



Member Companies:
Great American Life Insurance Company®
Annuity Investors Life Insurance Company®

Administrator for Life Insurance and Annuities:
Continental General Insurance Company®
Loyal American Life 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

EASY SYSTEMATIC PAYMENT (ESP) PROGRAM ELECTION AGREEMENT FOR SUBSTANTIALLY EQUAL PERIODIC PAYMENTS (SEPP)

INSTRUCTIONS: Use this form to request substantially equal periodic payments from Non-Qualified and Qualified annuity contracts for contract owners under age 59 ½. This form may not be used to request distributions that must be made after age 70 ½ in order to satisfy minimum distributions that are required for Qualified annuity contracts.

Please read and fully complete all applicable sections and forward to the Annuity Group of Great American Insurance Group® (GAIG) along with any other necessary paperwork. Incomplete or unclear requests may result in processing delays. Please be advised that after reviewing your request, we may require additional documentation.

☐ **New Contract** (Form must accompany application) ☐ **Active Contract** # _____

1. CONTRACT OWNER INFORMATION – **MUST** be completed

Owner:	Joint Owner (if applicable)
Address (including City, State, Zip):	Owner's Social Security/Tax ID Number:
Is this the Owner's new address? <input type="checkbox"/> YES <input type="checkbox"/> NO	Owner's Daytime Phone #: ()

2. ELECTION TYPE (Select Only One) – **MUST** be completed.

- ☐ Initial Election – I request to receive SEPP Payments for the first time.
- ☐ Change of Election – I request to change the calculation method associated with my SEPP Payments.
A one-time change in calculation method is permitted when the Fixed Annuity or Fixed Amortization methods are initially elected; however, one may only change to the Required Minimum Distribution method.
- ☐ Continuation of a Previous Election at Prior Carrier – I request to continue to receive SEPP Payments. **Must also complete** and submit the Substantially Equal Periodic Payment Election Continuation from Prior Carrier form (Form # X6051815NW). **Skip to section 5.**

3. CALCULATION METHOD (Select Only One) – **MUST** be completed unless continuing a prior election

Important Notes:

- GAIG cannot calculate SEPP payments on custodial owned contracts. The Custodian should submit a Systematic Withdrawal Request under our Easy Systematic Customized Payment Program.
 - An owner calculated payment amount must be a permissible amount which satisfies IRS guidelines using standard factors and the applicable interest rate. If not, GAIG will reject the amount requested and pay the closest permissible amount allowed as calculated by GAIG.
- ☐ Highest Calculated Method – Under this election, the Company will calculate SEPP payments under both the Fixed Annuity and Fixed Amortization methods to determine which will pay a higher payment amount, and use that method for your SEPP payments.
- ☐ Fixed Annuity Method - Except as elected below, your SEPP payments will be calculated by the Company.
☐ Check here to elect an Owner calculated SEPP payments. Payment Amount: \$ _____
- ☐ Fixed Amortization Method - Except as elected below, your SEPP payments will be calculated by the Company.
☐ Check here to elect an Owner calculated SEPP payments. Payment Amount: \$ _____
- ☐ Required Minimum Distribution (RMD) Method - Your SEPP payments will be calculated using the Uniform table.
For GAIG contracts without a 12/31 Fair Market Value, you **must** provide us with this value.
Prior 12/31 Fair Market Value: _____

4. PAYMENT START DATE AND FREQUENCY – *MUST* be completed unless continuing a prior election

PAYMENTS TO BE MADE:

☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual **First Payment Date:** _____

Please allow at least 15 days from the date submitted for processing. If a first payment date is not specified, payment will be made at the **END of the payment period selected**. If a payment frequency is not selected, Fixed Calculation Method Payments will be made monthly and RMD Method Payments will be made annually. The RMD calculation method **requires** an annual payment frequency **unless** payment is made by EFT/Direct Deposit.

5. PAYMENT INFORMATION (Select Only One) – *MUST* be completed.

- ☐ Payments to the Owner at the address above.
- ☐ Payments are to be sent directly by Electronic Funds Transfer (EFT) to the Owner's financial institution account listed below. The Owner hereby authorizes the appropriate GAIG Company and the financial institution indicated below to adjust any excess deposit made to his/her account. The Owner understands that prior to the initial EFT of his/her payment, the scheduled payment may be sent via regular mail. Please **fully** complete the information below and **attach a voided check**, account statement copy, or a letter from your financial institution providing owner(s) name(s), routing number and account number.

