☐ Annuity Investors Life Insurance Company®☐ Great American Life Insurance Company®



Addendum to New Hampshire Disclosure Document

The issuing company must maintain a signed copy of this form for the life of the contract.

Instructions:

- Complete this form.
- As part of New Business paperwork, submit the signed and dated form and a copy of the Disclosure Document you delivered to the owner.

Owner information							
Owner			Joint owner				
Address			Address				
City	State	Zip				State	Zip
Annuitant Information							
Annuitant			Age	Sex	■ Male	☐ Female	
Producer signature							
I certify that I delivered the Disclosure Document for the product listed below to the Owner in the manner and on the date set out below.							
Product name							
☐ Delivered in person o	n the following da	te					
☐ Mailed to the owner o	on the following da	te					
Print name							
Signature			Date				
Owner signature							
I certify that I have received a copy of the Disclosure Document for the product identified above.							
Print name							
Signature			Date				