

# **Annotated Fixed and Fixed-Indexed Annuity New Business Forms**

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# Client Financial Disclosure Form

This form is required for new applications and must be submitted with additional Transfers into existing contracts for IRA and NQ policies. The form must be received within 90 days of the sign date. Please note all questions must be answered. Additionally, this form is required for all sales, regardless of tax qualification, in the state of New Jersey. For Florida sales, please use form D2624213FL.

## Client Financial Disclosure Information (CFD)



**Instructions:** Complete this form in its entirety for all IRAs and non-qualified sales, including transfers/rollovers to existing contracts, and submit it with the application. Provide combined information for the owner and his or her spouse/domestic partner/joint owner, as applicable. If the owner is to be a revocable trust, responses should be based on the trust settlor's/grantor's overall income, assets, and health. **If the owner is to be an irrevocable trust, use Form D2658916NW.**

If the owner of the contract is a trust, please read carefully.

### Owner/joint owner information

Owner's name	SSN	Age	Employed: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed or Retired
Joint owner's Name <input type="checkbox"/> Check here if joint owner is spouse	SSN	Age	Employed: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed or Retired

### A. Financial status

If \$0 to \$2,500 is selected, a financial inventory worksheet must be completed and submitted with this CFD.

- Monthly spendable income (**If \$0 to \$2,500 is selected, a financial inventory worksheet (FIW) must be completed and submitted with this CFD.**)  
 \$0-\$2,500 (FIW required)  \$2,501-\$5,000  \$5,001-\$7,500  \$7,501-\$10,000  \$10,001+
- Will the purchase of this annuity reduce your monthly spendable income?  Yes  No
- Do you anticipate any significant decrease in your monthly spendable income or liquid assets (e.g. increase in expenses or decrease in income) during the next 10 years?  Yes  No **If yes, explain:** \_\_\_\_\_
- What is your marginal federal tax rate?  0%-15%  16%-25%  26%-33%  33% and over
- Do you expect a change to your marginal federal tax rate?  Yes  No **If yes, explain:** \_\_\_\_\_
- Approximate household net worth – total net assets (other than primary residence and any personal property) minus total debt (other than mortgage or other debt owed on your primary residence) (**If \$0 to \$100,000 is selected, a FIW must be completed and submitted with this CFD.**)  
 \$0-\$100,000 (FIW required)  \$100,001-\$250,000  \$250,001-\$500,000  \$500,001+
- Investment experience  0-3 years  4-6 years  7-10 years  10+ years
- Risk tolerance  
 Limit risk/low to moderate growth potential  Moderate risk/medium to high growth potential  
 High risk/maximum growth potential, **explain annuity's fit:** \_\_\_\_\_
- Housing  
 Rent  Own (no mortgage)  Own (mortgage is 50% or less of estimated value)  Live with friend/family  
 Own (mortgage is 50% or more of estimated value)  Own (reverse mortgage lien on property)
- Investment portfolio (bonds, CDs, savings, stocks and other financial instruments)  
 Less than \$50,000  \$50,000-\$99,999  \$100,000-\$249,999  \$250,000-\$499,999  \$500,000+
- Cash, savings, money market funds and other cash equivalents (after the purchase of this annuity) (**If \$0 to \$10,000 is selected, a FIW must be completed and submitted with this CFD.**)  
 \$0-\$10,000 (FIW required)  \$10,001-\$25,000  \$25,001-\$50,000  \$50,001-\$100,000  \$100,001-\$200,000  \$200,001+
- Retirement plans  None  \$0-\$50,000  \$50,001+
- Life insurance  None  \$0-\$50,000  \$50,001-\$100,000  \$100,001+
- Health of owner  
 Good to excellent health  Fair to poor health  Chronic serious health problems  nursing home dependent
- Health of spouse of owner and/or joint owner (**must check one, if not applicable check N/A**)  
 N/A  Good to excellent health  Fair to poor health  Chronic serious health problem  Nursing home dependent

If \$0 to \$100,000 is selected, a financial inventory worksheet must be completed and submitted with this CFD.

If \$0 to \$10,000 is selected, a financial inventory worksheet must be completed and submitted with this CFD.

