

Flexible 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 strategies to which your purchase payment account value may be applied, subject to the terms and conditions of your annuity contract. Indicate the percentage that you want applied to each strategy. Your selections must be indicated in whole percentages only and total 100%.

Initial Interest Strategy(ies) – Percentage of Purchase Payment Account Value

Declared Rate Strategy	_____ %	Some annuities provide that, unless you transfer funds at the end of a Term, each strategy will automatically renew for a term. Other annuities provide that, at the end of each term, the funds held for that term will be reapplied for a new term based on your most recent selection of interest strategies. Please check with your financial professional for renewal information of the Great American Life annuity that you are purchasing.
S&P 500® Annual Point-to-Point Indexed Strategy	_____ %	
S&P 500® Annual Monthly Averaging Indexed Strategy	_____ %	
S&P Risk Control Annual Point-to-Point with Participation Rate*	_____ %	
Total (must equal 100%)	_____ %	

*The S&P 500 Risk Control 10% Index refers to the S&P Average Daily Risk Control 10% USD Price Return Index. For more information, visit www.US.SPIIndices.com and search keyword SPXAV10P.

3. Rider Selection (Please choose A, B or C below only if purchasing the IncomeSustainer® Plus, IncomeSecureSM or Inheritance EnhancerSM and ensure that the rider box on the application/request form is checked. Not available in all states. Please check availability with your financial professional.)

I elect the optional rider checked below (select one). I understand that an annual charge applies. I have read and understand the reset option described below.

☐ A. IncomeSustainer Plus guaranteed income and death benefit rider. Available for ages 50–85.

☐ B. IncomeSecure guaranteed income rider. Available for ages 40–85.

☐ C. Inheritance Enhancer guaranteed death benefit rider. Available for ages 50–85.

Name of Insured*: _____

*Complete ONLY IF InheritanceEnhancer Rider is selected. Designate a human being who is an owner or joint owner. If the owner is not a human being, designate an annuitant or joint annuitant.

Information about the Reset Option Under IncomeSecure, IncomeSustainer Plus and Inheritance Enhancer

If you wish to reset the income base/death benefit base to your account value on a contract anniversary as permitted under the rider, you must make that election by a separate written request specifically related to that contract anniversary. We must receive the written request for a reset no later than 30 days after the applicable contract anniversary. If you elect a reset and the then current charge for new issues of the rider is higher than the charge that we are then assessing for your rider, the reset will trigger an increase in the rider charge. You may not elect a reset if your account value is lower than the income base on a contract anniversary. Note: If you elect a reset, a new rollup period may begin and purchase payments and rollup credits added on or before the reset date are disregarded. A reset will not change your rollup base amount.

4. Agent/Producer Authorization to Make Transfers Between Strategies or Change Strategy Selections

INITIAL HERE if you wish to authorize the agent/producer identified on the application/request form to transfer funds between interest strategies or change your strategy selections for this contract on your behalf.

Owner and/or Joint Owner Initials

5. 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 the representation of one owner that he/she is authorized to transfer funds between interest strategy selections or change your strategy selections on behalf of both owners, and to rely on the agent/producer authorization, if any, made by either one of them. Each owner agrees to hold Great American Life harmless against any and all claims made by reason of these selections and any such authorization.

 Owner's signature

 Date

 Joint owner's signature (if applicable)

 Date

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