paperwork: ☐ By mail ☐ By fax

### 3. Tax qualification of existing and new accounts

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

**To:** ☐ Traditional 403(b)  
☐ Roth 403(b)  
☐ Governmental 457(b)  
☐ Roth Governmental 457(b)  
☐ Pension/Profit Sharing 401(k)  
☐ Roth 401(k)

If from a plan, the undersigned plan administrator certifies this exchange/transfer for this plan participant is permitted under the plan.

Plan name \_\_\_\_\_

Plan administrator name \_\_\_\_\_

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

Date \_\_\_\_\_

The undersigned plan administrator certifies this exchange/rollover/transfer to this plan for this plan participant is permitted under the plan.

☐ Check here if the plan does not require a separate account for rollover contributions. (457(b) plans must always have a separate account for rollover contributions.)

Plan name \_\_\_\_\_

Plan administrator name \_\_\_\_\_

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

Date \_\_\_\_\_

### 4. Amount to be exchanged/rolled over/transferred

☐ New GAIG contract ☐ Existing GAIG contract # \_\_\_\_\_

I wish to exchange/rollover/transfer:

☐ Full amount \$ \_\_\_\_\_

☐ Partial amount \$ \_\_\_\_\_

Effective date of transfer: ☐ Immediately ☐ Transfer on this date \_\_\_\_/\_\_\_\_/\_\_\_\_

Transfer window/renewal period ends on \_\_\_\_/\_\_\_\_/\_\_\_\_

Existing annuity contract is: ☐ Attached ☐ Lost

## 5. RMD

Select one box if you will be over age 70½ in the year of the exchange/rollover/transfer.

- ☐ No RMD is required for the current year.
- ☐ I have already requested or taken my RMD for the current calendar year from the surrendering company account.
- ☐ No RMD is required for the current year from the surrendering company account because it is part of a 401/403(b)/457(b) plan, I am still employed by the plan sponsor, and I am not a 5% owner of the plan sponsor
- ☐ This is a contract exchange within the same employer 401/403(b)/457(b) plan, and I will be responsible for calculating and taking my RMD after the exchange.

*The required beginning date for distributions from a TSA, IRA, 401 plan 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).*

## 6. Agreement and authorization

I understand and agree that: (1) No amount will be credited to my annuity with the GAIG annuity company until funds are received by GAIG company in cash; (2) the GAIG company is not responsible for the consequences of any delay in payment by the existing provider; (3) the GAIG company and its representatives cannot provide legal and tax advice; (4) neither the GAIG company nor the existing account provider can be responsible for the tax qualification of the other's account or for the exchange/rollover/transfer; and (5) GAIG 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, judgement or other pending legal proceeding depositing it into a new separate 403(b) TSA contract, I understand that the rollover contribution will become subject to distribution restrictions until I reach age 59 1/2, or sever employment with the 403(b) plan sponsor, die, become disabled or incur a financial hardship.

I AGREE AND HOLD HARMLESS AND INDEMNIFY THE GAIG 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 to the GAIG company, and share information relation to the amount transferred.

\_\_\_\_\_  
Owner signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Guarantee (if required)

\_\_\_\_\_  
Date

## 7. Acceptance *(completed by Home Office)*

The GAIG company accepts this exchange/rollover/transfer and requests that the amount to be transferred or rolled over be liquidated and forwarded to it.  
Owner/Annuity information for accepting annuity:

Owner Name: \_\_\_\_\_

Joint Owner Name: \_\_\_\_\_

Annuitant Name: \_\_\_\_\_

Joint Annuitant Name: \_\_\_\_\_

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Ext.

\_\_\_\_\_  
Date

Make check(s) payable to:

- ☐ Annuity Investors Life Insurance Co.  
☐ Great American Life Insurance Co.

FBO \_\_\_\_\_

☐ Fixed Contract # \_\_\_\_\_ ☐ Variable 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