

New Business Forms for Fixed and Fixed-Indexed Annuities

ANNOTATED STATE-SPECIFIC NEW BUSINESS FORMS

Please use the links below to access various annotated forms for the applicable states.

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

Replacement Notice

ARKANSAS

Great American Life Insurance Company®

Annuity Investors Life Insurance Company®

This form must be signed on or before the application sign date.

IMPORTANT NOTICE Replacement of Life Insurance or Annuities for Producers

This document must be signed by the applicant and the producer 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 a lower 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 remainder of this form.

Both questions must be answered.

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

This section is only required for replacements. In the instance of a replacement, all four boxes must be completed.

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.			

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:

Applicant's signature is required.

Applicant's Signature and Printed Name Date

Joint Applicant's Signature and Printed Name Date

Agent signature is required. For cases involving a replacement, Agent's printed name is also required.

Producer's Signature and Producer's Printed Name Date

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

If the case involves a replacement, this question must be answered.

L2600613AR

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

Replacement Notice

ARKANSAS

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?

Replacement Notice - Prepaid Funeral Benefits

ARKANSAS

This form must be signed on or before the application sign date.

Annuity Investors Life Insurance Company®

Great American Life Insurance Company®

IMPORTANT NOTICE:

Replacement of Life Insurance or Annuities Used to Fund Prepaid Funeral Benefits Contracts

This document must be signed by the applicant and the producer, if there is one, and copies left with the policyholder and sent to the seller of the original prepaid funeral benefits contract.

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.

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.

You should carefully consider whether a replacement is in your best interests. You may have to pay 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 a lower cost. For more information, contact the Arkansas Insurance Department's Pre-Paid Funeral Section at 1200 West Third Street, Little Rock, Arkansas 72201, (501) 371-2640.

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 remainder of this form.

Both questions must be answered.

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.			

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.

If the case involves a replacement, this question must be answered.

The existing policy or contract is being replaced because _____

I certify that the responses herein are, to the best of my knowledge, accurate:

Applicant and Joint Applicant, if applicable, must sign and date this form.

Applicant's Signature and Printed Name Date

Joint Applicant's Signature and Printed Name Date

Agent signature is required. For cases involving a replacement, Agent's printed name is also required.

Producer's Signature and Producer's Printed Name Date

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

L2651813AR

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

Replacement Notice - Prepaid Funeral Benefits

ARKANSAS

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. 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.
- 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?

Producer Signature Page for Disclosure Document

ARKANSAS

- Annuity Investors Life Insurance Company*[®]
- Great American Life Insurance Company*[®]



Producer Signature Page for Arkansas Disclosure Document

The State of Arkansas requires that disclosure documents be dated and signed by the producer and maintained by both the producer and the issuing company for a period of five (5) years.

Instructions:

- Complete this form and submit it, along with a copy of the disclosure document, as part of New Business paperwork.
- Retain a copy of this form and the disclosure document in your client files.

Owner information

Owner _____	Joint owner _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____

Owner name and Joint Owner name, if applicable, are required.

Delivery of disclosure document

Product name _____	<input type="checkbox"/> Delivered in person on following date _____
	<input type="checkbox"/> Mailed to owner on following date _____

Product name must be listed.

One of these boxes must be checked and dated on or before the application sign date.

Producer signature

I certify that the information above is true and complete.	Signature _____
Print Name _____	Date _____

Producer's printed name, signature and date are required.

Replacement Notice

CALIFORNIA

Annuity Investors Life Insurance Company®

Great American Life Insurance Company®

REPLACING YOUR LIFE INSURANCE OR ANNUITY?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one — or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits. Make sure you understand the facts. You should ask the company or agent that sold you your existing policy to give you information about it.

Hear both sides before you decide. This way you can be sure you are making a decision that is in *your best interest*. As a general rule, it is not to your advantage to drop or change your existing life insurance or annuities.

We are required by law to notify your existing company that you may be replacing their policy.

Company name is required.

Address is requested, but not required.

COMPANY(IES) TO NOTIFY	
COMPANY NAME _____	COMPANY NAME _____
ADDRESS _____	ADDRESS _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
POLICY/CONTRACT NOS _____ _____	POLICY/CONTRACT NOS _____ _____

You can list up to four policy numbers per company.

Applicant must sign and date on or before the application sign date.

ATTENTION CONSUMER: THIS NOTICE IS REQUIRED BY THE INSURANCE COMMISSIONER. PLEASE READ IT CAREFULLY BEFORE SIGNING. PLEASE USE THE BACK OF THIS FORM TO LIST ADDITIONAL COMPANIES.

Applicant's Signature _____	Date _____	Agent's Signature _____
Joint Applicant's Signature _____	Date _____	Print Agent's Name _____

Agent signature and printed name are required.

Complete the information below if the applicant is age 65 or older.

To Be Completed By the Agent:

- 1.) Will replacing the existing annuity require the applicant to pay a surrender charge or a contingent deferred sales charge (CDSC)? Yes No
- 2.) If yes, does the replacing annuity provide a substantial financial benefit over the life of the annuity? Yes No
- 3.) If yes, have you explained how replacing the existing annuity will provide a substantial financial benefit over the life of the new annuity. Yes No

I acknowledge that the above information is correct. I further acknowledge that I have only used advertising materials approved by the company and that I have only used materially accurate comparisons of the existing contract's premiums and benefits or dividends and values, if any.

Agent's Signature _____	Date _____
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If applicant is 65 or older, the agent must answer all questions in this section. Agent signature and date are also required.

To Be Completed By the Applicant and Joint Applicant:

I/we have read the agent's statement above and acknowledge that the annuity I/we am/are purchasing provides a substantial financial benefit over the life of the annuity.

Applicant's Signature _____	Date _____
Joint Applicant's Signature _____	Date _____

If applicant is 65 or older, their signature and date are required.

L2604113CA

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

In Home Meeting Disclosure for Applicants Age 65 and Older

CALIFORNIA

- Annuity Investors Life Insurance Company[®]
- Great American Life Insurance Company[®]

IN HOME MEETING DISCLOSURE FOR APPLICANTS AGE 65 AND OLDER

This form is only required if the visit was in the home of a client age 65 or older.

All information in this section must be completed.

Agent Name Printed (print name as it appears on your California insurance license)

License Number (If applicable)

Mailing Address (print address as it appears on your California insurance license)

Telephone Number

I am a licensed insurance agent. My purpose for coming to your home is to sell, discuss, and/or deliver one of the following [indicate all that apply]:

One of these boxes must be checked.

- Life insurance, including annuities
- Other insurance products (specify): _____

You have the right to have other persons present at the meeting, including family members, financial advisors or attorneys. You have the right to end the meeting at any time.

You have the right to contact the Department of Insurance for information, or to file a complaint.

CALIFORNIA DEPARTMENT OF INSURANCE

In California: (800) 927-HELP (4357)

Outside California: (213) 897-8921

TDD-Telecommunication Devices for the Deaf: (800) 482-4833

The following individuals will be coming to your home: ●

If no other agent or representative will be visiting the client's home, this section can be left blank.

