

GAIG Member Companies: Great American Life Insurance Company[®] Annuity Investors Life Insurance Company[®] Manhattan National Life Insurance Company Administrator for: Loyal American Life Insurance Company® Continental General Insurance Company

Fixed and Fixed Indexed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax Variable and Variable Indexed Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 513-768-5115 Fax Overnight Address: 10th Floor, 301 E Fourth St, Cincinnati OH 45202

Authorization for Release of Contract/Certificate Information

Contract/Certificate #	Owner/Participant's Social Security #:
Owner / Participant's Name:	
Owner / Participant's Address:	
Owner / Participant's Phone #:	
I give authorization to disclose my policy information to the follow	ving named third party:
Name of Third Party:	
Address of Third Party:	
I authorize the appropriate GAIG Company to provide pol appropriate GAIG Company harmless against any and all further agree that this request will remain in effect until re	claims made by reason of its compliance with this request. I
Signature of Owner / Participant Date	Signature of Joint Owner (if applicable) Date