GREAT AMERICAN SUPPLY ORDER FORM



Distribution Partner/Agency Name: Attention:				Agent #E-Mail Address:			
Street Address (no PO Box	(20				<u> </u>	all Addicss.	
City:	(5)		Ct/	 ate:	Zip:		
				<u> </u>	– Zip. Fax:		
Telephone:	Corri	or Namo			<u>-</u> Гах.	Carrier Account:	
For expedited shipping plea	1 Carre	er warne:				Camer Account:	
After completing this form cli All orders and quantities are s						npleted form to 877-208-2008. weeks for delivery.	
*QUICK REQUEST							
We will provide you with every	thing you	u need to ma	ake the	sale (Brochure an	d New Busin	ess Forms)	
FIXED INDEX ANNUITIES							
	State	Tax Qual	Qty	Brochures On	ly		
Custom 10	Temp	orarily	suspe	ended	1	GENERAL MARKETIN	NG MATERIALS
Index Protector 4						Description	QTY
Index Protector 5						Annual Report	
IndexProtector 7						Financial Strength	
Landmark 3						GAIG Pocket Folder	
Landmark 5						GAL FIA Reference Guide	
Legend III						GAL Fixed Reference Guide	
Legend 7							
Premier Bonus	Temp	orarily	suspe	ended			
Premier Income Bonus							
Safe Return							
FIXED ANNUITIES	1		T		7	SPECIAL REQUESTS	
SecureGain 3							
SecureGain 5							
SecureGain 7							
SPIA							
REGISTERED INDEX-LINKE	D ANN	UITY	1		7		
Frontier 5					_		
Frontier 7					_		
Summit 6 ROP]		
RIDERS			_		7		
Legacy (C10 only)		orarily	suspe		1		
Simple (C10 only)		orarily	suspe		1		
Stacked (C10only)	_	orarily		nded	4		
Income Keeper (IP 7)	Temp	orarily	suspe	ended	4		
Income Defender (IP 7)	<u> </u>			<u> </u>	4		
Income Duo	Temp	orarily	suspe	ended	4		
Income Secure					4		
Inheritance Enhancer							

Rev.12/2020