

Producer Guide to Suitability - Florida

Finding the right fit

Great American Life Insurance Company® offers a wide array of retirement products to help your clients reach their financial goals. As a producer, you play a key role in helping clients find solutions to meet their long-term or retirement needs. Helping clients achieve their goals begins with suitability.

What is suitability?

Suitability means knowing your customer to tailor your product recommendation.

Suitability within the insurance industry refers to the relationship between your product recommendation and your client. When a product is suitable for your client's long-term or retirement goals, it's appropriate. In other words, it's a fit.

A thorough suitability analysis is an expected component of quality customer service and allows you to establish yourself as a competent, trustworthy professional. In doing so, it paves the way to client loyalty and building future relationships.

Regulatory requirement

Many insurance regulators have established parameters for the sales process of all types of annuities including expectations regarding suitability. In most states suitability is a regulatory requirement.

The National Association of Insurance Commissioners (NAIC) issued a model regulation to address suitability concerns for all annuities (including traditional fixed, fixed-indexed and variable) and forms the basis for most state suitability regulations.

Great American Life® requires fairness, integrity and honesty in all customer interactions.

Great American Life's view on suitability

Great American Life requires its producers to fully discuss and evaluate each client's current financial situation and future objectives prior to recommending an annuity product.

We are dedicated to ensuring that our producers have the information and resources available to make a suitable sale. Some of these tools include:

Fixed annuity training

With our fixed annuity training, you will learn about our traditional fixed and fixed-indexed annuities. This training can be found on the agent secured website. Product training must be completed before you make a recommendation.

Florida Annuity Suitability Questionnaire and Client Financial Disclosure (CFD)

A Suitability Questionnaire or CFD must be submitted for all IRA and non-qualified sales, including transfers and rollovers to existing contracts. The forms help you capture the client's information, so you can make a suitable determination. Sales will be held as not in good order until we receive the fully completed form. There are multiple versions of the forms, including:

- **Florida Annuity Suitability Questionnaire (pages 5-15):** The Suitability Questionnaire is required for new IRA and non-qualified sales.
- **Client Financial Disclosure Supplement (pages 16-18):** The CFD Supplement is required when submitting an additional purchase payment to an existing contract. If it has been more than two years since completing the Suitability Questionnaire, then you must complete a new one.
- **Florida Annuity Suitability Questionnaire for Irrevocable Trusts (pages 19-29):** Use this version of the Suitability Questionnaire if an irrevocable trust is to own the contract.
- **Client Financial Disclosure Supplement for Irrevocable Trusts (pages 30-32):** Use this version of the CFD supplement if submitting an additional purchase payment to an existing contract owned by an irrevocable trust. If it has been more than two years since completing the Suitability Questionnaire for Irrevocable Trusts, then you must complete a new one.

Product guides and other resources

Detailed product guides and other resources are available to help you fully understand the benefits and features of our various products.

Your role

Because no single product is right for everyone, you must develop a thorough understanding of the annuity products you are selling and of your client's current and future expenses. Also consider their current and future income needs, time horizon, lifestyle expectations and upcoming life events. Only after obtaining and analyzing all of the client's objectives and information is it possible to make a suitable recommendation.

At the time of sale you should make a record of all recommendations you have made.

Questions to ask your clients

What is their current financial situation?

- What is their monthly spendable income after tax and monthly expenses?
- Are their financial objectives being met with their current financial product portfolio?

What are their future objectives?

- Financially, where do they want to be in five years? 10 years? 20 years?
- How much time do they have until they need their money?
- How would they like to access funds in the future?
- What assets do they possess to cover anticipated needs and emergencies (after purchasing the proposed annuity)?

Other considerations

- What is their risk tolerance?
- What are their lifestyle goals?
- How do they want death benefits paid to their beneficiaries?
- What is their health history?
- Is there a need to address lifestyle changes such as extended care?
- Do they anticipate a significant reduction in spendable income or a significant increase in future expenses?

Replacements

When your recommendation involves the exchange or replacement of another insurance product, you must have a reasonable basis to believe that the transaction as a whole is suitable, taking into consideration all of the following:

- Whether the client will incur a surrender charge, be subject to the commencement of a new surrender period, lose existing benefits (such as death, living or other contractual benefits), or be subject to increased fees, investment advisory fees or charges for riders and similar product enhancements;
- Whether the client will benefit from the enhancements and improvements of the new product; and
- Whether the client has had another annuity exchange or replacement and, in particular, an exchange or replacement within the preceding five years.

Internal Replacements

A CFD is required for all tax qualifications in all states.

Special considerations for older clients

Clients ages 65 and older with lower incomes tend to have a higher liquidity need. The length of early withdrawal charges, free withdrawal privileges and the ability to annuitize the contract when needed are important considerations.

Encourage the participation of adult children or other family members in the sales process to help ensure that:

- The suitability information gathered is complete and accurate;
- All objectives and lifestyle events have been thoroughly considered; and
- There is a common understanding of the costs, benefits and features of the product recommendation.