Make payment to my: ☐ Checking Account ☐ Savings Account

Financial Institution Name:	List Names of <u>ALL</u> Owners on the Financial Institution Account:
Financial Institution Address:	
City/State/Zip:	Financial Institution Routing Number:
Financial Institution Phone #: ()	Financial Institution Account Number:

IMPORTANT NOTES:

- EFTs may be made to a bank or savings & loan account. EFTs may not be made to an IRA or other tax-qualified account or to an insurance company.
- An EFT transaction normally takes 2-3 business days for the funds to be credited to your financial institution account.
- Distributions will be reported as income to the contract owner(s), regardless of whether or not the owner is a named owner of the financial institution account.
- For requests signed by a Power of Attorney: 1) EFTs can only be made to an account where the person who gave the POA is a named owner of the account; and 2) payment will be made to the Principal not to the Attorney in Fact.
- For contracts owned by a Trust: EFTs can only be made to an account owned by the Trust unless additional documentation is provided showing that these distributions from the Trust are permitted.

6. INCOME TAX WITHHOLDING (Select Only One) – *MUST* be completed.

Federal Withholding - If a withholding preference is not indicated, 10% will be withheld for federal income tax.

- ☐ Withhold the following federal income tax from my payments: \$ _____ or _____ %
- ☐ Do not withhold federal income tax from my payments.

State Withholding - If federal withholding is elected, state withholding may also apply due to state requirements. This may include withholding more than is indicated, if required by the state. State withholding may be elected for other states, if permitted.

- ☐ Withhold the following state income tax from my payments: \$ _____ or _____ %
- ☐ Do not withhold state income tax from my payments, unless required.

NOTE: Withholding will only apply to the taxable portion of your distribution. Whether or not federal and state income tax is withheld, you are liable for payment of federal and/or state income tax on the taxable portion of the distribution. You may also be subjected to penalties under the estimated tax payment rules if your withholding and estimated tax payments, if any, are not adequate. Any withholding election will remain in effect until revoked. You may revoke any withholding election for annuity payments not yet distributed by notifying the appropriate GAIG company in writing at any time.

7. SPECIAL TAX NOTICE ACKNOWLEDGEMENT

Section only needs to be completed for 403(b) TSA or 401 Pension/Profit Sharing/401(k) qualified contracts.

NOTE: Section **MUST** be completed for withdrawals from a 403(b) TSA or 401 Pension/Profit Sharing/401(k) qualified contract.

By signing this ESP Election Agreement, the undersigned Owner/Annuitant/Participant acknowledges receipt of the Special Tax Notice Regarding Plan Payments. Please contact our office prior to submitting this form if you did not receive this Special Tax Notice.

Initial Above

By **initialing** in the box to the left, I **waive my 30-day consideration period**. I understand that I have 30 days to consider whether or not to make a direct rollover, and my request must be delayed unless I waive this right. This election applies to the waiver of the 30-day consideration period, **NOT** the actual processing time for your request.

8. 403(b) TSA DISBURSEMENT ELIGIBILITY - Required only for 403(b) TSA Contracts (**MUST CHECK ONE**)

NOTE: This section **MUST** be completed for all withdrawal requests from a 403(b) TSA qualified contract.

The owner certifies that these distributions are permitted as a result of:

- A) ☐ **SEVERANCE FROM EMPLOYMENT:** Date of Separation: _____
Name of employer through which 403(b) TSA contributions were made: _____
- B) ☐ **DISABILITY:** Unable to engage in customary or comparable substantial gainful activity by reason of medically determinable physical or mental impairment expected to result in death or be of long-continued and indefinite duration. (Attach documentation if no plan administrator.)
- C) ☐ **ROLLOVER ACCOUNT:** Payment is only to be made from separate account for rollover contributions made.
- D) ☐ **EMPLOYER CONTRIBUTIONS:** Payments are only to be made from: (**MUST CHECK ONE**)
- ☐ Separate account for employer contributions under a contract issued on or before 12/31/2008.
- ☐ Separate account for employer contributions, and permitted based on occurrence of an event specified by plan document.