# Client Financial Disclosure Form

## B. Purchase information

- Total purchase payment \$ \_\_\_\_\_  
**A FIW is required for all pending and active policies with a combined value of \$250,000 or more, issued by Great American Annuity Group. The FIW may also be requested for sales under \$250,000.**
- Purchase payment as a percentage of net worth (total purchase payment divided by approximate household net worth) **(If 51%+ is selected, a FIW must be completed and submitted with this CFD.)**  
 1%-10%    11%-20%    21%-30%    31%-40%    41%-50%    51%+ (FIW required) \_\_\_\_\_
- What percentage of your total investment portfolio (including cash value of insurance policies) is the potential annuity purchase? **(If 51%+ is selected, a FIW must be completed and submitted with this CFD.)**  
 0%-10%    11%-25%    26%-50%    51%+ (FIW required) \_\_\_\_\_
- Value of all annuities owned by you as a percentage of your net worth (including the purchase of this annuity). **(If 51%+ is selected, a FIW must be completed and submitted with this CFD.)**  
 0%-10%    11%-25%    26%-50%    51%+ (FIW required) \_\_\_\_\_

## C. Financial objectives and considerations

- What is the intended use of this annuity? *(check all that apply)*  
 Death benefit    Growth potential    Immediate income    Lifetime income    Safety    Tax-deferred growth  
 Medicaid    Veterans Administration    Other, **explain:** \_\_\_\_\_
- Do you have sufficient available cash, liquid assets or other sources of income for current and future living expenses, health care and emergencies other than the money that you plan to use to purchase this annuity contract? **(If "No" is selected, a FIW must be completed and submitted with this CFD.)**  
 Yes    No (FIW required) **If no, explain:** \_\_\_\_\_
- What other financial products do you currently own? *(check all that apply)*  
 None    Fixed annuities    Variable annuities    Savings/Checking    Life insurance    Certificates of deposit  
 Stocks/Bonds/Mutual funds    Other, **explain:** \_\_\_\_\_
- What other financial products have you previously owned? *(check all that apply)*  
 None    Fixed annuities    Variable annuities    Savings/Checking    Life insurance    Certificates of deposit  
 Stocks/Bonds/Mutual funds    Other, **explain:** \_\_\_\_\_
- What is your source for this annuity's purchase payment? *(check all that apply)*  
 Another annuity    Certificates of deposit    Home equity loan    Life insurance    Reverse mortgage/Home  
 Savings/Checking    Stocks/Bonds/Mutual funds    401 Plan    Other, **explain:** \_\_\_\_\_
- Are there fees, penalties, surrender charges or other costs associated with the source of funds indicated in question 5 above?  
 Yes    No  
**If yes, please provide the total of such costs \$ \_\_\_\_\_ and the percentage this represents \_\_\_\_\_%.**

## D. Accessing your money

- How do you anticipate taking distributions from this annuity? *(check all that apply)*  
 Annuitize    Free withdrawals    Immediate income    Leave to beneficiary    Loans    Lump sum surrender  
 Partial surrenders above free withdrawal    Required minimum distribution    Systematic withdrawals    Activate Rider  
 Other, **explain:** \_\_\_\_\_
- When do you anticipate taking your first distribution? *(choose one)*  
 Less than 1 year    Between 1-5 years    Between 5-9 years    10+ years    None anticipated

A financial inventory worksheet is required for all sales over \$250,000.

If 51%+ is selected, a financial inventory worksheet is required.

If no is selected, a financial inventory worksheet is required.

# Client Financial Disclosure Form

## E. Replacement

1. Have you ever exchanged or replaced an annuity?
- No
  - Yes, within the last 5 years
  - Yes, more than 5 years ago

2. Is another annuity a source for this annuity's purchase payment?
- Yes  No

**If yes, please complete questions a) through d) below completely.**

- a) What benefits with the other annuity will you lose? (**must choose one**)
- None  Enhanced death benefit  Income benefit  Living benefit  Other **If other, explain:** \_\_\_\_\_

- b) What type of annuity is being replaced?
- Fixed annuity  Fixed indexed annuity  Variable annuity

- c) Which of the following is true regarding the relationship of cost and benefits between the annuity being purchased and the annuity being replaced? (**must choose one**)
- Increased cost and increased benefits  Increased cost and lesser benefits
  - Similar cost and increased benefits  Similar cost and similar benefits  Other **If other, explain:** \_\_\_\_\_

- d) Is the guaranteed minimum interest rate (GMIR) of the annuity or policy being replaced higher, lower, or the same as the annuity being purchased? (**must choose one**)
- GMIR for annuity being replaced is lower
  - GMIR for annuity being replaced is the same
  - GMIR for annuity being replaced is higher **If higher; please provide GMIR for annuity being replaced:** \_\_\_\_\_ %.