Special consideration for Minnesota and California Residents

For Minnesota and California clients age 65 and older, you may not recommend a replacement or exchange that involves a surrender charge unless the transaction as a whole confers a substantial financial benefit over the life of the annuity being purchased.

Step-by-step instructions for completing the Suitability Questionnaire/CFD (forms on pages 4-19)

Important information:

- The fully completed Suitability Questionnaire/CFD must be submitted with all IRA and non-qualified sales, including transfers and rollovers to existing contracts.
- The form will assist you in capturing the suitability information that you will need to make a reasonable recommendation.
- All IRA and non-qualified sales will be held as not in good order until we receive the completed form signed and dated on or prior to the application date.
- The form may be found in the New Business Kit section of the agent secured website.
- If you are submitting multiple applications for the same client or irrevocable trust at the same time, the client or trust's financial information and the purchase payments of the annuities should be combined, and one form should be submitted.

Please note, not all of the following instructions are applicable to all versions of the Suitability Questionnaire/CFD. However, all versions are included in this guide for your reference.

A. Owner Information

List the person or trust who will own the annuity.

- Specify the contract owner's name, social security number, age and employment status. Repeat these steps if there is a joint owner. If the joint owner is the owner's spouse, check the box.
- If the owner of the contract is different from the annuitant, the form must be completed based on the owner's information.
- If the owner of the contract is not an individual, complete the form based on the annuitant's information.
- If the owner is a revocable trust, complete the form based on the trust settlor's overall income, assets and health.
- If the owner of the contract is an irrevocable trust, use the Suitability Questionnaire/CFD for Irrevocable Trusts. Specify the trust name, tax ID number and date at which the trust became irrevocable.

B. Client Profile

In order to recommend products that satisfy your client's or the trust's needs and financial objectives, you must discover a complete picture of their financial status. Use the questions and tips below to help your client/the trustee complete the remaining sections of the form. If there is a joint owner, combined information must be provided.

- **Investment experience:** Ask if your client/the trustee has invested before and for how long.

- **Marginal federal income tax rate:** Use the table on page 3 to help determine your client's/the trust's marginal federal income tax rate.
- **Housing:** Ask about your client's housing arrangement.
- **Health of owner:** Ask about your client's/the settlor's current health condition.
- **Risk tolerance:** Find out the risk tolerance for the client/trust.
- **Termination of trust (irrevocable trusts only):** Determine the terms on which the trust will be terminated and the estimated number of years until termination. Additionally, find out how the annuity will be handled upon termination of the trust.
- **Other products:** Find out what other financial products your client/the trust currently owns.
- **Government benefits:** Find out if your client/the trust intends to apply for means-tested government benefits.
- **Debt:** Determine what debt your client may have besides a home mortgage.
- **Living expenses:** Ask your client if sufficient available cash and liquid assets will remain to pay for living expenses, health care and emergencies after the annuity.
- **Distributions to beneficiaries (irrevocable trusts only):** Ask if the trustee expects significant decreases in the trust's liquid assets or net income over the next 10 years.

C. Financial Status

- Find out your client's sources of income.
- Determine your client's net monthly income, monthly expenses, monthly spendable income and total debt. For irrevocable trusts, provide the annual net income available for distributions and total debt.

D. Assets

- Complete the tables to calculate total liquid and non-liquid net worth.

E. Needs and Objectives

- Talk with your client/the trustee about insurable risks and financial objectives.
- Ensure your client/the trustee understands the amount of interest credited may vary and determine if that changes the risk tolerance.
- Find out the amount your client/the trustee plans to withdraw, the anticipated date of the first withdrawal and the type of withdrawal.
- While discussing financial objectives, find out the reason your client wishes to purchase an annuity.
- **Irrevocable trusts only:** Determine the purpose of trust distributions to beneficiaries from trust income and trust principal. If trust distributions are made for health/support/maintenance, specify the average amount of annual distributions.

F. Source of Funds

- Find out your client's/the trust's source of funds for the annuity's purchase payment. Ask if there are costs associated with the source of funds, and what percentage of the purchase price these costs represent.

G. Replacement Information

- If another annuity is the source of funds, then you must complete the requested information for each annuity contract that is being replaced.

H. Signatures

- Make sure the owner/trustee, joint owner/co-trustee (if applicable) and you sign and date the form on or prior to the application date.

I. Additional information required by Florida

List the annual income, source of income, annual household income, net worth and liquid assets of the owner/applicant and joint owner/annuitant (if applicable).

- Ask if your client/settlor or trust currently owns any financial products such as annuities or life insurance policies, and list them on the form.
- Ask if sufficient available cash and liquid assets will remain to pay for living and medical expenses after the annuity is purchased.
- Find out if any changes are expected to their current living expenses.
- Ask if any changes to out-of-pocket medical expenses are anticipated.
- Find out if sufficient income exists to cover any future changes to living expenses and out-of-pocket medical expenses during the surrender charge period.
- Ask if an emergency fund exists for unexpected expenses.

