



**GREAT AMERICAN LIFE INSURANCE COMPANY®**  
PO Box 5420, Cincinnati, OH 45201-5420;  
800-854-3649

## BENEFICIARY DESIGNATION AND RESTRICTED DEATH BENEFIT ELECTION

Great American Life recommends that you consult with a competent tax and/or legal advisor before completing this form. This form will replace any Beneficiary designations previously made by the Owner of the annuity contract.

If any of the named Beneficiaries predecease the owner of the contract, the owner should review the Beneficiary elections as soon as possible. If no Beneficiaries or Contingent Beneficiaries (or their descendents if the Per Stirpes option is elected) survive the owner, the death benefit will be paid to your estate.

SECTION I. OWNER INFORMATION	
Owner Name:	Contract #:
Joint Owner Name (if applicable):	Social Security Number:
Address:	Daytime Phone: (     )
City/State/Zip:	Evening Phone: (     )

SECTION II. BENEFICIARY DESIGNATION (Please Print)				
All previous Beneficiary designations are hereby revoked and the following are designated as Beneficiaries under this contract. If designating a trust, please provide copies of the first and signature pages of the trust. Percent share of Primary Beneficiaries must equal 100%.				
Primary Beneficiary #1 Allocation ____%	Name (Last, First, Middle Initial):	S.S. #:	Relationship:	Date of Birth:
	Address:		City/State/Zip:	
Per Stirpes <input type="checkbox"/>				
Restriction (not available for beneficiary who is owner's spouse)	<input type="checkbox"/> Full Restriction <input type="checkbox"/> Partial Restriction <input type="checkbox"/> No Restriction		(If Partial Restriction is selected, complete one of the following.) _____% Percentage limit for lump sum payment or \$_____ Dollar amount limit for lump sum payment	
	Payout Election for Restricted Amount (subject to contract minimums and distribution rules)			
	<b>Duration</b> <input type="checkbox"/> Life Only <input type="checkbox"/> Life with _____ (5-20) Years Period Certain <input type="checkbox"/> Period Certain for _____ (5-20) Years <input type="checkbox"/> Beneficiary Continuation Option		<b>Frequency</b> <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
	<b>Can beneficiary modify this payout election?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (except Beneficiary Continuation Option)			

Beneficiary #2 Allocation ____%	Name (Last, First, Middle Initial):	S.S. #:	Relationship:	Date of Birth:
	Address:		City/State/Zip:	
<input type="checkbox"/> Primary or <input type="checkbox"/> Contingent of Primary # ____ Per Stirpes <input type="checkbox"/>				
Restriction	<input type="checkbox"/> Full Restriction <input type="checkbox"/> Partial Restriction <input type="checkbox"/> No Restriction		(If Partial Restriction is selected, complete one of the following.) _____% Percentage limit for lump sum payment or \$_____ Dollar amount limit for lump sum payment	
	Payout Election for Restricted Amount (subject to contract minimums and distribution rules)			
	<b>Duration</b> <input type="checkbox"/> Life Only <input type="checkbox"/> Life with _____ (5-20) Years Period Certain <input type="checkbox"/> Period Certain for _____ (5-20) Years <input type="checkbox"/> Beneficiary Continuation Option		<b>Frequency</b> <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
	<b>Can beneficiary modify this payout election?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (except Beneficiary Continuation Option)			

Additional Beneficiary Designations Attached      ☐ Yes      ☐ No

### SECTION III. TERMS AND CONDITIONS

1. Restriction(s) are defined below: (Please note: **Spouse Beneficiary may not be restricted.**)  
**Full Restriction** – The full death benefit will be distributed based on the Payout Election. The Beneficiary will have no right to change the payout option or receive a lump sum payment except as provided in this form.  
**Partial Restriction** – A specified part of the death benefit is available as a lump sum to the Beneficiary. The remainder of the death benefit will be distributed based on the Payout Election section.  
This Beneficiary may receive up to this Percentage of the death benefit in a lump sum payment. The remainder is to be distributed based on the information in the Payout Election section.  
This Beneficiary may receive up to this Dollar Amount in a lump sum payment. If the total death benefit is less than this amount, the total death benefit will be paid in a lump sum. The remainder is to be distributed based on the information in the Payout Election section.  
The Beneficiary will have no right to change the payout option or receive a lump sum payment except as provided in this form.  
**No Restriction** – This Beneficiary may elect the form of payment of the death benefit (subject to the provisions of the contract).  
**This form may not be used to restrict a Spouse Beneficiary** – If the Beneficiary at your death is your spouse, your spouse may have the option to continue the contract as successor owner or to transfer or rollover to a contract in his/her name. Your spouse needs to make this election after your death by a written statement acceptable to the Company. **If your spouse continues the contract as successor owner, this Beneficiary Election Form will continue to apply unless changed by the new Owner.**
3. **More Than One Beneficiary** – If there is more than one Beneficiary entitled to an interest in the contract simultaneously, such interest shall be divided into separate shares in accordance with the amount of each Beneficiary's interest. The applicable provisions of this form shall then apply separately to each of these shares.
4. **"Per Stirpes" Election** – By checking the "per stirpes" box for any Beneficiary designation, you are indicating that the death benefit should go to the named beneficiary, or if he/she is deceased, then it should be divided among the named Beneficiary's own descendants on a "per stirpes" basis. A "per stirpes" distribution will be interpreted to mean that the proceeds are divided on a per capita basis at the eldest surviving generation of descendants, with rights of representation for any descendants of missing members of that generation.
5. **Transfer and Assignment** – If you restrict the Beneficiary's right to change the payout option, then to the extent allowed by law, the Beneficiary may not transfer, sell, assign, pledge, charge, encumber, or in any way alienate the death benefit payments, and such payments shall not be subject to the claims of creditors or to legal process.
6. **Annuitization** – If you annuitize your contract, your Beneficiary designations will no longer apply. As part of your annuitization election, you may designate a contingent payee to receive any annuitization payments that may remain payable after your death.