These fields are required if "Yes" is selected.

If GMIR for annuity being replaced is higher, the GMIR for the replaced annuity must be provided.

**Please note: All questions must be answered or your application will be held not in good order and will not be considered. This form must be signed and dated the same day as the application.** To the best of my knowledge and belief, the information above is true and complete. I understand that I should consult my tax advisor regarding possible tax implications of the purchase of an annuity or the exchange of an existing annuity of life insurance contract.

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint owner's signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent number

Agent must sign and date the form on or after the date on which the client signs.

Owner must sign and date on or before the application sign date. If applicable, joint owner signature date should be the same as the owner's signature date.

# Client Financial Disclosure Form

## For Irrevocable Trusts

This form is required for new applications & must be submitted with additional Transfers into existing contracts for IRA and NQ policies. The form must be received within 90 days of the sign date. Please note all questions must be answered. For Florida sales, please use form D2658914FL.

### Client Financial Disclosure Information (CFD) For Irrevocable Trusts



*Instructions:* Complete this form in its entirety for all sales, including exchanges/transfers/rollovers to existing contracts, and submit it with the application/order ticket/request form. Provide information for the irrevocable trust that is to own the contract.

#### Owner information

Trust name	Tax ID number	Date Trust became Irrevocable
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These fields are required.

#### A. Financial status

If \$0 to \$12,000 is selected, a financial inventory worksheet must be completed and submitted with this CFD.

- Trust's annual net income available for distributions to beneficiaries: **If \$0 to \$12,000 is selected, a financial inventory worksheet (FIW) for the trust must be completed and submitted with this CFD.**  
 \$0-\$12,000     \$12,001-\$25,000     \$25,001-\$50,000     \$50,001-\$100,000     \$100,001+
- Will the purchase of this annuity reduce the trust's annual net income available for distribution to beneficiaries?     Yes     No
- Do you anticipate any other significant decrease in the trust's liquid assets or annual net income available for distribution to beneficiaries (e.g. increase in expenses or decrease in net income) during the next 10 years?  
 Yes     No    **If yes, explain:** \_\_\_\_\_
- Trust distributions to beneficiaries from **trust income** (as defined for trust purposes to include inside buildup on an annuity contract):  
 mandatory distributions of net income     distributions for health/support/maintenance     distributions in trustee's discretion     other  
**If other, explain:** \_\_\_\_\_
- Trust distributions to beneficiaries from **trust principal**:  
 distribution for health/support/maintenance     distribution in trustee's discretion     distribution only upon trust termination     other  
**If other, explain:** \_\_\_\_\_
- If trust distributions are made for health/support/maintenance, average annual distributions:  
 Not applicable     \$0-\$12,000     \$12,001-\$25,000     \$25,001-\$50,000     \$50,001-\$100,000     \$100,001+
- If trust distributions are made for health/support/maintenance, do you anticipate any significant increase in the needs of the beneficiaries (e.g. future nursing home expenses) during the next 10 years?  
 Not applicable     Yes     No    **If yes, explain:** \_\_\_\_\_
- What is the trust's marginal federal tax rate?     0%-15%     16%-25%     26%-33%     33% and over
- Do you expect a change to the trust's marginal federal tax rate?     Yes     No    **If yes, explain:** \_\_\_\_\_
- Trust's approximate net worth – total trust net assets minus total trust debt: **If \$0 to \$100,000 is selected, a FIW must be completed and submitted with this CFD.**  
 \$0-\$100,000     \$100,001-\$250,000     \$250,001-\$500,000     \$500,001+
- Trust's liquid assets -- cash, savings, money market funds and other cash equivalents (after the purchase of this annuity) **If \$0 to \$10,000 is selected, a FIW must be completed and submitted with this CFD.**  
 \$0-\$10,000     \$10,001-\$25,000     \$25,001-\$50,000     \$50,001-\$100,000     \$100,001-\$200,000     \$200,001+
- When is the trust expected to terminate?  
 on death of beneficiary or grantor     as determined in trustee's discretion     fixed number of years or fixed age     other event  
**If other, explain:** \_\_\_\_\_
- Estimated number of years until trust termination:     0-3 years     4-6 years     7-10 years     10+ years
- How will this annuity be handled at trust termination?  
 surrendered and proceeds distributed to beneficiaries in cash     distributed to single beneficiary in kind

If \$0 to \$10,000 is selected, a financial inventory worksheet must be completed and submitted with this CFD.