1. _____
Name Printed Title
2. _____
Name Printed Title
3. _____
Name Printed Title
4. _____
Name Printed Title

Annuity Questionnaire for Applicant's Age 65 and Older

CALIFORNIA

This form is not required if the policy is owned by a Trust. In the case of Joint Owners, if one owner is age 65 or older, this form is required.

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

All questions on this form are required to be answered.

ANNUITY QUESTIONNAIRE FOR APPLICANT'S AGE 65 AND OLDER (Not required if owner is a trust.)

1. This annuity is being purchased to meet the following financial goals (please check all that apply):

- Create Immediate Income or Deferred Income for Self or Surviving Spouse
 Tax Deferral
 Capital Preservation
 IRA Planning
 Estate Planning
 Other (please specify): _____

"Yes" or "No" must be selected. If "Yes," 2A and 2B must be answered. If "No," questions 2A and 2B can be left blank.

2. Is your purpose in purchasing this annuity to affect Medi-Cal eligibility? Yes No

- a. If yes, do you otherwise qualify for Medi-Cal at this time? Yes No
b. If yes, are your assets less than or equal to the Community Spouse Resources allowance established annually by the State Department of Health Services pursuant to the Medi-Cal Act? Yes No

(If "Yes" the Notice Regarding Standards for Medi-Cal Eligibility must be fully completed.)

Question 3 must be answered.

3. I understand that the purchase of this annuity does not qualify me or my spouse for Medi-Cal. Yes No

Applicant's signature is required. If applicable, Joint Applicant's signature is also required.

Applicant's Signature

Applicant's SSN/EIN

Date

Applicant's Signature
(if joint owners)

Applicant's SSN/EIN
(if joint owners)

Date

Spouse's Signature

Witness' Signature, if any

Legal Representative's Signature, if any

Notice Regarding Standards for Medi-Cal Eligibility

CALIFORNIA

If "Yes" was answered to question 2 on the Senior Annuity Questionnaire (D6011313CA), this form is required to be submitted to the Home Office with the order ticket.

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

Administrative Address for Variable Annuity Products: P.O. Box 5423, Cincinnati, Ohio 45201-5423

Administrative Address for Fixed Annuity Products: P.O. Box 5420, Cincinnati, Ohio 45201-5420

NOTICE REGARDING STANDARDS FOR MEDI-CAL ELIGIBILITY

For Distribution by Insurers, Agents, and Brokers

IF YOU OR YOUR SPOUSE ARE CONSIDERING PURCHASING A FINANCIAL PRODUCT BASED ON ITS TREATMENT UNDER THE MEDI-CAL PROGRAM, READ THIS IMPORTANT MESSAGE!

You or your spouse do not have to use up all of your savings before applying for Medi-Cal.

Recovery

An annuity purchased on or after September 1, 2004, shall be subject to recovery by the state upon the annuitant's death under the regulations of the Medi-Cal Recovery Program. Income derived from the annuity must be used to meet the annuitant's share of costs and, if the annuitant is married, the income derived from the annuity may impact the minimum monthly maintenance needs of the annuitant's community spouse. An annuity purchased by a community spouse on or after September 1, 2004, may also be subject to recovery if that spouse is the recipient of past or future Medi-Cal benefits.

Unmarried Resident

An unmarried resident may be eligible for Medi-Cal benefits if he/she has less than \$2,000 in countable resources.

The Medi-Cal recipient is allowed to keep from his/her monthly income a personal allowance of \$35 plus the amount of any health insurance premiums paid. The remainder of the monthly income is paid to the nursing facility as a monthly share-of-cost.

Married Resident

Community spouse resource allowance: If one spouse lives in a nursing facility and the other spouse does not live in a facility, the Medi-Cal program will pay some or all of the nursing facility costs as long as the couple together does not have more than \$115,920.

Minimum monthly maintenance needs allowance: If a spouse is eligible for Medi-Cal payment of nursing facility costs, the spouse living at home is allowed to keep a monthly income of at least his/her individual monthly income, or \$2,898 in monthly income, whichever is greater.

Fair Hearings and Court Orders

Under certain circumstances, an at-home spouse can obtain an order from an administrative law judge or court that will allow the at-home spouse to retain additional resources or income. The order may allow the couple to retain more than \$115,920 in countable resources. The order also may allow the at-home spouse to retain more than \$2,898 in monthly income.

Real and Personal Property Exemptions

Many of your assets may already be exempt. Exempt means that the assets are not counted when determining eligibility for Medi-Cal.

Real Property Exemptions

- *One principal residence.* One property used as a home is exempt. The home will remain exempt in determining eligibility if the applicant intends to return home someday.

The home also continues to be exempt if the applicant's spouse or dependent relative continues to live in it.

Money received from the sale of a home can be exempt for up to six months if the money is going to be used for the purchase of another home.

- *Real property used in a business or trade.* Real estate used in a trade or business is exempt regardless of its equity value and whether it produces income.

Notice Regarding Standards for Medi-Cal Eligibility

CALIFORNIA

Personal Property and Other Exempt Assets

- *IRAs, KEOGHs, and other work-related pension plans.* These funds are exempt if the family member whose name it is in does not want Medi-Cal. If held in the name of a person who wants Medi-Cal, and payments of principal and interest are being received, the balance is considered unavailable and is not counted. It is not necessary to annuitize, convert to an annuity, or otherwise change the form of the assets in order for them to be unavailable.
- *Personal property used in a trade or business.*
- *One motor vehicle.*
- *Irrevocable burial trusts or irrevocable prepaid burial contracts.*
- *There may be other assets that may be exempt.*

This is only a brief description of the Medi-Cal eligibility rules. For more detailed information, you should call your county welfare department. Also, you are advised to contact a legal services program for seniors or an attorney that is not connected with the sale of this product.

Please note: If you seek Medi-Cal payment for nursing facility services, you may be ineligible for those services if payments from your annuity extend beyond your life expectancy based upon life expectancy tables adopted by the Department of Health Services for this purpose. To find out about these tables, you may contact your local county welfare department.

Finally, the Department of Health Services is currently refining its policy regarding the treatment of annuities when determining eligibility for nursing facility services. Any regulatory changes will only impact annuities that are purchased after the effective date of any regulatory amendments.

Different rules apply to annuities that are qualified retirement arrangements established pursuant to Title 26, Internal Revenue Code, Subtitle A, Chapter 1, Subchapter D, Part 1. In some circumstances, Medi-Cal does not count funds held in an IRA, Keogh, or other work-related retirement arrangement. To find out if Medi-Cal would count your IRA, Keogh, or work-related retirement arrangements, you may contact your local welfare department.

I have read the above notice and have received a copy.

Applicant and Agent signatures are required.