9. OWNER ACKNOWLEDGMENT AND AUTHORIZATION – **MUST** be completed.

By signing below, I acknowledge and understand the following conditions:

- Annuitization Minimums:** Under certain annuity contracts, the Annuity/Account Value is available upon maturity only if payments are to be made for life or for a minimum number of years. Any payments made under the ESP Program will not apply toward meeting any such minimum requirement.
- No Additional Contributions, Withdrawals, or Loans permitted:** I understand that if I make an unscheduled withdrawal from this contract, make an additional contribution, or take a loan from this contract, I will automatically be terminated from the ESP program and will not be able to re-enroll until the following calendar year.
- No Exchanges, Rollovers, or Direct Transfers:** All checks under a Substantially Equal Periodic Payment Option are payable to the owner and cannot be made as a contract exchange, direct rollover, direct transfer or 1035 Exchange.
- Tax Implications:** I am personally responsible for any income tax implications of my election. I understand that if I make an unscheduled withdrawal from this contract, surrender this contract, or make an additional contribution prior to completing five full years of payments or attaining age 59½, whichever is later, payments will lose their exemption under IRC Section 72(q) or Section 72(t), as applicable, and I will be liable for the 10% Federal tax penalty, as well as interest and penalties, on all past distributions I have received under this election. Payments under this program will also cease.
- Effect on Required Minimum Distribution:** For Qualified contracts, if the fixed annuitization or fixed amortization calculation method is elected, the amount payable under a Substantially Equal Periodic Payment Option for a year in which I will be age 70½ or older may not satisfy the required minimum distribution rules of federal tax law, if applicable. I am responsible for converting to the ESP Required Minimum Program, if available; to the RMD calculation method; or to a settlement option at that time.
- Effect on Living Benefit Rider or Death Benefit Rider:** Substantially Equal Periodic Payment Option withdrawals will adversely affect any benefit under a living benefit rider or a death benefit rider.
- Company Calculated Elections:** The Company will calculate distributions from this contract in a fashion that satisfies IRS Guidelines and seeks to avoid any Federal penalty taxes normally applicable to distributions before age 59½, provided that (1) all information which I provide is accurate and complete, and (2) I immediately notify the Company of any changes that will affect my calculation. The manner in which the Company calculates the distributions from this contract will be based on the Company's understanding of current laws and regulations, which are subject to change.
- Effect on Annuity Contract provisions:** All withdrawals must comply with the Free Withdrawal provisions available under the contract or a surrender charge, proportionality adjustment, and/or market value adjustment, if applicable, will apply.
- Terms and Conditions:** Payments will be subject to the "Easy Systematic Payment Program Terms and Conditions for Substantially Equal Periodic Payment," which I have received and read, and which I should keep for future reference.

9. OWNER ACKNOWLEDGMENT AND AUTHORIZATION – (Continued)

I hereby certify that I have read and understand the terms of this form and that the information provided on this form is true and complete to the best of my knowledge. I agree and certify that the Company is authorized to process this request as indicated above, and I will hold the Company harmless against any and all claims made by reason of its compliance with this request. In addition, I understand that due to contract terms and tax laws, once my distribution has been accepted (i.e. check cashed or deposited), generally the funds can no longer be returned nor the withdrawal transaction reversed.

Signature of Owner/Annuitant/Participant

Date

Signature of Joint Owner (if applicable)

Date

Important Notes:

- For requests signed by a Power of Attorney we must receive a copy of the Power of Attorney document. The Affidavit Related to Power of Attorney, Form #AAG2816, must also be completed or a valid affidavit form must be on file. Payment will be made to the Principal and not to the Attorney in Fact.
- For contracts owned by a Trust, the acting Trustee(s) must sign. In addition, if there has been a change of Trustee(s) from the Trustee(s) on file, then either a new trust certification form (#X6017907NW) or trust pages showing the Successor trustee(s) together with documentation of the resignation, removal, incapacity, or death of the prior trustee(s) must be submitted. Payment will be made to the Trust.

10. PLAN ADMINISTRATOR CERTIFICATION AND AUTHORIZATION

Required only for withdrawals from 403(b) TSA or 401 Pension/Profit Sharing/401(k) qualified contracts.