# Client Financial Disclosure Form

## For Irrevocable Trusts

A. Financial status continued	
15. Trustee's investment experience:	<input type="checkbox"/> 0-3 years <input type="checkbox"/> 4-6 years <input type="checkbox"/> 7-10 years <input type="checkbox"/> 10+ years
16. Trust's risk tolerance:	<input type="checkbox"/> Limit risk/low to moderate growth potential <input type="checkbox"/> Moderate risk/medium to high growth potential <i>Explain annuity's fit:</i> _____
B. Purchase information	
1. Total purchase payment \$ _____	<b>A FIW is required for all policies with a combined value of \$250,000 or more issued by Great American Annuity Group. The FIW may also be requested for sales under \$250,000.</b>
2. Purchase payment as a percentage of trust's net worth (total purchase payment divided by trust's approximate net worth) <b>If 51%+ is selected, a FIW must be completed and submitted with this CFD.</b>	<input type="checkbox"/> 1%-10% <input type="checkbox"/> 11%-20% <input type="checkbox"/> 21%-30% <input type="checkbox"/> 31%-40% <input type="checkbox"/> 41%-50% <input type="checkbox"/> 51%+ (FIW is required)
3. Value of all annuities owned by the trust as a percentage of the trust's net worth (including the purchase of this annuity): <b>If 51%+ is selected, a FIW must be completed and submitted with this CFD.</b>	<input type="checkbox"/> 0%-10% <input type="checkbox"/> 11%-25% <input type="checkbox"/> 26%-50% <input type="checkbox"/> 51%+ (FIW is required)
C. Financial objectives and considerations	
1. What is the intended use of this annuity? (check all that apply)	<input type="checkbox"/> Death benefit <input type="checkbox"/> Growth potential <input type="checkbox"/> Immediate income <input type="checkbox"/> Lifetime income <input type="checkbox"/> Safety <input type="checkbox"/> Tax-deferred growth <input type="checkbox"/> Medicaid <input type="checkbox"/> Veterans Administration <input type="checkbox"/> Other <b>If other, explain:</b> _____
2. Does the trust have sufficient liquid assets or income for current and future expenses and distributions to beneficiaries (including distributions for the health care and emergencies for a beneficiary) other than the money that you plan to use to purchase this annuity contract? <b>If "No" is selected, a FIW must be completed and submitted with this CFD.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, explain:</b> _____
3. What other financial products does the trust currently own? (check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Fixed annuities <input type="checkbox"/> Variable annuities <input type="checkbox"/> Savings/Checking <input type="checkbox"/> Life insurance <input type="checkbox"/> Certificates of deposit <input type="checkbox"/> Stocks/Bonds/Mutual funds <input type="checkbox"/> Other <b>If other, explain:</b> _____
4. What other financial products has the trust previously owned? (check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Fixed annuities <input type="checkbox"/> Variable annuities <input type="checkbox"/> Savings/Checking <input type="checkbox"/> Life insurance <input type="checkbox"/> Certificates of deposit <input type="checkbox"/> Stocks/Bonds/Mutual funds <input type="checkbox"/> Other <b>If other, explain:</b> _____
5. What is the trust's source for this annuity's purchase payment? (check all that apply)	<input type="checkbox"/> Another annuity <input type="checkbox"/> Savings/Checking <input type="checkbox"/> Certificates of deposit <input type="checkbox"/> Life insurance <input type="checkbox"/> Loan <input type="checkbox"/> Stocks/Bonds/Mutual funds <input type="checkbox"/> Other <b>If other, explain:</b> _____
6. Are there fees, penalties, surrender charges or other costs associated with the source of funds indicated in question 5 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, provide the total of such costs: \$ _____ and the percentage this represents: _____ %</b>
D. Accessing the trust's money	
1. How does the trust anticipate taking distributions from this annuity? (check all that apply)	<input type="checkbox"/> Annuitize <input type="checkbox"/> Free withdrawals <input type="checkbox"/> Partial withdrawals above free withdrawals <input type="checkbox"/> Lump sum surrender <input type="checkbox"/> Death benefit <input type="checkbox"/> Immediate income <input type="checkbox"/> Required minimum distribution <input type="checkbox"/> Systematic withdrawals <input type="checkbox"/> Living benefit rider payments <input type="checkbox"/> Distribute contract to trust beneficiary <input type="checkbox"/> Other <b>If other, explain:</b> _____
2. When does the trust anticipate taking its first distribution? (choose one)	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> Between 1-5 years <input type="checkbox"/> Between 5-9 years <input type="checkbox"/> 10+ years <input type="checkbox"/> None anticipated

A financial inventory worksheet is required for all sales over \$250,000.