J. Financial objectives and other considerations

- Ask why your client/settlor or trustee wishes to purchase an annuity.
- Find out your client's/settlor's or trust's investment objectives.
- Find out your client's/settlor's or trust's risk tolerance.
- Ask if your client/settlor or trustee has investment experience.
- Find out your client's/settlor's or trust's source of income for the annuity's purchase payment.
- Ask how long your client/settlor or trustee plans to keep the proposed annuity.
- Find out if this annuity is a replacement.
- If this annuity replaces an existing product, ask if there is a penalty or other charge to obtain these funds. If applicable, list the amount of the penalty or charge.

K. Advantages and disadvantages to annuity purchase

List the advantages and disadvantages of your client/settlor or trustee purchasing the proposed annuity, as well as the basis for your recommendation. **Note: Your signature is required for this section.**

L. Acknowledgements and signatures

If your client/settlor or trustee elects to provide limited information or to omit information from the Suitability Questionnaire, he/she must check the appropriate box.

M. Owner and joint owner signatures

Make sure the owner/applicant and joint owner/applicant sign and date each page of the Suitability Questionnaire on or prior to the application date.

N. Explanation of terms

Review these terms with your client to ensure they understand the language used in the Suitability Questionnaire.

2020 marginal federal income tax rates

Taxable income between:

Single		Married filing jointly	
\$0–\$9,875	10%	\$0–\$19,750	10%
\$9,876–\$40,125	12%	\$19,751–\$80,250	12%
\$40,126–\$85,525	22%	\$80,251–\$171,050	22%
\$85,526–\$163,300	24%	\$171,051–\$326,600	24%
\$163,301–\$207,350	32%	\$326,601–\$414,700	32%
\$207,351–\$518,400	35%	\$414,701–\$622,050	35%
over \$518,400	37%	over \$622,050	37%

Head of household		Married filing separately	
\$0–\$14,100	10%	\$0–\$9,875	10%
\$14,101–\$53,700	12%	\$9,876–\$40,125	12%
\$53,701–\$85,500	22%	\$40,126–\$85,525	22%
\$85,501–\$163,300	24%	\$85,526–\$163,300	24%
\$163,301–\$207,350	32%	\$163,301–\$207,350	32%
\$207,351–\$518,400	35%	\$207,351–\$311,025	35%
over \$518,401	37%	over \$311,025	37%

Current tax rates available at www.irs.gov



Florida Annuity Suitability Questionnaire

Complete this form in its entirety for all IRAs and non-qualified sales. 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, please use form U2672021FL. If you are submitting an additional purchase payment to an existing contract, please use form U2671320FL.

Every question and field must be completed or it will be considered not in good order. Please write N/A if any field is not applicable.

A

Proposed Owner's Personal Information

Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Age	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Other		<input type="text"/>
Employed <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed or Retired		
Entity		Tax Status
<input type="text"/>		<input type="text"/>
Relationship to Annuitant(s)		Form of Ownership
<input type="text"/>		<input type="text"/>
Supporting Documents (list)	<input type="text"/>	

Joint Owner's Personal Information

Last Name	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Age	Sex
<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Other		<input type="text"/>
Employed <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed or Retired		
Entity		Tax Status
<input type="text"/>		<input type="text"/>
Relationship to Annuitant(s)		Form of Ownership
<input type="text"/>		<input type="text"/>
Supporting Documents (list)	<input type="text"/>	
Owner's Signature	<input type="text"/>	Date <input type="text"/>
Joint Owner's Signature	<input type="text"/>	Date <input type="text"/>

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B

Client Profile

1. What is your investment experience?

- 0-3 years 4-6 years 7-10 years 10+ years

2. What is your marginal federal tax rate?

- 0%-15% 16%-25% 26%-34% 35% and over

3. What is your current housing arrangement?

- Rent Own Live with friend/family Reverse mortgage

4. What is the current state of your health?

- Good/Excellent Fair/Poor Chronic health problem Nursing home dependent

5. What is the current state of health of your spouse and/or joint owner?

- N/A Good/Excellent Fair/Poor Chronic health problem Nursing home dependent

6. What is your general investment risk tolerance?



7. What other financial products do you currently own? (please check all that apply)

- None Fixed annuities Variable annuities Savings/checking
- Life insurance CDs Retirement plans Stocks/bonds/mutual funds
- Other (please explain): _____

8. Do you intend to apply for means-tested government benefits (e.g. food stamps, housing assistance, SSI, Snap), including, but not limited to, a state Medicaid (Medi-Cal) program or the veteran's aid and attendance benefit?

- Yes No If yes, please explain: _____

9. Are you currently paying off debt other than a home mortgage? (please check all that apply)

- None Car loan Student loan
- Home equity loan Personal loan Credit cards
- Other (please explain): _____

10. 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?

