

Great American Insurance Group

Exchange/Rollover/Transfer Request

into a 403(b), 457(b) or 401



1. Owner/annuitant information for account to be exchanged/rolled over/transferred (please complete all sections)

Owner name _____

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 _____

Carrier phone _____

Existing account number _____

Existing carrier street address (required) _____

Existing carrier fax (if available) _____

Send paperwork: ☐ By mail ☐ By fax

3. Tax qualification, plan information and transfer type

From: ☐ Traditional 403(b) ☐ Traditional IRA
☐ Roth 403(b) ☐ SEP IRA
☐ Governmental 457(b) ☐ SIMPLE IRA
☐ Roth Governmental 457(b)
☐ Pension/Profit Sharing/401(k)
☐ Roth 401(k)

To: ☐ Traditional 403(b)
☐ Roth 403(b)
☐ Governmental 457(b)
☐ Roth Governmental 457(b)
☐ Pension/Profit Sharing 401(k)
☐ Roth 401(k)

Transfer Type (must select one)

- ☐ This is an internal exchange within the same employer plan.
- ☐ This is a rollover into the receiving plan from an IRA or another plan. The receiving plan requires rollovers to be held in a separate account.
Plan administrator approval is required.
- ☐ This is a rollover into the receiving plan from an IRA or another plan. The receiving plan does not require rollovers to be held in a separate account.
Plan administrator approval is required. Do not check this box if the receiving plan is a 457(b) plan.
- ☐ This is a plan-to-plan transfer under an agreement between the two plans. The receiving plan will impose distribution restrictions on the amount transferred that are at least as stringent as those imposed by the transferring plan. **Plan administrator approval is required.**

Transferring Plan Administrator Approval (if required)

The undersigned plan administrator certifies that the plan permits this exchange/rollover/ transfer from the plan.

Employer plan name _____

Plan administrator name _____

Plan administrator signature _____

Date _____

Receiving Plan Administrator Approval (if required)

The undersigned plan administrator certifies that the plan permits this exchange/rollover/transfer to the plan.

Employer plan name _____

Plan administrator name _____

Plan administrator signature _____

Date _____

☐ New GAIG contract ☐ Existing GAIG contract # _____

☐ Full amount \$☐ Partial amount \$

Effective date of transfer: ☐ Immediately ☐ Transfer on this date / /

Transfer window/renewal period ends on / /

Existing annuity contract is: ☐ Attached ☐ Lost

Select one box if you will be over age 70½ in the year of the exchange/rollover/transfer.

- ☐ No RMD is required for the current year.
- ☐ I have already requested or taken my RMD for the current calendar year from the surrendering company account.
- ☐ No RMD is required for the current year from the surrendering company account because it is part of a 401/403(b)/457(b) plan, I am still employed by the plan sponsor, and I am not a 5% owner of the plan sponsor
- ☐ This is a contract exchange within the same employer 401/403(b)/457(b) plan, and I will be responsible for calculating and taking my RMD after the exchange.

The required beginning date for distributions from a TSA, IRA, 401 plan and Governmental 457 plans is April 1 following the calendar year in which you reach age 70½ (or a later year in which you retire, if not an IRA).

I understand and agree that: (1) No amount will be credited to my annuity with the GAIG annuity company until funds are received by GAIG company in cash; (2) the GAIG company is not responsible for the consequences of any delay in payment by the existing provider; (3) the GAIG company and its representatives cannot provide legal and tax advice; (4) neither the GAIG company nor the existing account provider can be responsible for the tax qualification of the other's account or for the exchange/rollover/transfer; and (5) GAIG does not accept responsibility for tracking after-tax funds in a qualified contract.

I represent and warrant that no prior request or bankruptcy, insolvency, levy, judgement or other pending legal proceeding depositing it into a new separate 403(b) TSA contract, I understand that the rollover contribution will become subject to distribution restrictions until I reach age 59 1/2, or sever employment with the 403(b) plan sponsor, die, become disabled or incur a financial hardship.

I AGREE AND HOLD HARMLESS AND INDEMNIFY THE GAIG COMPANY AGAINST ANY AND ALL CLAIMS OR DEMANDS RELATED TO THIS ROLLOVER/ EXCHANGE/TRANSFER AND THE LIQUIDATION OF THE EXISTING ACCOUNT.

I hereby direct the provider of my existing account to liquidate the amount indicated and forward to the GAIG company, and share information relation to the amount transferred.

Owner signature (required) *Date*

Signature Guarantee (if required)
Date

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:

Owner Name: _____

Annuitant Name: _____

Authorized signature	Title	Ext.	Date
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Make check(s) payable to:

- ☐ Annuity Investors Life Insurance Co.
☐ Great American Life Insurance Co.

FBO

☐ Fixed Contract # ☐ Variable Contract #

P.O. Box 5420
Cincinnati, OH 45201-5420
(800) 854.3649

P.O. Box 5423
Cincinnati, OH 45201-5423
(800) 789.6771

For overnight: 301 E Fourth Street • Cincinnati, OH 45202