If 51%+ is selected, a financial inventory worksheet is required.

If no is selected, a financial inventory worksheet is required.

# Client Financial Disclosure Form

## For Irrevocable Trusts

### E. Replacement

1. Have you ever exchanged or replaced an annuity?
- No  
 Yes, within the last 5 years  
 Yes, more than 5 years ago

2. Is another annuity a source for this annuity's purchase payment?
- Yes  No

**If yes, please complete questions a) through d) below completely.**

- a) What benefits with the other annuity will you lose? (**must choose one**)  
 None  Enhanced death benefit  Income benefit  Living benefit  Other **If other, explain:** \_\_\_\_\_
- b) What type of annuity is being replaced?  
 Fixed annuity  Fixed indexed annuity  Variable annuity
- c) Which of the following is true regarding the relationship of cost and benefits between the annuity being purchased and the annuity being replaced? (**must choose one**)  
 Increased cost and increased benefits  Increased cost and lesser benefits  
 Similar cost and increased benefits  Similar cost and similar benefits  Other **If other, explain:** \_\_\_\_\_
- d) Is the guaranteed minimum interest rate (GMIR) of the annuity or policy being replaced higher, lower, or the same as the annuity being purchased? (**must choose one**)  
 GMIR for annuity being replaced is lower  
 GMIR for annuity being replaced is the same  
 GMIR for annuity being replaced is higher **If higher, please provide GMIR for annuity being replaced:** \_\_\_\_\_ %

These fields are required if "Yes" is selected.

### F. Purpose of Trust

1. Is trust intended to qualify a wartime veteran, or the surviving spouse of a wartime veteran, for benefits from the Veteran's Administration?  
 Yes  No

**Please note: All questions must be answered or the application will be held not in good order and will not be considered. This form must be signed and dated the same day as the application.** To the best of my knowledge and belief, the information above is true and complete. I understand that I should consult my tax advisor regarding possible tax implications of the purchase of an annuity or the exchange of an existing annuity of life insurance contract.

_____	_____	_____	_____
Trustee's signature	Date	Co-Trustee's signature	Date
_____	_____	_____	
Agent's signature	Date	Agent number	

Agent must sign and date the form on or after the date on which the owner signs.

Trustee must sign and date on or before the application sign date. If there are multiple Trustees, all must sign the form. If applicable, Co-Trustee signature date should be the same as Trustee's signature date.

# Financial Inventory Worksheet

All applicable sections should be completed.



## Financial Inventory Worksheet

- **Required** for all IRA and non-qualified sales \$250,000 or higher **and** required when Household Net Worth is less than \$100,000.
- **Required** when **all** active and pending annuities with Great American exceeds \$250,000.
- May be requested for IRA and non-qualified sales lower than \$250,000.

### A. MONTHLY SPENDABLE INCOME

Include spouse/partner

#### Monthly Household Income

Salary/Wages \$ \_\_\_\_\_  
 Social Security Benefit \$ \_\_\_\_\_  
 Pension/Retirement Benefit \$ \_\_\_\_\_  
 Interest/Dividend Income \$ \_\_\_\_\_  
 Rental Income \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
**Total Income** \$ \_\_\_\_\_

#### Monthly Living Expenses

Rental/Mortgage Payment \$ \_\_\_\_\_  
 Utilities/Transportation/Food \$ \_\_\_\_\_  
 Credit Card Repayment \$ \_\_\_\_\_  
 Other Debt Repayment \$ \_\_\_\_\_  
 Healthcare and Health Ins. \$ \_\_\_\_\_  
 Taxes (property and income) \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
**Total Expenses** \$ \_\_\_\_\_

#### MONTHLY SPENDABLE INCOME

\$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
*Total Income Total Expenses Monthly Spendable Income*

### B. HOUSEHOLD NET WORTH

Do not include mortgages on primary residence, personal belongings or personal property such as jewelry, furnishings and vehicles.