- Yes No If no, please explain: _____

C

Financial Status

11. What are your sources of income? (please check all that apply)

- Salary/Wages Social Security Pension/Retirement benefits Rental income Investments
- Other (please explain): _____

Owner's Signature

Date

Joint Owner's Signature

Date

- 12. Monthly income (net income from all sources)
- 13. Monthly expenses
- 14. Monthly spendable income (12 minus 13)
- 15. Total debt (not including primary mortgage)

\$
\$
\$
\$

D

Assets Following Purchase of this Annuity *The purchase payment for this annuity must only be listed in Non-liquid assets*

Liquid assets	Non-qualified	Qualified	Non-liquid assets	Non-qualified	Qualified
Annuities <i>(outside of surrender; do not include the purchase of this annuity)</i>	\$	\$	Purchase payment for this annuity	\$	\$
Bank accounts/CDs/ money market	\$	\$	Annuities <i>(surrender charges apply, not including this purchase)</i>	\$	\$
Mutual funds <i>(A and C shares)</i>	\$	\$	Life insurance	\$	\$
Other	\$	\$	Mutual funds <i>(B shares)</i>	\$	\$
Retirement plans (please describe):		\$	Other	\$	\$
			Retirement plans (please describe):		\$
Total liquid net worth <i>(Non-qualified + Qualified)</i>	\$		Total non-liquid net worth <i>(Non-qualified + Qualified)</i>	\$	

E

Needs and Objectives

16. Do you have any of the following insurable risks or needs that this annuity can address? (please check all that apply)

- Risk of outliving your assets (longevity risk)
- Principal risk due to market loss
- Principal risk due to your untimely death
- Need for lifetime income provided by optional rider, if applicable

17. What are your financial objectives for this purchase? (please check all that apply)

- Death benefit/wealth transfer
- Accumulation
- Tax deferral
- Income planning
- Guaranteed interest rate
- Veterans Administration Benefits
- Principal protection
- Medicaid/Medi-Cal eligibility
- Other (please explain): _____

18. Interest credited under the annuity may change from time to time. Does this uncertainty change your risk tolerance?

- No change to my risk tolerance
- Increases my risk tolerance
- Decreases my risk tolerance

19. Do you anticipate a need to withdraw more than a penalty-free amount from this annuity during the surrender period?

- Yes
- No

20. When do you anticipate taking your first distribution? (please check one)

- Less than 1 year
- Between 1 - 5 years
- Between 5 - 9 years
- 10+ years
- None anticipated

Owner's Signature

Date

Joint Owner's Signature

Date

21. How do you anticipate taking your first distribution from this annuity?

- Annuitize
- Systematic withdrawal
- Loans
- Other (please explain): _____
- Free withdrawals
- Lump sum surrender
- Immediate income
- Activate Rider
- Leave to beneficiary
- Partial surrender
- RMD

22. What is the intended use of this annuity? (please check all that apply)

- Asset accumulation
- Capital preservation
- Other (please explain): _____
- Tax-deferred growth
- Avoid cost/delay of probate
- Guaranteed interest rate
- Supplement future income
- Wealth transfer



Source of Funds

23. What is your source for this annuity's purchase payment?

- Another annuity
- Home equity loan
- Reverse mortgage
- CD
- Life insurance
- Other (please explain): _____
- Checking/savings account
- Stocks/bonds/mutual funds
- 401(k) plan
- Death proceeds

24. Are there fees, penalties, surrender charges or other costs associated with the source(s) of funds selected above?

- Yes No If yes, please provide the total of such costs from all sources and the percentage this represents
- \$
- %

Owner's Signature

Date

Joint Owner's Signature

Date



Replacement Information

25. Is another annuity (or annuities) a source for this annuity's purchase payment?

Yes No **If yes, please answer questions 26-37.**

	Transferring Contract 1	Transferring Contract 2
26. Name of transferring company		
27. Contract number		
28. Was the contract being replaced purchased in the last 60 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Type of annuity being replaced	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed-indexed <input type="checkbox"/> Variable <input type="checkbox"/> Registered index-linked	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed-indexed <input type="checkbox"/> Variable <input type="checkbox"/> Registered index-linked
30. Current accumulation value	\$	\$
31. Current surrender value	\$	\$
32. Approximate market value adjustment (+ or -)	\$	\$
33. Guaranteed minimum interest rate	%	%
34. Has the annuity been modified previously in any way that resulted in the loss or reduction of benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Will there be any lost benefits on the annuity being replaced?	<input type="checkbox"/> None <input type="checkbox"/> Income benefit <input type="checkbox"/> Living benefit <input type="checkbox"/> Death benefit Lost benefit amount: \$ <input type="text"/>	<input type="checkbox"/> None <input type="checkbox"/> Income benefit <input type="checkbox"/> Living benefit <input type="checkbox"/> Death benefit Lost benefit amount: \$ <input type="text"/>

36. How is the Great American Life annuity substantially better than the contract(s) being replaced? (please check all that apply)

- Added/Increased rider benefits Greater income Higher fixed rate or cap/participation rates
 Decreased fees Enhanced death benefits Increased investment selection
 Reduced market risk
 Other (please explain): _____

37. Did your agent sell you the contract(s) being replaced? Yes No

Owner's Signature	<input type="text"/>	Date	<input type="text"/>
Joint Owner's Signature	<input type="text"/>	Date	<input type="text"/>



Signatures

To the best of my knowledge and belief, the information provided in this Questionnaire is true and complete.