Applicant's Signature

Spouse's Signature

Applicant's Printed Name

Spouse's Printed Name

Agent's Signature

Legal Representative's Signature

Agent's Printed Name

Legal Representative's Printed Name

Date: _____

This form must be dated.

Replacement Notice

DELAWARE

Annuity Investors Life Insurance Company®

Great American Life Insurance Company®

NOTICE TO APPLICANT REGARDING REPLACEMENT OF LIFE INSURANCE

This is a point of sale form that must be signed and dated on or before the application sign date.

It is in your best interest to get all the facts before making a decision. Make sure you fully understand both the proposed new policy and your existing insurance. New policies may contain provisions which limit benefits during the initial period of the contract, in particular, the suicide and incontestable clauses.

To assist you in evaluating the proposed and the existing insurance, Delaware Insurance Regulation 30 requires that the insurer advising or recommending replacement:

“Provide the consumer not later than the date the policy or contract is delivered, a concise summary of the policy or contract to be issued.”

“Allow a twenty day period following the delivery of the policy during which time the consumer may surrender the new policy for a full refund.”

“Advise the present insurance company(s) of the pending replacement.”

This same regulation requires your present insurer to provide, on your request, a similar summary describing your present insurance. This information will be provided if you request it using the form below.

INFORMATION ON PRESENT POLICIES

Company Name	Policy #	Name of Insured	Summary Requested (Yes/No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If requesting a Summary, existing Insurer, policy number and name of Insured must be provided.

(continue on reverse as required)

IT IS SELDOM WISE TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT TO BE ACCEPTABLE.

I have read this notice and received a copy of it.

_____		_____
Applicant's Signature		Date
_____		_____
Joint Applicant's Signature		Date
_____		_____
Agent's Signature		Date
_____		_____
Agent's name and address (PRINTED)		Company name
_____		_____

Applicant and Joint Applicant, if applicable, must sign and date on or before the application sign date.

Agent must provide printed name and address.

It is acceptable to list Great American Life or Annuity Investors Life here.

L2604713DE

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

Replacement Notice

DISTRICT OF COLUMBIA, MICHIGAN & NORTH DAKOTA

Annuity Investors Life Insurance Company®

Great American Life Insurance Company®

NOTICE REGARDING REPLACEMENT

REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one - or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. Then consider the pros and cons before you decide. This way you can be sure you are making a decision that is in your best interest.

Applicant must sign and date on or before the application sign date.

Applicant's Signature

Date

Agent must sign and date on or before the application sign date.

Joint Applicant's Signature

Date

Agent's Signature

Date

For use in the following states: District of Columbia, Michigan and North Dakota

L2604013NW

(Rev.08/2013)

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

Replacement Notice

FLORIDA

This is a point of sale form that must be signed and dated on or before the application sign date.

Notice to Applicant Regarding Replacement of Life Insurance and/or Annuities

Annuity Investors Life Insurance Company®
Fixed Business:
P.O. Box 5420
Cincinnati, Ohio 45201-5420
(800) 854-3649

Great American Life Insurance Company®
P.O. Box 5420
Cincinnati, Ohio 45201-5420
(800) 854-3649

Annuity Investors Life Insurance Company®
Variable Business:
P.O. Box 5423
Cincinnati, Ohio 45201-5423
(800) 789-6771

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate box below.

Yes No

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

I have read this notice and received a copy of it.

Applicant's Signature	Date
Joint Applicant's Signature	Date
Agent's Signature	Date
Agent's Name (Printed or Typed)	
Agent's Address (Printed or Typed)	
Agent's Company (Printed or Typed)	

Information on Policies which may be replaced:

Company Name	Policy Number	Name of Insured

L2604813FL

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

If yes, form L2605213FL will need to be submitted.

The Applicant and Joint Applicant, if applicable, must sign and date.

Name of the existing company, policy number and name of the Insured must be provided.


The Applicant must provide his or her initials. A check mark or x is not acceptable.

Disclosure and Comparison of Annuity Contracts

FLORIDA

All fields on this form are required to be completed. If the answer is unavailable, not applicable or unknown, it must be indicated in the space provided.

Must list name(s) of Annuitant(s), name of existing Insurer and existing Contract Number.



DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

Please check the appropriate Company:

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

EXISTING ANNUITY CONTRACT

Annuitant(s) _____

Insurer _____

Contract # _____

PROPOSED ANNUITY CONTRACT

Annuitant(s) _____

Insurer _____

Contract # _____

These fields are required. For Insurer, "GALIC" or "AILIC" is acceptable.

	EXISTING ANNUITY CONTRACT			REPLACEMENT ANNUITY			
	Mo	Day	Yr	Mo	Day	Yr	(Est)
Contract Issue Date							
Generic Contract Type							
Marketing Name							
Initial Premium							
Source of Initial Premium				N/A			
Qualified Contract?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Annuitant Maturity Date							
Death Benefit Amount							
Change of Annuitant upon Death Available?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Surrender Charge Period in Years							
First Year Surrender Charge Percentage Rate	%			%			
Surrender Charge Schedule for Remaining Years							
Free Withdrawals Available?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Annual Free Withdrawal Percentage Rate	%			%			
Waiver of Surrender Charge Benefit or Similar Benefit?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Minimum Guaranteed Interest Rate	%			%			
Market Value Adjustment	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Asset Fees							
Initial Bonus Percentage or Amount							
Potential Loss of Bonus if Exchanged?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Limits and Exclusions for Bonuses that may be Payable							
Interest Rate Cap							
Participation Rate							
Index Type							
Administrative Fees or Margins							
(List limitations, requirements, exclusions of the benefit)							
Other:							

List the contract type (ex: Fixed, FIA or Variable).

List the product name.

List the date on which the client turns 95.

Answers in this section are required and depend on the selected product.

The Applicant, and Joint Applicant, if applicable, must sign on or before the date on which the application was signed.

Applicant's Signature _____ / _____
Date

L6028409FL

Joint Applicant's Signature _____ / _____
Date

Disclosure and Comparison of Annuity Contracts

FLORIDA

DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

DISCLOSURE OF SURRENDER CHARGES IF EXISTING ANNUITY IS REPLACED OR EXCHANGED

EXISTING ANNUITY CONTRACT NO. _____

Annuity Total Valueⁱ \$ _____ Annuity Surrender Valueⁱⁱ \$ _____

Surrender Chargesⁱⁱⁱ Applicable at exchange \$ _____ ~ this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of ____/____/____.

ACKNOWLEDGEMENTS AND SIGNATURES

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

Agent's Name (please print) _____ Florida License No. _____

Agent's Signature _____ Date Signed _____

NOTE: NO QUESTIONS OR RESPONSE AREAS ARE TO BE LEFT BLANK WHEN OFFERED TO THE ANNUITANT AND/OR APPLICANT FOR SIGNATURE. IF ANY INFORMATION REQUESTED IS UNAVAILABLE, NOT APPLICABLE OR UNKNOWN, THE INSURANCE AGENT OR INSURER MUST INDICATE THAT.

