Great American Insurance Group Exchange/Rollover/Transfer Request



into an IRA or non-qualified annuity

1. Owner/annuitant information for account to be exchanged/rolled	d over/transferred (please complete all sections)	
Owner name	Joint owner SSN Check here if joint owner and joint annuitant are the same, or complete information below	
Owner EIN/SSN		
☐ Check here if owner and annuitant are the same, or complete information below		
Annuitant/participant name		
Annuitant/participant SSN		
2. Transferring institution information		
Existing carrier name	Existing carrier street address (required)	
Carrier phone		
Existing account number	Existing carrier fax (if available)	
	Send paperwork: ☐ By mail ☐ By fax	
Complete section 3 for qualified accounts. Complete section 4 for n	non-qualified accounts	
3. Qualified accounts	ion quamica accounts.	
age 70½ (or a later year in which you retire, if not an IRA).	r from the surrendering company account.	
4. Non-qualified accounts		
 □ Standard 1035 exchange (non-qualified annuity or life insurance to □ Post death 1035 exchange (non-qualified annuity into a non-qualified annuity into a non-qualified in life in	fied annuity; not available for a spouse) of the decedent's death.	
In exchange for the contract issued by the GAIG company, I hereby make a crights, title, and interest of every nature and character in and to the existing c	complete and absolute assignment and transfer to the GAIG company all of my contract or account and its proceeds, or to the specified portion thereof.	

X6057618NW 8/18

5. Amount to be exchanged/rolled over/transferred		
☐ New GAIG contract ☐ Existing GAIG contract #		
I wish to rollover/exchange/transfer:		
☐ Full amount \$		
☐ Partial amount \$		
Effective date of transfer:		
Transfer window/renewal period ends on/		
Existing annuity contract is: Attached Lost		
6. Agreement and authorization		
I understand and agree that: (1) No amount will be credited to my annuity with the GAIG company is not responsible for the consequences of any delay in pay nonpayment of premiums; (3) the GAIG company and its representatives cannot account provider can be responsible for the tax qualification of the other's accoresponsibility for tracking after-tax funds in a qualified contract.	ment by the existing provider, or for a provide legal and tax advice; (4) ne	any lapse of the existing contract for ither the GAIG company nor the existing
I represent and warrant that no prior request or bankruptcy, insolvency, levy, ju this exchange/rollover/transfer.	dgement or other pending legal proce	eeding limits or affects my right to make
I AGREE AND HOLD HARMLESS AND INDEMNIFY THE GAIG COMPANY AGA EXCHANGE/TRANSFER AND THE LIQUIDATION OF THE EXISTING ACCOUNT		MANDS RELATED TO THIS ROLLOVER/
I hereby direct the provider of my existing account to liquidate the amount indicamount transferred.	cated and forward to the GAIG compa	any, and share information relation to the
Owner signature (required) Date		
Joint owner signature (if applicable) 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:	Make check(s) payable to: ☐ Annuity Investors Life Insurance Co. ☐ Great American Life Insurance Co.	
Owner Name:	FBO	
Joint Owner Name:		
Annuitant Name:	☐ Fixed Contract # P.O. Box 5420	□ Variable Contract # P.O. Box 5423
	Cincinnati, OH 45201-5420	Cincinnati, OH 45201-5423
Joint Annuitant Name:	(800) 854.3649	(800) 789.6771
Authorized signature Title Ext. Date	For overnight: 301 E Fourth Street • Cincinnati, OH 45202	

X6057618NW 8/18