### SECTION IV. SETTLEMENT OPTION DESCRIPTIONS

All options are subject to minimum and maximum requirements of applicable under the contract. All options are subject to the distribution rules applicable to the contract. **All options may not be available for a particular annuity contract, and other options may be available under the contract. Please consult your contract, your agent, or our office for details.**

**Life Only:** We will make periodic payments for the life of the Beneficiary. The first payment will be paid as of the last day of the initial payment interval.

**Life with Period Certain:** We will make periodic payments for at least a fixed period. The fixed period can be from 5 to 20 years long, and cannot exceed the life expectancy of the Beneficiary. If the Beneficiary lives longer than the fixed period, then we will make payments until his or her death. The first payment will be paid as of the last day of the initial payment interval.

**Period Certain:** We will make periodic payments for a fixed period. The fixed period can be from 5 to 20 years long, and cannot exceed the life expectancy of the Beneficiary. The first payment will be paid as of the last day of the initial payment interval.

**Beneficiary Continuation Option:** Subject to the terms and conditions of this program, we will make annual payments over the non-recalculated life expectancy of the Beneficiary. Payments each year will be varying amounts determined by dividing by the Death Benefit as of the end of the prior year by the remaining life expectancy factor for the distribution year, and then subtracting any distributions already made during the current calendar year. The Death Benefit will be credited with interest at a rate determined by the Company. The Beneficiary may take a partial withdrawals or a full surrender of the remaining Death Benefit at any time.

### SECTION V. ACKNOWLEDGMENT AND SIGNATURE AUTHORIZATION

**I HAVE READ, UNDERSTOOD, AND AGREED** to the Terms and Conditions of the Restricted Death Benefit Election. **I AUTHORIZE** Great American Life Insurance Company to process this Death Benefit election.

Signature of Owner/Annuitant: \_\_\_\_\_

Date: \_\_\_\_\_

Joint Owner/Joint Annuitant's

Signature (If applicable): \_\_\_\_\_

Date: \_\_\_\_\_

ADDITIONAL BENEFICIARY DESIGNATIONS				
Owner's Name:			Contract(s) #:	
Beneficiary # ____ Allocation ____% <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent of Primary # ____ Per Stirpes <input type="checkbox"/>	Name (Last, First, Middle Initial):	S.S. #:	Relationship:	Date of Birth:
	Address:	City/State/Zip:		
Restriction	<input type="checkbox"/> Full Restriction <input type="checkbox"/> Partial Restriction <input type="checkbox"/> No Restriction		(If Partial Restriction is selected, complete one of the following.) _____% Percentage limit for lump sum payment or \$_____ Dollar amount limit for lump sum payment	
	Payout Election for Restricted Amount (subject to contract minimums and distribution rules)			
	<b>Duration</b> <input type="checkbox"/> Life Only <input type="checkbox"/> Life with _____ (5-20) Years Period Certain <input type="checkbox"/> Period Certain for _____ (5-20) Years <input type="checkbox"/> Beneficiary Continuation Option		<b>Frequency</b> <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
			<b>Can beneficiary modify this payout election?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (except Beneficiary Continuation Option)	

Beneficiary # ____ Allocation ____% <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent of Primary # ____ Per Stirpes <input type="checkbox"/>	Name (Last, First, Middle Initial):	S.S. #:	Relationship:	Date of Birth:
	Address:	City/State/Zip:		
Restriction	<input type="checkbox"/> Full Restriction <input type="checkbox"/> Partial Restriction <input type="checkbox"/> No Restriction		(If Partial Restriction is selected, complete one of the following.) _____% Percentage limit for lump sum payment or \$_____ Dollar amount limit for lump sum payment	
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			<b>Can beneficiary modify this payout election?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (except Beneficiary Continuation Option)	

Beneficiary # ____ Allocation ____% <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent of Primary # ____ Per Stirpes <input type="checkbox"/>	Name (Last, First, Middle Initial):	S.S. #:	Relationship:	Date of Birth:
	Address:	City/State/Zip:		
Restriction	<input type="checkbox"/> Full Restriction <input type="checkbox"/> Partial Restriction <input type="checkbox"/> No Restriction		(If Partial Restriction is selected, complete one of the following.) _____% Percentage limit for lump sum payment or \$_____ Dollar amount limit for lump sum payment	
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			<b>Can beneficiary modify this payout election?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (except Beneficiary Continuation Option)	

<b>Owner's Signature:</b> _____	<b>Date:</b> _____
<b>Joint Owner's Signature:</b> _____	<b>Date:</b> _____