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

APPLICANT: DO NOT SIGN THIS FORM IF:

1. ANY ITEM HAS BEEN LEFT BLANK;
2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED; OR
3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

Applicant's Name (please print) _____ Date Signed _____

Applicant's Signature _____

Joint Applicant's Name (please print) _____ Date Signed _____

Joint Applicant's Signature _____

The Total Value should be the amount of the transfer.

Please list policy number or client's social security number.

List amount or state "Unknown".

An amount should be listed.

Printed name and Florida license number are required.

Agent signature date should match the signature date of the Applicant, and should be on or before the application sign date.

The Applicant must sign on or before the date on which the application was signed.

Joint Applicant signature date can differ from the signature date of the applicant.

Disclosure and Comparison of Annuity Contracts

FLORIDA

DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

EXPLANATION OF TERMS

“**Administrative Fees or Margins**” are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

“**Annual Free Withdrawal Percentage Rate**” is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

“**Annuity Maturity Date**” is the final date of termination of the contract at which time the proceeds of the contract must be paid out.

“**Asset Fees**” are the fees the insurer charges that are a percentage of the value of the annuity contract.

“**Change of Annuitant upon Death**” is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

“**Death Benefit Amount**” is the net amount that would be paid to the annuitant’s designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

“**Free Withdrawals**” are the withdrawals that may be taken from an annuity’s values that are not subject to surrender or other charges and are a provision of the annuity contract.

“**Generic Contract Type**” is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA) and Single Premium Deferred Annuity (SPDA).

“**Index Type**” is the financial measurement used by the insurer to make certain calculations within an annuity contract. Examples of such indices include Standard and Poor’s 500 and the Russell 2000.

“**Initial Bonus Percentage or Amount**” is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.

“**Initial Surrender Charge Percentage Rate**” is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

The Applicant, and Joint Applicant, if applicable, must sign on or before the date on which the application was signed.

Applicant should sign and date all pages on the same date. Joint applicant's signature date may vary from the applicant's signature date.

Applicant’s Signature

Date

Joint Applicant’s Signature

Date

L6028409FL

Page 3 of 4

(10/2013)

Disclosure and Comparison of Annuity Contracts

FLORIDA

DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

EXPLANATION OF TERMS (CONTINUED)

“**Interest Rate Cap**” is the maximum interest earnings that will be credited to the annuity contract.

“**Market Value Adjustment**” is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

“**Marketing Name**” is the name adopted by the insurer to identify the contract form.

“**Minimum Guaranteed Interest Rate**” is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

“**Participation Rate**” is the percentage of the increase or return of the underlying stock market index that will be used to calculate the return.

“**Potential Loss of Bonus if Exchanged**” refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

“**Qualified Contract**” means a product used to fund any type of pension plan approved by the Internal Revenue Service.

“**Surrender Charge**” is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

“**Surrender Charge Percentage Schedule for Remaining Years**” the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the “free withdrawal” limit.

“**Surrender Charge Period**” is the number of annuity contract years a surrender charge may be applicable.

“**Waiver of Surrender Charge Benefit or Similar Benefit or Provision**” is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

The Applicant, and Joint Applicant, if applicable, must sign on or before the date on which the application was signed.

Applicant should sign and date all pages on the same date. Joint applicant's signature date may vary from the applicant's signature date.

Applicant's Signature

Date

Joint Applicant's Signature

Date

ⁱThis amount represents the current value of the existing annuity, less any withdrawals or other deductions.

ⁱⁱThis amount represents the surrender value of the existing annuity.

ⁱⁱⁱSurrender charges or fees that will be deducted from #1 if you exchange or otherwise terminate your existing annuity.

Signature Page for Disclosure Document

IDAHO

This is a point of sale form and is required for all Idaho sales. The producer must also provide all pages of the applicable product's disclosure form.

- Annuity Investors Life Insurance Company*[®]
- Great American Life Insurance Company*[®]



Signature Page for Idaho Disclosure Document

The State of Idaho requires that the Disclosure Document be dated and signed by the prospective annuity owner and producer. The issuing company must maintain a signed copy 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 _____ City _____ State _____ Zip _____

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 on the following date _____

Mailed to the owner on the following date _____

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 _____

This section is required. If there is a Joint Owner, their information must also be provided.

One of these boxes must be checked, and the appropriate date provided, or the paperwork will be considered not in good order.

Producer must sign and date on or before the application sign date.

Owner must sign and date on or before the application sign date.

Replacement Notice

IDAHO

Annuity Investors Life Insurance Company®

Great American Life Insurance Company®

NOTICE REGARDING REPLACEMENT REPLACING YOUR LIFE INSURANCE POLICY OR ANNUITY?

Are you thinking about buying a new life insurance policy or annuity and discontinuing or changing an existing one? If you are, your decision could be a good one — or a mistake. You will not know for sure unless you make a careful comparison of your existing benefits and the proposed benefits.

Make sure you understand the facts. You should ask for the advice of the company or agent that sold you your existing policy and give you information concerning any proposed replacement.

As a general rule, there are disadvantages to dropping your existing life insurance or annuities. Hear both sides before you decide. That way you can be sure you are making a decision that is in your best interest.

Idaho law requires your existing company be notified that you may be replacing their policy.

In this section, you can list up to four separate transfer companies, with up to four policy numbers per company.

Company name is required. Company address is requested.

COMPANY(IES) TO NOTIFY		COMPANY(IES) TO NOTIFY	
COMPANY NAME _____	COMPANY NAME _____	ADDRESS _____	ADDRESS _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
POLICY/CONTRACT NOS _____ _____	POLICY/CONTRACT NOS _____ _____	POLICY/CONTRACT NOS _____ _____	POLICY/CONTRACT NOS _____ _____
COMPANY NAME _____	COMPANY NAME _____	ADDRESS _____	ADDRESS _____
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____
POLICY/CONTRACT NOS _____ _____	POLICY/CONTRACT NOS _____ _____	POLICY/CONTRACT NOS _____ _____	POLICY/CONTRACT NOS _____ _____

Applicant and Agent signature are required. If there is a Joint Applicant, their signature is also required.

Applicant's Signature

Joint Applicant's Signature (if applicable)

Agent's Signature

Date

Date

Date

Must be dated on or before the application sign date.

L2604113ID

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

Replacement Notice

INDIANA

Annuity Investors Life Insurance Company®

Great American Life Insurance Company®

IMPORTANT NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE

If you are thinking about DISCONTINUING or CHANGING an existing life insurance policy or annuity contract and BUYING a replacement, your decision could be a good one – or possibly a mistake. Make sure that you understand the facts. You should:

- Make a careful comparison of your existing policy and the proposed policy.
- Ask the company or agent that sold you your existing policy to provide you with complete information about it.
- Consider both sides before you decide.
- Determine what you want your insurance program to do.
- Consider your present health. You may have had a change which could affect your insurability, so make sure to continue your present policy until a new policy is delivered to you and accepted by you.

