Great American Life Insurance Company®

AssuranceSelect 5® Plus Individual Deferred Annuity

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

GREAT AMERICAN. | **Annuities**
INSURANCE GROUP

Member Company

Single Premium Deferred Annuity with Multiple Interest Crediting Strategies – Selection Form

1. Owner

Primary Owner

Name _____

SSN _____

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

Name _____

SSN _____

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

Below are the available strategies that you may select, subject to the terms and conditions of your annuity contract.
Note: Unless you reallocate funds among strategies at the end of a specified term, the balance in a strategy will automatically renew into that same strategy for the next term.

Initial Interest Strategy(ies)

Declared Rate	_____ %
S&P 500 1-Year Point-to-Point	_____ %
S&P 500 Risk Control 10% 1-Year Point-to-Point	_____ %
SP Retiree Spending 1YR PTP Par Rate	_____ %
iShares U.S. Real Estate ETF 1-Year Point-to-Point	_____ %
SPDR Gold Shares ETF 1-Year Point-to-Point	_____ %
Total *(must equal 100%)*	_____ %

SP500 refers to the S&P 500® Index.

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 refers to the S&P U.S. Retiree Spending Index. For more information, visit www.US.SPIndices.com and search keyword **SPRETIRE**.

Real Estate refers to the iShares U.S. Real Estate ETF. For more information, visit www.iShares.com and search ticker symbol **IYR**.

GOLD refers to the SPDR® Gold Shares. For more information, visit **www.spdrgoldshares.com**.

3. Agent/Producer Authorization to Make Strategy Selections and Reallocations

_____

Owner and/or Joint Owner Initials

INITIAL HERE if you wish to authorize the agent/producer identified on the application/request form to change strategy selections and to reallocate funds among interest strategies on your behalf.

4. Agreement

The owner (and joint owner, if any) agrees that Great American Life is authorized to process the selections set out above and to honor the agent/producer authorization, if any. In the case of joint owners, the owners agree that Great American Life is authorized to rely on any selection, reallocation or agent/producer authorization made by one owner and that such actions will be deemed to be made on behalf of both owners. Each owner agrees to hold Great American Life harmless against any and all claims made by reason of any such selection, reallocation or agent/producer authorization.

_____ _____ _____ _____
Owner's signature   Date   Joint owner's signature (if applicable)   Date