Note: Section **MUST** be completed by the Plan Administrator for all withdrawals from a 403(b) TSA or 401 Pension/Profit Sharing/401(k) qualified contract. If you have severed employment, the Plan Administrator must still sign to certify this fact.

Name of Employer Plan	Name of Plan Administrator	Plan Administrator Phone ()
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The Plan Administrator certifies that the distribution requested is permitted under the employer's plan and authorizes the Company to process the request as indicated above.

Signature of Plan Administrator

Date

11. SIGNATURE NOTARIZATION OR SIGNATURE GUARANTEE (if applicable)

Your signature on this Easy Systematic Payment Election Agreement for Substantially Equal Periodic Payments for Fixed Annuities must be notarized or signature guaranteed below if: 1) Requested by the home office, or 2) You purchased your contract electronically with an e-signature and you have not previously submitted a notarized or guaranteed signature.

STATE OF _____)
COUNTY OF _____) SS:

On this _____ day of _____ in the year _____ before me, the undersigned, a Notary Public in and for said county and state, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the foregoing Easy Systematic Payment Election Agreement for Substantially Equal Periodic Payments for Fixed Annuities and acknowledged to me that he/she/they signed the same.

My Commission expires:

MM/DD/YYYY

Signature of Notary Public

SEAL

SIGNATURE GUARANTEED BY: Stamp or Seal of Eligible
Guarantor Institution with Authorized Signature

You may have signature guarantee provided by a bank, savings and loan association, trust company, credit union, broker/dealer or any other "eligible guarantor institution" as defined under the rules adopted by the Securities and Exchange Commission. These institutions often participate in signature guarantee medallion programs such as the Securities Transfer Agent Medallion Program (STAMP).



Annuities

EASY SYSTEMATIC PAYMENT (ESP) PROGRAM
**TERMS AND CONDITIONS FOR
SUBSTANTIALLY EQUAL PERIODIC PAYMENTS**

DETACH AND RETAIN THIS SECTION FOR YOUR RECORDS

SECTION I. INSTRUCTIONS

To enroll in the Substantially Equal Periodic Payments Option under the ESP Program, complete the first four pages of the *“Easy Systematic Payment Program Election Agreement”* and forward to our office. The completed form along with any other necessary paperwork should be returned to the appropriate GAIG company. **PLEASE KEEP THIS FORM FOR YOUR RECORDS.** Should you have any questions, please contact your agent or our Client Relations Department.

SECTION II. DESCRIPTION OF SUBSTANTIALLY EQUAL PAYMENTS OPTION

Required Minimum Distribution Method

- **Amount of Payments.** The amount to be paid for any given year will be determined by dividing the Fair Market Value as of the end of the prior year by the life expectancy factor for the distribution year. In the case of monthly, quarterly or semi-annual payments, the amount to be paid in any given period will be equal to the remaining amount for the year divided by the number of remaining payments in the current calendar year.

FIXED AMORTIZATION AND FIXED ANNUITIZATION METHODS

- **Company Calculated Payment Amounts.** Payments at the end of each payment period will be a fixed dollar amount calculated using standard factors and the applicable interest rate.
- **Owner Calculated Payment Amounts.** Payment amount must be a permissible amount which satisfies IRS guidelines using standard factors and the applicable interest rate. If not, GAIG will reject the requested amount and pay the closest permissible amount allowed as calculated by GAIG.

SECTION III. ADDITIONAL TERMS AND CONDITIONS

QUALIFICATION FOR ESP PROGRAM

1. **Eligible Annuity Products.** The ESP Program is available ONLY on certain annuity products. **The ESP Program is not available for the EquiLink or MultiLink Series of annuity products. The ESP Program may not be available for contracts owned by a Trust.** Please consult your agent or our Home Office for questions regarding availability.
2. **Age Restrictions.** Contract owners must be under 59 ½ or must be continuing SEPP payments which started at a prior carrier.
3. **Minimum Account Values.** Contract minimum account or surrender values apply for enrollment in the ESP Program.