This form MUST be completed in triplicate and the original given to you by the agent proposing replacement no later than at the time you apply for the new policy. (This form must be completed and given to you even though the proposed replacement policy is with the same company that sold you your existing policy.)

EXISTING POLICY INFORMATION on _____

COMPANY	TYPE OF POLICY*	POLICY NO.	DATE OF ISSUE	FACE AMOUNT OF BASIC POLICY	TYPE OF OPTIONAL BENEFITS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(If more policies are involved, use additional sets of forms)

PROPOSED POLICY INFORMATION on _____

COMPANY	TYPE OF POLICY*	FACE AMOUNT OF BASIC POLICY	TYPE OF OPTIONAL BENEFITS
_____	_____	_____	_____
_____	_____	_____	_____

Indiana Department of Insurance Regulation, 760 IAC 1-16.1 requires that the company making the replacement notify your existing insurance company that you may be replacing your existing policy. (You have the right, within twenty days after delivery of a replacement policy, to return it to the company and to claim an unconditional refund of all premiums paid on it.)

Applicant's/Insured's Signature _____
 Date _____
 Joint Applicant's/Insured's Signature _____
 Date _____

Replacing Agent's Signature _____
 Address _____
 Telephone _____
 Indiana License Number _____

*As shown on face of policy

L2605513IN

If there is a Joint Applicant, signature is required.

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

These fields are required.

List Annuity Investors Life Insurance Company (AILIC) or Great American Life Insurance Company (GALIC).

List Fixed, Fixed-Indexed or Variable as shown on face of policy.

Must be dated on or before the application sign date.

Name of annuitant must be listed.

These fields are required, but "unknown" is an acceptable answer.

Name of annuitant must be listed.

If electing an optional rider, list the name of the rider here.

List amount of transfer.

These signature fields are required.

These fields are required.

Single Premium Deferred Annuity Disclosure Form

KANSAS



P.O. Box 5420, Cincinnati, Ohio 45201-5420

SINGLE PREMIUM DEFERRED ANNUITY DISCLOSURE FORM

IMPORTANT: READ THIS FORM CAREFULLY BEFORE BUYING THIS ANNUITY.

1. A Single Premium Deferred Annuity (SPDA) is an insurance product which, under current Federal tax laws, allows the buyer to accrue interest for a period of years without having to pay taxes on the interest until he or she cashes the annuity or arranges to receive regular payments.
2. No annuity is "risk free" or "guaranteed safe" and should not be described as such. An annuity is only as sound as the stability of the issuing insurance company.
3. From the beginning of this annuity contract, the insurance company guarantees an interest rate of _____ % for a period of _____ month(s) or _____ ALL year(s).

(Selling agent must fill in all blanks if applicable; if not applicable, write "N/A".)

Subsequent interest guarantees are as follows:

N/A _____

4. Early cash surrender of this annuity **may** result in a penalty being charged.
5. This form **must be completed** at the time the application for the SPDA is taken and **must be attached** to the application.

COMPANY NAME Great American Life Insurance Company DATE _____
BUYER'S SIGNATURE _____ DATE _____
SELLING AGENT'S SIGNATURE _____ DATE _____

The first year interest rate must be listed. This can include a non-contractual interest bonus, or the guaranteed minimum. The amount listed cannot be greater than what is to be paid.

Buyer and Agent are required to sign and date the form on or before the application sign date.

Agent may date on behalf of the company and should provide the date on which the form was signed.

Replacement Notice

MAINE

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 answered.

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 application 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:

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 _____

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

Agent must sign and date the form on or after the date on which the Applicant signs. If the case involves a replacement, the agent must also print their name.

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

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

L2600613ME

Replacement Notice

MAINE

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?

Notice to Applicant

MASSACHUSETTS

This form is required for all sales in Massachusetts, and must be signed and dated on or before the application sign date.

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

NOTICE TO APPLICANT FOR AN ANNUITY INSURANCE INFORMATION PRACTICES

In an effort to provide you with the best possible customer service, we at Great American Life Insurance Company and Annuity Investors Life Insurance Company would like to provide you with this required notice concerning our insurance information practices.

The personal information that we collect about you and the annuitant, if you are not the annuitant, consists of the information you supply to us in the application, request form, order ticket or similar form and in any other forms that you may be asked to complete. We do not collect personal information about you from other persons.

Our general policy is that information in your file is highly confidential. We will provide others with this information only if we are required to do so or if it is necessary to provide a service to you. As a result, we reserve the right to provide information in your file, without your authorization, to other persons, including those who perform a function for us, claims investigators, other insurers, agents, companies that collect insurance information, persons who conduct scientific studies and our affiliates.

Depending on the recipient of the information and the purpose for the disclosure, we may, if necessary, disclose any or all of the personal information that we collect and retain about you.

You have the right to access the information in your file. You may also attempt to correct information in your file which you believe is incorrect. If you would like access to this information or wish to change incorrect information, you must notify us in writing at the address below. At that point we will give you further instructions on how to access or change this information. Upon your request, we will also provide you with more information regarding the disclosure of the information in your file.

Address for Requests:

**GREAT AMERICAN LIFE INSURANCE COMPANY
ANNUITY INVESTORS LIFE INSURANCE COMPANY (Fixed)
Policyowner Service Department
P.O. Box 5420
Cincinnati, Ohio 45201-5420
1-800-854-3649**

**ANNUITY INVESTORS LIFE INSURANCE COMPANY (Variable)
Policyowner Service Department
P.O. Box 5423
Cincinnati, Ohio 45201-5423
1-800-769-6771**

If you have any questions or concerns regarding other matters, please do not hesitate to contact our Policyowner Service Department at our toll free number, 1-800-854-3649 or 1-800-769-6771. We will be more than happy to assist you.

Owner and Joint Owner, if applicable, are required to sign and date.

Owner's Signature

Date

Print Owner's Name

Joint Owner's Signature (if applicable)

Date

Print Joint Owner's Name (if applicable)

Important Notice Required by the Commissioner of Insurance MASSACHUSETTS

Annuity Investors Life Insurance Company®

Great American Life Insurance Company®

This is a point of sale form that must be signed and dated on or before the application sign date.

IMPORTANT NOTICE REQUIRED BY THE COMMISSIONER OF INSURANCE

READ CAREFULLY BEFORE PROCEEDING

This notice is required by the Commissioner of Insurance because you have indicated that you are buying a new life insurance policy or annuity and discontinuing or changing an existing one. Such a decision could be a good one or a mistake. You will not know for sure until you make a careful comparison of your existing policy and the proposed replacement policy. Premiums alone are not determinative of low cost. Take the time to obtain and understand the facts.

We are required by law to notify your existing company that you may be replacing their policy.

Consider both sides before you decide. This way you can be sure you are making a decision that is in your best interest.

