

Producer Guide to Suitability

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.

Client Financial Disclosure (CFD)

This form must be submitted for all IRA and non-qualified sales, including transfers and rollovers to existing contracts. It will 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 CFD. There are multiple versions of the CFD, including:

- **Client Financial Disclosure (pages 4-8):** The full CFD is required for new IRA and non-qualified sales.
- **Client Financial Disclosure Supplement (pages 9-11):** The supplement is required when submitting an additional purchase payment to an existing contract. If it has been more than two years since completing the full CFD, then you must complete a new one.
- **Client Financial Disclosure for Irrevocable Trusts (pages 12-16):** Use this version if an irrevocable trust is to own the contract.
- **Client Financial Disclosure Supplement for Irrevocable Trusts (pages 17-19):** Use this version 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 full CFD for Irrevocable Trusts, then you must complete a new one.

Please note Florida and Massachusetts require state-specific CFDs.

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 CFD (forms on pages 4-19)

Important information:

- The fully completed CFD must be submitted with all IRA and non-qualified sales, including transfers and rollovers to existing contracts.
- The CFD 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 CFD should be submitted.

Please note, not all of the following instructions are applicable to all CFDs. However, all CFD 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 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 CFD on or prior to the application date.

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



Client Financial Disclosure (CFD)

Complete this form in its entirety for all IRAs and non-qualified sales. Please provide combined information for the owner and his or her spouse/domestic partner/joint owner, as applicable. If the owner is to be a revocable trust, responses should be based on the trust settlor's/grantor's overall income, assets and health. If the owner is to be an irrevocable trust, use form U2672020NW. If you are submitting an additional purchase payment to an existing contract, use form U2671320NW.

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

Owner Information

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

| | | |
|----------------------|----------------------|--|
| Last 4 SSN | Age | Employment Status |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired |

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 | Age | Employment Status |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired |

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?

←

 →

Conservative
 Moderately conservative
 Moderate
 Moderately aggressive
 Aggressive

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): _____

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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 your untimely death
- Principal risk due to market loss
- Need for lifetime income provided by optional rider, if applicable

17. What are your financial objectives? (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

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

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

F

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

| |
|----|
| \$ |
|----|

| |
|---|
| % |
|---|



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



Signatures

To the best of my knowledge and belief, the information provided in this CFD 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



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.

Contract Number

A

Owner Information

First Name Middle Initial Last Name

| | | |
|--|--|--|
| | | |
|--|--|--|

Last 4 SSN

Joint Owner Information (if applicable)

Check here if joint owner is spouse

First Name Middle Initial Last Name

| | | |
|--|--|--|
| | | |
|--|--|--|

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"/> | <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"/> |

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



Client Financial Disclosure (CFD) 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.

A

Owner Information

Trust Name

Tax ID Number

Date Trust Became Irrevocable

B

Trust Profile

1. What is the Trustee's investment experience?

0-3 years

4-6 years

7-10 years

10+ years

2. What is the general risk tolerance of the Trust?



3. What is the Trust's marginal federal tax rate?

0%-15%

16%-25%

26%-34%

35% and over

4. When is the Trust expected to terminate?

On death of grantor

On death of other person

As determined in Trustee's discretion

Fixed number of years or fixed age

Other (please explain): _____

5. What is the estimated number of years until Trust termination?

0-3 years

4-6 years

7-10 years

10+ years

6. How will this annuity be handled at Trust termination?

Distribute death benefit proceeds

Distribute surrender proceeds

Distribute contract ownership to single beneficiary

7. What other financial products does the Trust 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. Does the grantor or other person who was the source of funds for this Trust intend to apply for means-tested government benefits? Yes No If yes, please check all that apply.

Medicaid (Medi-Cal)

Food stamps (SNAP)

Supplemental Security Income (SSI)

Veterans Administration Benefits (aid and attendance)

Housing assistance (Section 8 or other)

Other (please explain): _____

9. Over the next 10 years, does the Trustee anticipate any significant decrease in the Trust's liquid assets or a significant decrease in its annual net income available for distribution to beneficiaries (e.g., an increase in expenses or decrease in net income)?

Yes No If yes, please explain: _____

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
(Non-qualified + Qualified) \$

Total non-liquid net worth
(Non-qualified + Qualified) \$

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 assets not lasting for life of Trust beneficiary (longevity risk)
- Principal risk due to market loss
- Risk to beneficiary due to untimely death of grantor or current beneficiary
- Need for lifetime income provided by optional rider, if applicable

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

- Death benefit/wealth transfer
- Tax deferral
- Other (please explain): _____
- Accumulation
- Guaranteed interest rate
- Income for distribution to beneficiaries
- Principal protection

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

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

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

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:

\$

F

Source of Funds

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

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

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 %



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



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



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.

Contract Number

A

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 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"/> |

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