Owner's signature

Date (MM/DD/YYYY)

Joint owner's signature (if applicable)

Date (MM/DD/YYYY)

Producer's signature

Date (MM/DD/YYYY)

Agent number

**PAGES 8-11
ARE REQUIRED TO BE COMPLETED BY
FLORIDA RULE 69B-162.011, F.A.C.
FOR ALL APPLICANTS AND JOINT APPLICANTS**

FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

ADDITIONAL INFORMATION REQUIRED BY FLORIDA RULE 69B-162.011, F.A.C.

I

Annual Income:	
Source of Income:	
Annual Household Income:	
Existing Liquid Net Worth:	
Existing Assets:	
Do you currently own any annuities? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own life insurance? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

J

Why are you purchasing this annuity? _____

What are your investment objectives? (Check all that apply)

- Income Growth (long term) Safety of Principal and Income
- Safety of Principal and Growth Pass assets to a beneficiary or beneficiaries at death
- Other: _____

_____/ _____ / _____ / _____
 Owner's Signature Date Signed Joint Owner's Signature (if applicable) Date Signed

U2671221FL

(6/21)

FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

J

Describe your risk tolerance? (Check all that apply)

Conservative Moderately conservative Moderate Moderately aggressive Aggressive

Other: _____

Comments: _____

Describe your investment experience by type and length of time: _____

What is the source of funds for the purchase of the proposed annuity? _____

How many years from today will you need access to your funds without a penalty? _____

Will the proposed annuity replace any product? Yes No

If yes, will you pay a penalty or other charge to obtain these funds? Yes No

If yes, the amount of the charge or penalty \$ _____

Additional information:

_____/ _____ / _____ / _____
Owner's Signature Date Signed Joint Owner's Signature (if applicable) Date Signed

FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

K

Note: The following three sections to be completed by the agent, insurer or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A."

Advantages of purchasing the proposed annuity:

Disadvantages of purchasing the proposed annuity:

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies):

Agent's Signature _____ Date Signed _____

Sections A - E are required by the Company to be completed.

L

Note: No questions or response areas are to be left blank when offered to the Owner and/or Joint Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I **REFUSE** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.
- My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.
- My annuity purchased **IS BASED** on the recommendation of this agent or the insurer.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF **ANY** OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE **REQUIRED**.

M

_____/ _____ / _____ / _____
Owner's Signature Date Signed Joint Owner's Signature (if applicable) Date Signed

U2671221FL

FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

EXPLANATION OF TERMS



“Age” is the natural person’s attained age on the day the form is completed.

“Annual household income” is the combined annual income received by all household members each calendar year.

“Annual income” is income received during a calendar year, whether earned or unearned.

“Existing Assets” are financial assets including life insurance and annuities.

“Existing Liquid Net Worth” is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken.

“Financial Objectives” are the owner’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth, (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

“Form of Ownership” is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“Risk Tolerance” means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

“Source of annual income” is the income-generating source, such as pension income, dividends, or earned income etc.

“Source of funds” to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

“Supporting documents” are the documents that provide a basis for the relationship between the Proposed Owner/Annuitant, Joint Owner/Annuitant if applicable, and the Annuitant/Applicant/Owner as it may exist.

“Tax Status” is the owner’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

_____/ _____ / _____ / _____
Owner’s Signature Date Signed Joint Owner’s Signature (if applicable) Date Signed



Client Financial Disclosure (CFD) Supplement

This form is a CFD Supplement for additional purchase payments to an existing IRA or non-qualified contract, including transfers/rollovers. Please provide combined information for the owner and his or her spouse/domestic partner/joint owner, as applicable. If it has been more than two years since completing the full, more detailed CFD, then you must complete a new one (form U2671220NW).

Every question and field must be completed or it will be considered not in good order. Please write N/A if any field is not applicable.

A

Contract Number

Owner Information

First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Last 4 SSN

Joint Owner Information (if applicable)

Check here if joint owner is spouse

First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Last 4 SSN

Purchase Information

1. Amount of additional purchase payment: \$

2. Has anything changed since completing the Client Financial Disclosure?

Yes No If Yes, please complete a new Client Financial Disclosure

F

Source of Funds

3. What is your source for this additional purchase payment?

- Another annuity
 CD
 Checking/savings account
 401(k) plan
 Home equity loan
 Life insurance
 Stocks/bonds/mutual funds
 Death proceeds
 Reverse mortgage
 Other (please explain): _____

4. Are there fees, penalties, surrender charges or other costs associated with the source(s) of funds selected above?

Yes No If yes, please provide the total of such costs from all sources and the percentage this represents \$ %