CASH VALUE INSURANCE:

To make a comparison of cash values policies (policies with loan or surrender values in addition to death protection), consideration must be given to each policy's cash values, premiums, coverage amounts and dividends, if any, over the life of the policy.

To simplify this task, you may wish to request from your existing insurance company and the company issuing the replacement policy yield index figures for 5, 10 and 20 years. The yield index is a percentage that represents an estimate of the interest rate the insurer projects you will earn on the savings portion of the cash value policy. The policy with the higher yield index will generally be the better buy.

The Yield Index Committee of the National Association of Insurance Commissioners in 1986 devised a method for calculating a yield index. In order to request this yield index information, merely check the box below and your request will be forwarded to both insurance companies.

You can also compare the cash values and/or surrender values listed in the replacing company's policy summary for the first five policy years with those in your current policy for the next five years. Low cash values or surrender values in early policy years are often the result of high expenses associated with issuing a new policy. If the replacement policy has low values in its early years, it will usually take longer for it to provide you with benefits that equal or exceed the benefits of your existing policy. In some cases, the replacement policy may never provide benefits equal to those in your present policy.

TERM INSURANCE:

If you are replacing your present insurance policy with term insurance (policies that provide death protection only), it makes sense to shop for a low cost policy. Costs for term insurance vary widely and substantial savings may be realized by comparison shopping. Premiums alone are not always determinative of low cost since some policies pay dividends and others do not. You may wish to request interest-adjusted cost indices for 5, 10 and 20 years from several insurance companies including your existing insurer to help you compare term insurance premiums. The policy with the lower index numbers is usually the better buy.

Please list below the identification of the policies which are involved in the replacement. Your existing insurer will be notified that you may be replacing their policy.

Check box to request yield indices for cash value policies

Applicant and Joint Applicant, if applicable, are required to sign and date.

Agent is required to sign.

Applicant's Signature

Date

Agent's Signature

Joint Applicant's Signature

Date

Name of existing insurer and contract number should be provided.

Company/Contract No.

Company/Contract No.

Company/Contract No.

L2605613MA

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

Replacement Notice

MINNESOTA

IMPORTANT NOTICE

DEFINITION

REPLACEMENT IS any transaction where, in connection with the purchase of New Insurance or a New Annuity, you LAPSE, SURRENDER, CONVERT to Paid-up Insurance, Place on Extended Term or BORROW all or part of the policy loan values on an existing insurance policy or an annuity. **See reverse side for DEFINITIONS.**

IF YOU INTEND TO REPLACE COVERAGE

In connection with the purchase of this insurance or annuity, if you have REPLACED or intend to REPLACE your present life insurance coverage or annuity(ies), you should be certain that you understand all the relevant factors involved.

You should BE AWARE that you may be required to provide **EVIDENCE OF INSURABILITY** and

- 1) If your HEALTH condition has CHANGED since the application was taken on your present policies, you may be required to pay ADDITIONAL PREMIUMS under the NEW POLICY, or be DENIED coverage.
- 2) Your present occupation or activities **may not be covered or could require additional premiums.**
- 3) The INCONTESTABLE and SUICIDE CLAUSE will begin anew in a new policy. This could RESULT in a **CLAIM under the new policy BEING DENIED** that would otherwise have been paid.
- 4) Current law DOES NOT REQUIRE your present insurer(s) to REFUND any premiums.
- 5) It is to your advantage to OBTAIN INFORMATION regarding your existing policies or annuity contracts **from the insurer or agent from whom you purchased the policy or annuity contract.**

If you are purchasing an annuity, clauses (1), (2) and (3) above would not apply to the new annuity contract.

THE INSURANCE OR ANNUITY(IES) I INTEND TO PURCHASE FROM:

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

MAY REPLACE OR ALTER EXISTING LIFE INSURANCE POLICY(IES) OR ANNUITY CONTRACT(S).

The following policy(ies) or annuity contract(s) may be replaced as a result of this transaction:

Insurer as it appears on this policy or contract	Insured as it appears on this policy or contract	Policy or Contract Number	Insured Birthdate

This section must be fully completed.

List the amount of the transfer.

The proposed policy or contract is:

Type of policy or contract – generic name

\$ _____

Face Amount

List the type of policy (Fixed, FIA, SPIA or VA).

Signature of Applicant

Date

Signature of Joint Applicant

Date

Applicant and Joint Applicant, if applicable, must sign and date on or before the application sign date. Address information must also be completed.

Address of Applicant

Address of Joint Applicant

City

State

City

State

Printed name of Applicant is required.

I certify that this form was given to and completed by

(Applicant - Please print or type)

and _____
(Joint Applicant – Please print or type)

prior to taking an application and that I am leaving a signed copy for the applicant.

Agent's Signature

Date

Agent must sign and date on or before the application sign date. Address information must also be completed.

Address

City

State

Zip

L2604413MN

(NOTE IMPORTANT STATEMENT ON THE NEXT PAGE)

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

Replacement Notice

MINNESOTA

DEFINITIONS

PREMIUMS:

Premiums are the payments you make in exchange for an insurance policy or annuity contract. They are unlike deposits in a savings or investment program, because if you drop the policy or contract, you might get back less than you paid in.

CASH SURRENDER VALUE:

This is the amount of money you can get in cash if you surrender your life insurance policy or annuity. If there is a policy loan, the cash surrender value is the difference between the cash value printed in the policy and the loan value. Not all policies have cash surrender values.

LAPSE:

A life insurance policy may lapse when you do not pay the premiums within the grace period. If you had a cash surrender value, the insurer might change your policy to as much extended term insurance or paid-up insurance as the cash surrender value will buy. Sometimes the policy lets the insurer borrow from the cash surrender value to pay the premiums.

SURRENDER:

You surrender a life insurance policy when you either let it lapse or tell the company you want to drop it. Whenever a policy has a cash surrender value, you can get it in cash if you return the policy to the company with a written request. Most insurers will also let you exchange the cash value of the policy for paid-up or extended term insurance.

CONVERT TO PAID-UP INSURANCE:

This means you use your cash surrender value to change your insurance to a paid-up policy with the same insurer. The death benefit generally will be lower than under the old policy, but you will not have to pay any more premiums.

PLACE ON EXTENDED TERM:

This means you use your cash surrender value to change your insurance to term insurance with the same insurer. In this case, the net death benefit will be the same as before. However, you will only be covered for a specified period of time stated in the policy.

BORROW POLICY LOAN VALUES:

If your life insurance policy has a cash surrender value, you can almost always borrow all or part of it from the insurer. Interest will be charged according to the terms of the policy, and if the loan with unpaid interest ever exceeds the cash surrender value, your policy will be surrendered. If you die, the amount of the loan and any unpaid interest due will be subtracted from the death benefits.

EVIDENCE OF INSURABILITY:

This means proof that you are an acceptable risk. You have to meet the insurer's standards regarding age, health, occupation, etc., to be eligible for coverage.