#### Assets

**Funds used for this purchase** \$ \_\_\_\_\_  
 Checking/Savings/Money Markets \$ \_\_\_\_\_  
 Stocks/Bonds/Mutual Funds/CDs \$ \_\_\_\_\_  
 All Annuities within Surrender \$ \_\_\_\_\_  
 (Excluding this purchase)  
 All Annuities Out of Surrender \$ \_\_\_\_\_  
 Other Retirement Acct. Balances \$ \_\_\_\_\_  
 Real Estate \$ \_\_\_\_\_  
 (Exclude primary residence)  
 Life Insurance Cash Values \$ \_\_\_\_\_  
 Business Equity \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
**Total Assets** \$ \_\_\_\_\_

#### Debts

Mortgage Loan \$ \_\_\_\_\_  
 (Exclude primary residence)  
 Total Credit Card Debt \$ \_\_\_\_\_  
 Home Equity Loans \$ \_\_\_\_\_  
 Personal/Vehicle Loans \$ \_\_\_\_\_  
 Taxes/Judgements \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_  
**Total Debt** \$ \_\_\_\_\_

#### HOUSEHOLD NET WORTH

\$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
*Total Assets Total Debt Household Net Worth*

Agent Comments: \_\_\_\_\_

Client Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Provide Policy Number or client's Social Security Number.

Client's name and agent signature are required.



# Replacement of Life Insurance or Annuities

A state-specific version of this form may be required. Please visit New Business kitting for the most up-to-date forms.

Annuity Investors Life Insurance Company®

Great American Life Insurance Company®

## IMPORTANT NOTICE Replacement of Life Insurance or Annuities

This document must be signed by the applicant and the producer, if there is one, and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

These questions must be completed.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?  Yes  No
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?  Yes  No

If you answered "Yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the contract or policy number if available) and whether each contract or policy will be replaced or used as a source of financing:

Insurer Name	Contract or Policy #	Insured or Annuitant	Replaced (R) or Financing (F)
1.			
2.			
3.			

If the sale involves a replacement, all boxes within this section must be completed.

Signature and date are required. This form must be signed on or before the sign date on the application, and must be received within 90 days of the sign date.

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because \_\_\_\_\_  
I certify that the responses herein are, to the best of my knowledge, accurate:

If the sale involves a replacement, this question must be completed.

Applicant's Signature and Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Joint Applicant's Signature and Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Agent's/Producer's Signature and Agent's/Producer's Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Joint owner sign date should be the same as the owner sign date.

I do not want this notice read aloud to me. \_\_\_\_\_ (Applicants must initial only if they do not want the notice read aloud.)

Agent must sign and date the form on or after the date on which the client signs. However, if it is a replacement case, the agent must also print their name.

L2600613NW

1 signed notice to applicant and joint applicant  
1 signed notice to agent  
1 signed notice to replacing insurance company

# Replacement of Life Insurance or Annuities

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

## **PREMIUMS :**

- Are they affordable?
- Could they change?
- You're older —are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

## **POLICY VALUES :**

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid; you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

## **INSURABILITY :**

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.

## **IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY :**

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

## **IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT :**

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

## **OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS :**

- What are the tax consequences of buying the new policy?
- Is this a tax-free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

# Trust Certification and Agreement



**Member Companies:**  
 Great American Life Insurance Company®  
 Annuity Investors Life Insurance Company®  
 Manhattan National Life Insurance Company

**Administration for Life Insurance and Annuities:**  
 United Teacher Associates Insurance Company  
 Continental General Insurance Company®  
 Loyal American Life Insurance Company®  
 Central Reserve Life Insurance Company  
 Provident American Life & Health Insurance Company

Fixed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax  
 Variable Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 513-768-5115 Fax

**Overnight Address:**  
 Fixed/Variable Annuities: 10<sup>th</sup> Floor, 301 E Fourth St, Cincinnati OH 45202

## TRUST CERTIFICATION AND AGREEMENT

Name of Trust:  Contract Number(s) (if known)

**Certification.** Each trustee certifies under penalties of perjury:

- The trust exists under a written trust instrument executed on:  insert date of original trust (month/day/year)
- The trust was created and is valid under the law of the state of:  insert name of state
- The name of each grantor of the trust is:  insert name(s) of grantor(s)
- The name and address of each currently acting trustee of the trust is:  

trustee name(s):	address:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

These fields are required.

The name and address of each trustee is required.

One of these boxes must be checked.

