

New Business Requirements for a Corporation, Partnership, LLC or Tax-Exempt Organization

We value your partnership and strive to make doing business with us easy. To help ensure your paperwork is complete and to avoid processing delays, follow these requirements when submitting new business or an ownership change form that names a corporation, LLC, partnership, or tax-exempt entity as the owner of a non-qualified annuity.

Signature Authority for Entity

We would accept either:

- Our Certification for Corporations and Other Entities (\$2650916NW (Rev. 10/2016)) completed in its entirety with sample signatures for the authorized signer(s); or
- A corporate resolution, LLC operating agreement, or partnership agreement that identifies who is authorized to enter into an annuity
 contract and sign on behalf of the entity.
 - o If the document does not include sample signatures for the authorized signer(s), then we may require that signatures on our forms be notarized.
 - You must submit our Non-Human Owner Acknowledgement form (S6053316NW) unless you have used our Certification for Corporations and Other Entities or the entity is tax-exempt.
 - We will not accept a corporate resolution that is specific to doing business with another insurance company or financial institution, even in cases where that financial institution is our agent.

Employer Plan Information Form (if applicable)

If the annuity contract is to be held in connection with an employer deferred compensation, 457 plan, or other retirement plan, then our Employer Plan Information Form (X2614205NW) should be submitted. Please note, Great American Life Insurance Company® will not issue an annuity contract to a qualified 401(k), pension, or profit-sharing plan, with the exception of our variable indexed products and no-commission advisory products.

Annuitant

If the owner is an LLC with only one member, the sole member of the LLC must be named as annuitant. If the annuity contract is to be held in connection with an employer plan, then the plan participant should be named as annuitant. Otherwise, the owner may name any living human as annuitant. Once named, the annuitant may not be changed.

Beneficiary

Care needs to be exercised when designating beneficiaries. A beneficiary designation has legal and tax consequences, and the payment of a death claim to a third party beneficiary may be treated as a taxable distribution from the entity. If no beneficiary is named, the owner is the beneficiary.

Who Must Sign

The Application or Ownership Change Form must be signed by an authorized signer of the corporation, LLC, partnership, or tax-exempt entity. The signer should include his/her title (President, Treasurer, Member, General Partner, etc.) with the signature.

Premium Check

If you submit a premium check with your application and the check is drawn on an account that is not in the name of the entity, then the account owner will need to complete our Third Party Check form (N2654911NW).

Client Financial Disclosure Form

For a new annuity contract to be held for general investment purposes, an authorized signer should complete the Client Financial Disclosure Information Form (D2624216NW) based on the **entity's revenue**, **debt**, and assets.

Other Things to Keep in Mind

Tax deferral for non-qualified annuities is not allowed. Per IRC §72(u), a non-qualified annuity that is owned by a corporation, LLC, partnership, or other entity generally does not qualify for tax deferral. This rule applies both to non-qualified annuities held for general investment purposes and to non-qualified annuities held in connection with a non-qualified deferred compensation plan. If a non-qualified annuity contract does not qualify for tax deferral, then each year the amount by which the net surrender value exceeds the cost basis is treated as current income to the owner and will be tax reported to the owner on form 1099-R. The owner should seek the advice of a qualified tax advisor.

We will not issue an annuity to a probate estate. An annuity is a long-term investment and is unsuitable for short-term probate estates.

There are separate procedures for submitting new business for a trust-owned annuity. Please see form COM11196 for instructions.



Member Companies:

Great American Life Insurance Company® Annuity Investors Life Insurance Company® Manhattan National Life Insurance Company

Administration for Life Insurance and Annuities:

Central Reserve Life Insurance Company Continental General Insurance Company® Loyal American Life Insurance Company® Provident American Life & Health 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 Life Insurance: PO Box 5416, Cincinnati OH 45201 / 888-863-5891 / 800-859-0021 Fax Overnight Address: 10th Floor, 301 E Fourth St, Cincinnati OH 45202

CERTIFICATION FOR CORPORATIONS AND OTHER ENTITIES

Name of Entity:					Tax ID Number:		
l ce	rtify that the e	ntity is organized	and existing	ng under the law of	the state of:	State	
as a corporation limited liability				company (LLC)	☐ partners	ship 🗌 nonp	orofit organization.
I ce	rtify that on	Date	tł	ne governing board,	members, or g	eneral partners too	k all appropriate action:
To authorize the entity to establish and maintain one or more annuity contracts or life insurance policies issued or administered by any insurance company affiliated with Great American Insurance Group (a "GAIG Insurer"),							
2. To authorize the following officer(s), member(s), partner(s), or employee(s) of the entity to sign any applications, acknowledgements, designations of beneficiary, allocations or reallocations, withdrawals, surrenders, annuity benefit elections, claims, or any other request with respect to any such annuity contract or life insurance policy on behalf of the entity as owner:							
	Name		Title		Signature		
	Name		Title		Signature		
	Name			Title		Signature	
	[if more th	an three authorize	ed signers,	attach additional pag	ge, certified by	undersigned entity	representative]
3. To authorize the GAIG Insurer to apply any funds of the entity forwarded to it to any such annuity contract or life insurance policy, provided that if funds are accompanied by directions (by whomever made) for deposit to a specific contract or policy, then such amount shall be applied to such specific contract or policy.							
4. To direct the GAIG Insurer to accept and act upon any request of any authorized signer designated above without further inquiry, and to relieve the GAIG Insurer from any requirement or obligation to ascertain the purpose of such request or the nature, effect, application, or disposition of any transfer or withdrawal of funds, notwithstanding that any such request may directly or indirectly benefit the person whose signature appears thereon.							
5.	To indemnify and hold harmless the GAIG Insurer from any loss suffered or any liability incurred by it in continuing to act in accordance with this certification until such time as written notice of any amendment or revocation thereof shall have been delivered to and acknowledged by the GAIG Insurer at its home office.						
sigr	nature is genu		foregoing a	actions by the entity			or her name, that each erly adopted, are in full
l sta	ate that the an	nuity contract or	life insurar	nce policy is (to be)	held for:		
	•	nvestment or purposes		a nonqualified defer plan or nongovernm			ified retirement plan)
fron	n tax deferred		ernal Rever	nue Code Section 7			y is generally excluded annuity must be included
I ce	rtify that I am:	:					
	secretary	of the corporatio	n 🗆 :	a managing membe	er of the LLC	a general par	tner of the partnership
				Signature)		