Replacement Information

5. Is another annuity (or annuities) a source for this additional purchase payment(s)?

Yes No **If yes, please answer questions 6-17.**

	Transferring Contract 1	Transferring Contract 2
6. Name of transferring company		
7. Contract number		
8. Was the contract being replaced purchased in the last 60 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Type of annuity being replaced	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed-indexed <input type="checkbox"/> Variable <input type="checkbox"/> Registered index-linked	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed-indexed <input type="checkbox"/> Variable <input type="checkbox"/> Registered index-linked
10. Current accumulation value	\$	\$
11. Current surrender value	\$	\$
12. Approximate market value adjustment (+ or -)	\$	\$
13. Guaranteed minimum interest rate	%	%
14. Has the annuity been modified previously in any way that resulted in the loss or reduction of benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Will there be any lost benefits on the annuity being replaced?	<input type="checkbox"/> None <input type="checkbox"/> Income benefit <input type="checkbox"/> Living benefit <input type="checkbox"/> Death benefit Lost benefit amount: <input type="text" value="\$"/>	<input type="checkbox"/> None <input type="checkbox"/> Income benefit <input type="checkbox"/> Living benefit <input type="checkbox"/> Death benefit Lost benefit amount: <input type="text" value="\$"/>

16. How is the Great American Life annuity substantially better than the contract(s) being replaced? (please check all that apply)

- Added/Increased rider benefits Greater income Higher fixed rate or cap/participation rates
 Decreased fees Enhanced death benefits Increased investment selection
 Reduced market risk
 Other (please explain): _____

17. Did your agent sell you the contract(s) being replaced? Yes No



Signatures

To the best of my knowledge and belief, the information provided in this CFD Supplement is true and complete.

Owner's signature

Date (MM/DD/YYYY)

Joint owner's signature (if applicable)

Date (MM/DD/YYYY)

Producer's signature

Date (MM/DD/YYYY)

Agent number



Florida Annuity Suitability Questionnaire for Irrevocable Trusts

Complete this form in its entirety for all sales, including exchanges/transfers/rollovers to existing contracts. Please provide information for the irrevocable trust that is to own the contract. If you are submitting an additional purchase payment to an existing contract, use form U2672120NW.

Every question and field must be completed or it will be considered not in good order. Please write N/A if any field is not applicable.

Proposed Trustee's Personal Information

Last Name	First Name	Middle Initial
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of Birth	Age	Sex
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Tax Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Other		<input style="width: 100%;" type="text"/>
Employed <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed or Retired		
Entity/Owner		Tax Status
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Relationship to Annuitant(s)		Form of Ownership
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Supporting Documents (list)	<input style="width: 100%;" type="text"/>	

Co-Trustee's Personal Information

Last Name	First Name	Middle Initial
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of Birth	Age	Sex
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Tax Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married Filing Separately <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Other		<input style="width: 100%;" type="text"/>
Employed <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed or Retired		
Entity/Owner		Tax Status
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Relationship to Annuitant(s)		Form of Ownership
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Supporting Documents (list)	<input style="width: 100%;" type="text"/>	
Trustee's Signature	<input style="width: 100%;" type="text"/>	Date <input style="width: 100%;" type="text"/>
Co-Trustee's Signature	<input style="width: 100%;" type="text"/>	Date <input style="width: 100%;" type="text"/>

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C

Trust Financial Status

10. Trust's annual net income available for distributions to beneficiaries:	\$
11. Trust's total debt:	\$

D

Assets Following Purchase of this Annuity *The purchase payment for this annuity must only be listed in Non-liquid assets*

Liquid assets	Non-qualified	Qualified	Non-liquid assets	Non-qualified	Qualified
Annuities <i>(outside of surrender; do not include the purchase of this annuity)</i>	\$	\$	Purchase payment for this annuity	\$	\$
Bank accounts/CDs/ money market	\$	\$	Annuities <i>(surrender charges apply, not including this purchase)</i>	\$	\$
Mutual funds <i>(A and C shares)</i>	\$	\$	Life insurance	\$	\$
Other	\$	\$	Mutual funds <i>(B shares)</i>	\$	\$
Retirement plans (please describe):		\$	Other	\$	\$
			Retirement plans (please describe):		\$
Total liquid net worth <i>(Non-qualified + Qualified)</i>	\$		Total non-liquid net worth <i>(Non-qualified + Qualified)</i>	\$	

E

Trust Needs and Objectives

12. Does the Trust have any of the following insurable risks or needs? (please check all that apply)

- Risk of outliving your assets (longevity risk)
- Principal risk due to your untimely death
- Principal risk due to market loss
- Need for lifetime income provided by optional rider, if applicable

13. What are the Trust's financial objectives for this purchase? (please check all that apply)

- Death benefit/wealth transfer
- Income planning
- Principal protection
- Other (please explain): _____
- Accumulation
- Guaranteed interest rate
- Medicaid/Medi-Cal eligibility
- Tax deferral
- Veterans Administration Benefits

14. Interest credited under the annuity may change from time to time. Does this uncertainty change the Trust's risk tolerance?

- No change to risk tolerance
- Increases risk tolerance
- Decreases risk tolerance

15. Does the Trustee anticipate a need to withdraw more than a penalty-free amount from this annuity during the surrender period?