- The trust is:  **Irrevocable** (complete Irrevocable Trust Addendum or provide a full copy of the trust document) (check one)  **revocable**, and the name each grantor who currently holds a power to revoke is:  insert name(s) (if applicable)

**Please note that we require the grantor of a revocable trust to be named as the annuitant under the annuity contract. If more than one, all the grantors should be named as joint annuitants.**

- If there is more than one currently acting trustee: (check one)  Co-trustees must act **unanimously** in exercising trust powers  A **majority** of co-trustees must act in exercising trust powers  Each co-trustee may **independently** exercise trust powers  Not applicable (there is only one trustee)

If there is more than one trustee, one of these boxes must be checked.

These sections must be completed.

- The tax identification number for the trust is:  insert EIN (or SSN if grantor-type trust)
- The trust authorizes the trustee(s) to purchase, receive, hold, assign, annuitize, take withdrawals from, surrender, and otherwise deal with annuity contracts, and to cause the proceeds from any such transaction to be paid directly to the beneficiaries and others as the trustee(s) may direct.
- The trust has not been revoked, modified, or amended in any manner that would cause these representations to be incorrect. This certification supersedes any prior certifications, documents, or information regarding this trust.

**Agreement to Provide Copies.** At the request of the GAIG company, each trustee agrees to furnish a copy of those excerpts from the original trust instrument and later amendments that designate the trustee(s) and confer upon the trustee(s) the power to act with respect to an annuity contract or transaction.

**Designation of Beneficiary.** Each trustee hereby designates the trust itself as the beneficiary of the annuity contract(s) owned by the trust and issued or administered by the GAIG company. This designation revokes all prior designations. This designation is irrevocable during any period that the annuity contract is owned by the trust.

**Indemnification.** Each trustee agrees, both on behalf of the trust and individually, jointly and severally, to indemnify the GAIG company and hold it harmless from any claims, liabilities, and expenses, including reasonable attorney fees, that arise from following the instructions of the trustee(s) or that arise from reliance by the GAIG company on the certifications made above. This indemnification shall survive the termination of the trust, the annuity contract, or this certification and agreement.

**Reliance.** On behalf of the trust, each trustee hereby agrees that the GAIG company may rely on the certifications made above until the GAIG company receives a new certification, on its form or in a manner satisfactory to the GAIG company, advising it of any changes related to the trust or the trustee(s).

If there are multiple trustees, all must sign the form. The dates do not need to match.

_____ Signature of Trustee	_____ Date	_____ Signature of Co-Trustee (if applicable)	_____ Date
NOTE: We generally require that all co-Trustees sign this form		_____ Signature of Co-Trustee (if applicable)	_____ Date

Signature(s) and date are required.

# Additional Beneficiary Designation Form



GREAT AMERICAN LIFE INSURANCE COMPANY®  
 ANNUITY INVESTORS LIFE INSURANCE COMPANY®  
 LOYAL AMERICAN LIFE INSURANCE COMPANY®

## ADDITIONAL BENEFICIARY DESIGNATION FORM

(When used, this Form MUST be accompanied by an Application/Order Ticket/Request Form.)

### 1. BENEFICIARY ELECTION (Please print)

The Death Benefit will be paid to the primary beneficiaries or survivors of them in equal shares unless otherwise stated. The Death Benefit will be paid to contingent beneficiaries or survivors of them in equal shares only if there are no surviving primary beneficiaries. If additional space is needed, please attach a separate page signed by the owner(s) and dated the same date as this application/order ticket/request form.

Please show full name, address, relationship to Owner(s), and Social Security Number/Tax ID Number of all beneficiaries. If the Beneficiary is a trust, please list the name of the trust, the name(s) of the current trustee(s), and the trust agreement date **AND** provide copies of the first and signature pages of the trust.

#### PRIMARY BENEFICIARY(IES):

Beneficiary's full name is required.

Please provide beneficiary's social security number.

Name	Address	SSN/Tax ID #	Relationship to Owner

#### CONTINGENT BENEFICIARY(IES):

Name	Address	SSN/Tax ID #	Relationship to Owner

### 2. SIGNATURE AUTHORIZATION

<b>Name of Owner (Please print)</b>	<b>Signature of Owner</b>	<b>Date</b>
<b>Name of Joint Owner (If applicable - Please print)</b>	<b>Signature of Joint Owner (If Applicable)</b>	<b>Date</b>

Date must match the date on the application.

Signature is required.

If there is a joint owner, joint owner's signature is required.