RESTRICTIONS ON ESP PROGRAM

4. **Restrictions on Entry.**
 - No enrollment in the ESP Program after payments are made under a settlement option;
 - No enrollment in the ESP Program if an outstanding loan exists on the contract.
 - No multiple ESP Program elections. You may enroll in only one ESP Program option (Substantially Equal Periodic Payment, Customized or RMD), per annuity contract, at any one time.
 - No enrollment in the ESP Program if your contract is aggregated with another contract for under the serial contract rule or for the SEPP exception to the penalty tax.
 - No enrollment in the ESP Program for qualified contracts if the contract has any post tax investment.
 - Enrollment into the ESP RMD program will automatically terminate any other existing ESP Payment Option.
 - If you discontinue payments, you may not re-enter the ESP SEPP Payment Program until the following calendar year.

CHANGES AND OTHER CONTRACT ACTIVITY

5. **Changes.** A one-time change in calculation method is permitted when the Fixed Annuitization or Fixed Amortization methods are initially elected; however, you may only change to the Required Minimum Distribution method.
6. **No Additional Contributions, Withdrawals or Loans.** Additional contributions, unscheduled withdrawals, or loans will automatically terminate enrollment in the ESP program

PAYMENT AMOUNTS AND TERMS

7. **Duration of Payments.** Unless changed or terminated as provided in these terms and conditions, Substantially Equal Periodic payments will continue for your life or until your annuity contract is exhausted.
8. **Minimum Payments.** Initial net payments under the ESP program must be a minimum of \$50 monthly, \$150 quarterly, \$300 semi-annually, or \$600 annually. The appropriate GAIG company may alter the payment mode if any net payments fail to meet these minimums.
9. **Payment Frequency.** Under the RMD calculation method payments will be made annually unless a monthly, quarterly or semi-annual payment election is in effect. Monthly, quarterly, and semi-annual payments are only available by electronic funds transfer (EFT) to the owner's checking or savings account. If EFT information is not provided or if an EFT payment is rejected at any time, future payments will be made annually by check mailed to the owner at the owner's address of record.

SECTION III. ADDITIONAL TERMS AND CONDITIONS *(continued)*

PAYMENT AMOUNTS AND TERMS *(continued)*

10. **No Contract Exchange, Direct Rollover, Direct Transfer or 1035 Exchange.** Substantially Equal Periodic payments under the ESP Program may not be paid as a contract exchange, direct rollover, direct transfer or 1035 Exchange.
11. **Program Changes and Termination.** The company reserves the right to change or terminate the ESP Program or any option at any time without notice.

EFFECT ON OTHER ANNUITY CONTRACT PROVISIONS

12. **Early Withdrawal Charges, Market Value Adjustments, and Proportionality.** Early Withdrawal Charges (including surrender charges, premature use charges) and Market Value Adjustments, if any, will apply to the extent that Substantially Equal Periodic Payments and other withdrawals exceed the penalty-free withdrawal allowance, if any, otherwise available under the contract at the time that the payment is made. Substantially Equal Periodic Payments will reduce the amount of any other penalty-free withdrawals which otherwise may be available under the contract during that year. Proportionality adjustments, if any, will apply to amounts withdrawn to make Substantially Equal Periodic Payments.
13. **Availability of Annuity Value.** Under certain annuity contracts, the Annuity Value is available upon maturity only if payments are to be made for life or some minimum number of years. Payments under the ESP Program will not count toward meeting any such minimum requirement.
14. **Effect on Any Persistency Bonus.** Payments under the ESP Program may reduce the values used to calculate the persistency bonus under the annuity contract, if applicable. As a result, the annuity contract may not qualify to receive any such bonus, or the amount of any such bonus may be reduced accordingly.
15. **Effect on Fixed-Indexed Contracts.** To the extent that the Fixed Strategies are exhausted and payments are taken from an Indexed Strategy, no Indexed Interest will be paid for the current Term on the amount withdrawn unless the withdrawal happens at the end of a Term.
16. **Effect on Living Benefit or Death Benefit Riders.** Substantially Equal Periodic Payment withdrawals will adversely affect any benefit under a living benefit rider or a death benefit rider. If you wish to set up living benefit rider payments, use form #X6026409NW.
17. **Annuity Contract Minimums Enforced.** If Substantially Equal Periodic Payments would cause the Surrender Value of your annuity contract to fall below the contract minimum, the appropriate GAIG company reserves the right to terminate your payments. The appropriate GAIG company reserves the right to surrender the annuity contract in full at that time.

Great American Insurance Group

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