- Yes
- No

16. When does the Trustee anticipate taking the Trust's first distribution? (please check one)

- Less than 1 year
- Between 1 - 5 years
- Between 5 - 9 years
- 10+ years
- None anticipated

Trustee's Signature		Date	
Co-Trustee's Signature		Date	

17. How does the Trustee anticipate taking the Trust's first distribution from this annuity?

- Annuitize
- Systematic withdrawal
- Leave to beneficiary
- Other (please explain): _____
- Free withdrawals
- Lump sum surrender
- Immediate income
- Activate Rider
- Loans
- Partial withdrawal
- RMD

18. 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 (please explain): _____

19. Trust distributions to beneficiaries from Trust principal:

- Distributions for health/support/maintenance
- Distributions in Trustee's discretion
- Distributions only upon Trust termination
- Other (please explain): _____

20. If Trust distributions are made for health/support/maintenance, average annual distributions:

\$



Source of Funds

21. What is the Trust's source for this annuity's purchase payment?

- Another annuity
- Home equity loan
- Reverse mortgage
- CD
- Life insurance
- Other (please explain): _____
- Checking/savings account
- Stocks/bonds/mutual funds
- 401(k) plan
- Death proceeds

22. Are there fees, penalties, surrender charges or other costs associated with the source(s) of funds selected above?

- Yes
- No
- If yes, please provide the total of such costs from all sources and the percentage this represents %

Trustee's Signature
Co-Trustee's Signature

Date
Date



Replacement Information

23. Is another annuity (or annuities) a source for this annuity's purchase payment?

Yes No **If yes, please answer questions 24-35.**

	Transferring Contract 1	Transferring Contract 2
24. Name of transferring company		
25. Contract number		
26. Was the contract being replaced purchased in the last 60 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Type of annuity being replaced	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed-indexed <input type="checkbox"/> Variable <input type="checkbox"/> Registered index-linked	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed-indexed <input type="checkbox"/> Variable <input type="checkbox"/> Registered index-linked
28. Current accumulation value	\$	\$
29. Current surrender value	\$	\$
30. Approximate market value adjustment (+ or -)	\$	\$
31. Guaranteed minimum interest rate	%	%
32. Has the annuity been modified previously in any way that resulted in the loss or reduction of benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Will there be any lost benefits on the annuity being replaced?	<input type="checkbox"/> None <input type="checkbox"/> Income benefit <input type="checkbox"/> Living benefit <input type="checkbox"/> Death benefit Lost benefit amount: \$ <input type="text"/>	<input type="checkbox"/> None <input type="checkbox"/> Income benefit <input type="checkbox"/> Living benefit <input type="checkbox"/> Death benefit Lost benefit amount: \$ <input type="text"/>

34. How is the Great American Life annuity substantially better than the contract(s) being replaced? (please check all that apply)

- Added/Increased rider benefits
 Greater income
 Higher fixed rate or cap/participation rates
 Decreased fees
 Enhanced death benefits
 Increased investment selection
 Reduced market risk
 Other (please explain): _____

35. Was any producer involved in the sale of this annuity to the Trust also involved in the sale of the contract(s) being replaced?

Yes No

Trustee's Signature	<input type="text"/>	Date	<input type="text"/>
Co-Trustee's Signature	<input type="text"/>	Date	<input type="text"/>



Signatures

To the best of my knowledge and belief, the information provided in this CFD is true and complete.

Trustee's signature

Date (MM/DD/YYYY)

Co-Trustee's signature (if applicable)

Date (MM/DD/YYYY)

Producer's signature

Date (MM/DD/YYYY)

Agent number

**PAGES 8-11
ARE REQUIRED TO BE COMPLETED BY
FLORIDA RULE 69B-162.011, F.A.C.
FOR ALL APPLICANTS AND JOINT APPLICANTS**

FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

ADDITIONAL INFORMATION REQUIRED BY FLORIDA RULE 69B-162.011, F.A.C.

I

Annual Income:	
Source of Income:	
Annual Household Income:	
Existing Liquid Net Worth:	
Existing Assets:	
Do you currently own any annuities? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently own life insurance? Please list:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Why are you purchasing this annuity? _____

J

What are your financial objectives for this purchase? (Check all that apply)

- Income Growth (long term) Safety of Principal and Income
 Safety of Principal and Growth Pass assets to a beneficiary or beneficiaries at death
 Other: _____

_____ / _____ _____ / _____
 Owner's Signature Date Signed Joint Owner's Signature (if applicable) Date Signed

U2672021FL

(6/21)

FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

J

Describe your risk tolerance? (Check all that apply)

Conservative Moderately conservative Moderate Moderately aggressive Aggressive

Other: _____

Comments: _____

Describe your investment experience by type and length of time: _____

What is the source of funds for the purchase of the proposed annuity? _____

How many years from today will you need access to your funds without a penalty? _____

Will the proposed annuity replace any product? Yes No

If yes, will you pay a penalty or other charge to obtain these funds? Yes No

If yes, the amount of the charge or penalty \$ _____

Additional information:

_____/ _____ / _____ / _____
Owner's Signature Date Signed Joint Owner's Signature (if applicable) Date Signed

FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

K

Note: The following three sections to be completed by the agent, insurer or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A."