# Affidavit Related to Power of Attorney



Member Companies:  
 Great American Life Insurance Company®  
 Annuity Investors Life Insurance Company®  
 United Teacher Associates Insurance Company  
 Continental General Insurance Company®  
 Manhattan National Life Insurance Company

Administration for Life Insurance and Annuities:  
 American Retirement Life Insurance Company  
 Central Reserve Life Insurance Company  
 Loyal American Life Insurance Company®  
 Provident American Life & Health Insurance Company

Fixed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax  
 Variable 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:**

Fixed/Variable Annuities: 10<sup>th</sup> Floor, 301 E Fourth St, Cincinnati OH 45202  
 Life Insurance: 9<sup>th</sup> Floor, 301 E Fourth St, Cincinnati OH 45202

All questions on this form must be answered.

## AFFIDAVIT Related to Power of Attorney

### INFORMATION ABOUT THE PRINCIPAL

*(the person for whom the Attorney-in-Fact is acting)*

PRINCIPAL'S NAME:	
CONTRACT NUMBER:	
PRINCIPAL'S ADDRESS:	
CITY/STATE/ZIP	
PRINCIPAL'S SOC. SEC. NO.:	PRINCIPAL'S DAYTIME PHONE:
	( )
Has a court appointed a guardian or conservator for the Principal? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### INFORMATION ABOUT THE ATTORNEY-IN-FACT

*(the person using the Power of Attorney to act for the Principal)*

ATTORNEY-IN-FACT'S NAME:	
RELATIONSHIP TO PRINCIPAL:	
ATTORNEY-IN-FACT'S ADDRESS:	
CITY/STATE/ZIP	
A-I-F'S SOC. SEC. NO.:	A-I-F'S DAYTIME PHONE:
	( )
DATE OF POWER OF ATTORNEY DOCUMENT:	

Grantor of the POA document's name goes here (Principal). Principal could be the owner, a beneficiary or a trustee of a trust.

Contract Number, Address and Phone Number are required.

Please answer yes or no.

Provide the name of the Power of Attorney here.

Provide the POA's relationship to principal here.

Address, Phone Number and Date are required.

One of these boxes must be checked.

**CHECK ONE:**

- The Attorney-in-Fact is acting even though the Principal could, now or in the future, legally act for him/herself.
- The Attorney-in-Fact is acting because the Principal is now physically disabled and cannot act for him/herself.
- The Attorney-in-Fact is acting because the Principal is now mentally incompetent and cannot act for him/herself.

BEING DULY CAUTIONED AND SWORN, I HEREBY STATE UNDER PENALTIES OF PERJURY OR FALSE SWEARING UNDER THE LAW OF MY STATE OF RESIDENCE THAT ALL OF THE INFORMATION SET OUT ABOVE AND ALL OF THE FOLLOWING ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF:

- I have provided a true and correct copy of a Power of Attorney from the Principal to me.
- This Power of Attorney is valid under the law of the Principal's state of residence.
- I am acting within the scope of my authority under this Power of Attorney and under the law of my state of residence.
- All the conditions required for this Power of Attorney to me to be effective have been satisfied.
- The Principal is alive, and this Power of Attorney has NOT been suspended, revoked, or terminated.

I understand that I cannot use this Power of Attorney after the Principal dies, or after this Power of Attorney is suspended, revoked, or terminated (termination occurs automatically in some states upon the appointment of a guardian or conservator). I AGREE TO NOTIFY THE APPROPRIATE GAFRI COMPANY PROMPTLY IF THE PRINCIPAL DIES OR IF THIS POWER OF ATTORNEY IS SUSPENDED, REVOKED, OR TERMINATED, I agree to renew this Affidavit on request (generally required within 90 days of any transaction request).

I AM COMPLETING THIS AFFIDAVIT TO INDUCE THE APPROPRIATE GAFRI COMPANY ISSUING THE CONTRACT TO RELY ON THIS POWER OF ATTORNEY. I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE APPROPRIATE GAFRI COMPANY AGAINST ANY AND ALL CLAIMS OR DEMANDS WHICH MAY BE MADE BY REASON OF SUCH RELIANCE.

Must be dated within 90 days of receipt.

STATE OF \_\_\_\_\_ )  
 COUNTY OF \_\_\_\_\_ ) SS:  
 Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the Attorney-in-Fact identified above, who is known to me or was proved to me on the basis of satisfactory evidence to be the person so identified.

My Commission expires: \_\_\_\_\_  
 MM/DD/YY SIGNATURE OF NOTARY PUBLIC

[SEAL]

State and County are required.