INCONTESTABLE CLAUSE:

This says that after two years, depending on the policy or insurer, the life insurer will not resist a claim because you made a false or incomplete statement when you applied for the policy. For the early years, though, if there are wrong answers on the application and the insurer finds out about them, the insurer can deny a claim as if the policy had never existed.

SUICIDE CLAUSE:

This says that if you commit suicide after being insured for less than two years, depending on the policy and insurer, your beneficiaries will receive only a refund of the premiums that were paid.

Acknowledgement for Disclosure Document

MINNESOTA

This is a point of sale form that must be signed and dated on or before the application sign date.

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



Acknowledgment for Minnesota Disclosure Document

The State of Minnesota requires that the prospective annuity owner and producer sign an acknowledgment in connection with the Disclosure Document.

Instructions:

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

This section must be completed. If there is a Joint Owner, their name must be provided.

Owner information

Owner _____	Joint owner _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

One of these boxes must be checked, and date must be provided on the appropriate line.

Producer signature

I certify that I presented the Disclosure Document for the product listed below to the owner and have provided the owner with a copy. I also certify that (1) I have not made statements to the owner which differ in any significant manner from that Disclosure Document and (2) I have not made any promises or guarantees to the owner about the future value of any nonguaranteed elements of the product.

Product name _____

Delivered in person on the following date _____

Mailed to the owner on the following date _____

Agent is required to provide printed name, signature and date.

Print name _____

Signature _____ Date _____

Owner and Joint Owner, if applicable, are required to sign and date.

Owner signature

I have received a copy of the Disclosure Document for the product identified above. I understand that any values shown, other than guaranteed minimum values, are not guarantees, promises or warranties.

Print name _____

Signature _____ Date _____

Print name (Joint Owner) _____

Signature (Joint Owner) _____ Date _____

Replacement Notice

OKLAHOMA

Annuity Investors Life Insurance Company®

Great American Life Insurance Company®

NOTICE TO APPLICANTS REGARDING REPLACEMENT OF LIFE INSURANCE AND ANNUITIES

THIS NOTICE IS FOR YOUR BENEFIT AND IS REQUIRED BY LAW

1. If you are urged to purchase life insurance or an annuity and to surrender, lapse or in other way change the status of your existing life insurance or annuity, the agent is required to give you this notice.

2. It may not be advantageous to drop or change existing life insurance in favor of new life insurance, whether issued by the same or a different insurance company. Some of the disadvantages are:

- (a) The amount of the annual premium under an existing policy may be lower than that under a new policy having the same or similar benefits.
- (b) Generally, the initial costs of life insurance policies are charged against the cash value increases in the earlier policy years, the replacement of an old policy could result in the policyholder sustaining the burden of these costs twice.
- (c) **THE INCONTESTABLE AND SUICIDE CLAUSES BEGIN ANEW IN A NEW POLICY. THIS COULD RESULT IN A CLAIM UNDER A NEW POLICY BEING DENIED BY THE COMPANY WHICH WOULD HAVE BEEN PAID UNDER THE OLD POLICY.**
- (d) Existing policies may have more favorable provisions than new policies in such areas as settlement options and disability benefits.
- (e) An existing policy may have a reserve value in addition to any cash value which may be of some benefit to the insured.
- (f) The insurance company carrying your current insurance policy can often make a desired change on terms which would be more favorable than if existing insurance is replaced with new insurance.

3. It may not be advantageous to change an existing policy to reduced paid-up or extended term insurance or to borrow against its loan value beyond your expected ability or intention to repay in order to obtain funds for premiums on a new policy.

4. There may be a situation in which a replacement policy is advantageous. You may want to receive the comments of the present insurance company before deciding this important financial matter.

I hereby acknowledge that I received the above "Notice to Applicants Regarding Replacement of Life Insurance and Annuities" before I signed the application for the proposed new insurance.

Date

Signature of Applicant

Date

Signature of Joint Applicant

Applicant and Joint Applicant, if applicable, must sign and date on or before the application sign date. Address information must also be completed.

L2605713OK

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

Replacement Notice

OKLAHOMA

DEFINITIONS

Premiums: Premiums are the payments you make on the insurance or annuity contract. They are unlike deposits in a savings or investment program, because if you drop the policy, you might get back less than you paid in.

Cash Surrender Value: This is the amount of money you can get if you surrender your life insurance policy or annuity. If there is a policy loan, the cash surrender value is the difference between the cash value printed in the policy and the loan value. Not all policies have cash surrender value.

Lapse: A life insurance policy may lapse when you don't pay the premiums within the grace period. If you had a cash surrender value, the insurer might change your policy to as much extended term insurance or paid-up insurance as the surrender value will buy. Sometimes the policy lets the insurer borrow from the cash surrender value to pay the premiums.

Surrender: You surrender a life insurance policy when you either let it lapse or tell the company you want to drop it. Whenever a policy has a cash surrender value, you can get it in cash if you return the policy to the company for a specified period of time.

Borrow Policy Loan Values: If your life insurance policy has a cash surrender value, you can almost always borrow all or part of it from the insurer. Interest will be charged according to the terms of the policy, and if the loan with unpaid interest ever exceeds the cash surrender value, the policy will be terminated. If you die, the amount of the loan and any unpaid interest due will be subtracted from the death benefits.

Evidence of Insurability: This means proof that you are an acceptable risk. You have to meet the insurer's standards regarding age, health, occupation, etc. to be eligible for coverage.

Incontestable Clause: This says that after two years the life insurer will not resist a claim because you made a false or incomplete statement when you applied for the policy. For the first two years, though, if there are wrong answers on the application and the insurer finds about them, it can deny a claim as if the policy never existed.

Suicide Clause: This says that if you commit suicide after being insured for less than one year, your beneficiaries will receive only a refund of the premiums that were paid.

Replacement Notice

OKLAHOMA

Annuity Investors Life Insurance Company®

Great American Life Insurance Company®

STATEMENT BY APPLICANT REGARDING NOTIFICATION OF REPLACEMENT TO THE REPLACED INSURER

I have read the "NOTICE TO APPLICANTS REGARDING REPLACEMENT OF LIFE INSURANCE OR AN ANNUITY" which was furnished to me by the agent taking my application for this policy.

(Applicant: Please sign ONE of the following statements.)

Question 1 or 2 must be answered and signed on or before the application sign date. If question 2 is completed, do not send form L2605701OK.

1. I want to have my present insurer(s) notified regarding this transaction.

Date

Signature of Applicant*

Date

Signature of Applicant*

2. I do not want to have my present insurer(s) notified regarding this transaction.

Date

Signature of Applicant*

Date

Signature of Applicant*

*This must be the insured unless someone other than the insured is the owner of the policy. If such is the case, the owner must sign. If the insured is under age 18, the parent is deemed to be the owner.

Certification by the agent:

I hereby certify that nothing was said or done during the sales presentation to influence the applicant's decision regarding this statement.

(Check box if applicable). The applicant has declined to sign the above statement.