Advantages of purchasing the proposed annuity:

Disadvantages of purchasing the proposed annuity:

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity(ies):

Agent's Signature _____ Date Signed _____

Sections A - E are required by the Company to be completed.

L

Note: No questions or response areas are to be left blank when offered to the Owner and/or Joint Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I **REFUSE** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.
- My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.
- My annuity purchased **IS BASED** on the recommendation of this agent or the insurer.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

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

M

_____/ _____ / _____ / _____
Owner's Date Signed Joint Owner's Signature (if applicable) Date Signed

Signature

(6/21)

U2672021FL

FLORIDA ANNUITY SUITABILITY QUESTIONNAIRE

EXPLANATION OF TERMS

N

“Age” is the natural person’s attained age on the day the form is completed.

“Annual household income” is the combined annual income received by all household members each calendar year.

“Annual income” is income received during a calendar year, whether earned or unearned.

“Existing Assets” are financial assets including life insurance and annuities.

“Existing Liquid Net Worth” is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken.

“Financial Objectives” are the owner’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth, (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

“Form of Ownership” is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“Risk Tolerance” means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

“Source of annual income” is the income-generating source, such as pension income, dividends, or earned income etc.

“Source of funds” to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.

“Supporting documents” are the documents that provide a basis for the relationship between the Proposed Owner/Annuitant, Joint Owner/Annuitant if applicable, and the Annuitant/Applicant/Owner as it may exist.

“Tax Status” is the owner’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

_____/ _____ / _____ / _____
Owner’s Signature Date Signed Joint Owner’s Signature (if applicable) Date Signed



Client Financial Disclosure (CFD) Supplement for Irrevocable Trusts

This form is a CFD Supplement for additional purchase payments to an existing IRA or non-qualified contract, including transfers/rollovers. Please provide information for the irrevocable trust that owns the contract. If it has been more than two years since completing the full, more detailed CFD for Irrevocable Trusts, then you must complete a new one (form U2672020NW).

Every question and field must be completed or it will be considered not in good order. Please write N/A if any field is not applicable.

A

Contract Number

Owner Information

Trust Name

Tax ID Number

Purchase Information

1. Amount of additional purchase payment:

2. Has anything changed since completing the Client Financial Disclosure?

Yes No If Yes, please complete a new Client Financial Disclosure

F

Source of Funds

3. What is the Trust's source for this additional purchase payment?

- Another annuity CD Checking/savings account 401(k) plan
- Home equity loan Life insurance Stocks/bonds/mutual funds Death proceeds
- Reverse mortgage Other (please explain): _____

4. Are there fees, penalties, surrender charges or other costs associated with the source(s) of funds selected above?

Yes No If yes, please provide the total of such costs from all sources and the percentage this represents



Replacement Information

5. Is another annuity (or annuities) a source for this additional purchase payment(s)?

Yes No **If yes, please answer questions 6-17.**

	Transferring Contract 1	Transferring Contract 2
6. Name of transferring company		
7. Contract number		
8. Was the contract being replaced purchased in the last 60 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Type of annuity being replaced	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed-indexed <input type="checkbox"/> Variable <input type="checkbox"/> Registered index-linked	<input type="checkbox"/> Fixed <input type="checkbox"/> Fixed-indexed <input type="checkbox"/> Variable <input type="checkbox"/> Registered index-linked
10. Current accumulation value	\$	\$
11. Current surrender value	\$	\$
12. Approximate market value adjustment (+ or -)	\$	\$
13. Guaranteed minimum interest rate	%	%
14. Has the annuity been modified previously in any way that resulted in the loss or reduction of benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Will there be any lost benefits on the annuity being replaced?	<input type="checkbox"/> None <input type="checkbox"/> Income benefit <input type="checkbox"/> Living benefit <input type="checkbox"/> Death benefit Lost benefit amount: \$ <input style="width: 100px;" type="text"/>	<input type="checkbox"/> None <input type="checkbox"/> Income benefit <input type="checkbox"/> Living benefit <input type="checkbox"/> Death benefit Lost benefit amount: \$ <input style="width: 100px;" type="text"/>

16. How is the Great American Life annuity substantially better than the contract(s) being replaced? (please check all that apply)

- Added/Increased rider benefits
 Greater income
 Higher fixed rate or cap/participation rates
 Decreased fees
 Enhanced death benefits
 Increased investment selection
 Reduced market risk
 Other (please explain): _____

17. Did your agent sell you the contract(s) being replaced? Yes No



Signatures

To the best of my knowledge and belief, the information provided in this CFD Supplement is true and complete.

Trustee's signature

Date (MM/DD/YYYY)

Co-Trustee's signature (if applicable)

Date (MM/DD/YYYY)

Producer's signature

Date (MM/DD/YYYY)

Agent number