Date

Signature of Agent

If Applicant refuses to sign above, this box must be checked, and agent must provide signature and date.

REPLACEMENT INFORMATION (PLEASE PRINT)

APPLICANT'S NAME:	POLICY TO BE REPLACED:
JOINT APPLICANT'S NAME:	No. _____
PROPOSED INSURED'S NAME:	INSURER _____

List name of Applicant, Joint Applicant, if applicable, and name of the Annuitant.

Provide existing policy number and name of existing insurer.

L2605813OK

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

Replacement Notice

PENNSYLVANIA

Annuity Investors Life Insurance Company®

Fixed Business:

P.O. Box 5420
Cincinnati, Ohio 45201-5420
(800) 854-3649

Great American Life Insurance Company®

P.O. Box 5420
Cincinnati, Ohio 45201-5420
(800) 854-3649

Annuity Investors Life Insurance Company®

Variable Business:

P.O. Box 5423
Cincinnati, Ohio 45201-5423
(800) 789-6771

NOTICE REGARDING REPLACEMENT OF LIFE INSURANCE AND ANNUITIES

You have indicated that you intend to replace existing life insurance or annuity coverage in connection with the purchase of our life insurance or annuity policy. As a result, we are required to send you this notice. Please read it carefully.

Whether it is to your advantage to replace your existing insurance or annuity coverage, only you can decide. It is in your best interest; however, to have adequate information before a decision to replace your present coverage becomes final so that you may understand the essential features of the proposed policy and your existing insurance or annuity coverage.

You may want to contact your existing life insurance or annuity company or its agent for additional information and advice or discuss your purchase with other advisors. Your existing company will provide this information to you. The information you receive should be of value to you in reaching a final decision.

If either proposed coverage or the existing coverage you intend to replace is participating, you should be aware that dividends may materially reduce the cost of insurance and are an important factor to consider. Dividends, however, are not guaranteed.

You should also recognize that a policy which has been in existence for a period of time may have certain advantages to you over a new policy. If the policy coverages are basically similar, the premiums for a new policy may be higher because rates increase as your age increases. Under your existing policy, the period of time during which the issuing company could deny coverage for death caused by suicide, may have expired or may expire earlier than it will under the proposed policy. Your existing coverage may have options which are not available under the coverage being proposed to you or may not come into effect under the proposed policy until a later time in your life. Also your proposed policy's cash values and dividends, if any, may grow slower initially because the company will incur the cost of issuing your new policy. On the other hand, the proposed policy may offer advantages which are more important to you.

If you are considering borrowing against your existing policy to pay premiums on the proposed policy, you should understand that in the event of your death, the amount of any unpaid loan, including unpaid interest, will be deducted from the benefits of your existing policy thereby reducing your total insurance coverage.

After we have issued your policy, you will have 20 days from the date the new policy is received by you to notify us you are canceling the policy issued on your application and you will receive back all payments you made to us.

You are urged not to take action to terminate or alter your existing life insurance or annuity coverage until you have been issued the new policy, examined it and have found it acceptable to you.

Existing Insurer Name	Insured (as it appears on the existing policy or contract)	Policy or Contract Number

This section must be fully completed.

I have received and read a copy of this replacement notice.

(Applicant Signature) _____ Dated: _____

(Joint Applicant Signature) _____ Dated: _____

Agent's Signature _____ Dated: _____

Applicant, Joint Applicant, if applicable, and Agent must sign and date on or before the application sign date.

L2604513PA

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

Replacement Notice

WYOMING

This is a point of sale form that must be signed and dated on or before the application sign date. Both pages are required to be returned to the Home Office.

Annuity Investors Life Insurance Company®

Great American Life Insurance Company®

REPLACEMENT NOTICE ASK QUESTIONS – IT'S YOUR MONEY -- GET THE FACTS

Whether it is to your advantage to replace or change your existing insurance or annuity program, only you can decide. It is in your best interest to obtain adequate information in order to compare relatively short and long range costs and benefits before a final decision is made.

The producer or insurance company assisting you with this new purchase must notify your existing producer or company so that they may prepare a detailed, current statement concerning your existing program for your comparison. Statements and illustration should not, however, be used as a sole basis to compare policies or contracts. We want you to understand the effects of replacements before you make your purchase decision and ask that you review the statements listed under "Items to Consider."

EXISTING INSURANCE WHICH MAY BE REPLACED OR CHANGED

Full Name of Insurance Company Including Home Office Location	Policy or Contract Number ¹	Insured

List name of existing Insurance Company, Policy or Contract number and name of the Insured.

¹If a number has not been assigned by the existing insurer, indicate alternative identification, such as an application or receipt number.

This information must be provided.

Surrender Charge of Policy Being Replaced _____ % and \$ _____

Sales Charge of Policy Being Purchased (if applicable) \$ _____

If unknown, "N/A" or "unknown" can be provided.

Refer to applicable product guide for this information.

New Surrender Period and Surrender Charges of Policy Being Purchased:

YEARS										
% CHARGE										
YEARS										
% CHARGE										

ITEMS TO CONSIDER

1. Due to a possible change in insurability status (health, occupation or high risk recreational activities) you might be denied new coverage, or the premium may be higher than a standard premium.
2. Your present insurance company may be able to modify your existing plan on terms which may be more favorable for you than completely replacing it with a new policy or contract.

Replacement Notice

WYOMING

3. Don't terminate or alter your existing policy until after the new policy has been delivered to you and accepted by you.
4. If you terminate your existing policy you may incur surrender charges and/or penalties. The new policy you are purchasing may have a new surrender charge period and/or sales charges.
5. There may be tax consequences in replacing an existing policy. Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code? Is this transaction a "tax free" exchange? See your tax advisor for specific tax advice regarding the proposed transaction.
6. Take your time in making your decision about purchasing the new policy. Gather all information about the new policy and compare it to your old policy. Remember, you do not have to make a decision during the first meeting with your sales person.
7. **REMEMBER:** Following receipt of a new life insurance policy or annuity contract you should immediately examine its contents. If you are not satisfied with it for any reason, you have the right to return it within the thirty (30) day "examination period" to the insurer at its home office or branch office or to the producer through whom it was purchased, for a full refund of premium. If you do return the policy or contract, you should request a dated receipt indicating that it was returned.

Applicant and Joint Applicant, if applicable, and Agent must sign and date on or before application sign date.

DID YOU READ THE "ITEMS TO CONSIDER"?

Applicant's Signature	Date	Joint Applicant's Signature	Date	Producer's Signature	Date
_____	_____	_____	_____	_____	_____
Applicant's Name (printed)		Joint Applicant's Name (printed)		Producer's Name (printed) and License No.	
_____		_____		_____	
Address		Address		Address	
_____		_____		_____	
City, State, Zip Code		City, State, Zip Code		City, State, Zip Code	
_____		_____		_____	
Telephone Number		Telephone Number		Telephone Number	
_____		_____		_____	

All information in this section must be completed.