



Affiliates:
Annuity Investors Life Insurance Company®
Manhattan National Life Insurance Company

Administrator for:
Continental General Insurance Company®
Loyal American Life Insurance Company®

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

Registered Index-Linked Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 800-807-9777 Fax

Variable Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 513-768-5115 Fax

Overnight Address: 191 Rosa Parks Street, Cincinnati OH 45202

REQUEST FOR PLAN-TO-PLAN TRANSFER OF EXISTING ANNUITY CONTRACT/CERTIFICATE

| SECTION I. PARTICIPANT INFORMATION | | | |
|---|------------|---|------------|
| Participant Name: | | Participant SSN: | |
| Participant Daytime Telephone: | | Annuity Contract/Certificate* No: | |
| *Please note that a certificate under a group annuity contract that is owned by or for the Transferring Plan cannot be transferred. | | | |
| SECTION II. TRANSFER REQUESTED | | | |
| I request a plan-to-plan transfer of my existing annuity contract/certificate to the Receiving Plan from the Transferring Plan: | | | |
| Receiving Plan | | Transferring Plan | |
| Employer and Plan Name: | | Employer and Plan Name: | |
| Employer City/State: | | Employer City/State: | |
| <p>Tax Qualification of Plans: <input type="checkbox"/> 403(b) TSA plan to 403(b) TSA plan <input type="checkbox"/> Govt 457(b) plan to Govt 457(b) plan</p> <p>I understand that this plan-to-plan transfer is permitted only if both plans are the same tax qualification, both plans allow for such transfers, and the particular requirements of both plans are satisfied. Upon transfer, I understand that (1) my annuity contract/certificate will be governed by the Receiving Plan, (2) no further contributions may be made to it through the Transferring Plan, (3) any distribution restrictions applicable to me under the Transferring Plan will continue, and (4) any new distribution restrictions applicable to me under the Receiving Plan will apply to the amount transferred.</p> | | | |
| _____ Participant Signature | | _____ Date | |
| SECTION III. ACCEPTANCE BY RECEIVING PLAN (Administrator to complete or provide separate acceptance) | | SECTION IV. APPROVAL BY TRANSFERRING PLAN (Administrator to complete or provide separate approval) | |
| Plan Administrator Name: | Telephone: | Plan Administrator Name: | Telephone: |
| <p>The administrator of the Receiving Plan agrees to accept this transfer, and certifies:</p> <ol style="list-style-type: none"> To the best knowledge and belief of the Receiving Plan administrator, the Receiving Plan is qualified under the tax qualification set out above. If a 403(b) plan, the Participant is an employee or former employee of the employer that sponsors the Receiving Plan. If a governmental 457(b) plan, the Participant is currently providing services to the employer that sponsors the Receiving Plan. The terms of the Receiving Plan allow for this plan-to-plan transfer. Immediately after the transfer, the Participant will have an accumulated benefit under the Receiving Plan that is at least equal to the amount transferred to it. If a 403(b) plan, the Receiving Plan provides that, to the extent any amount transferred is subject to any distribution restrictions under Treasury Regulations Section 1.403(b)-6, the receiving plan imposes restrictions on distributions to the Participant whose assets are being transferred that are not less stringent than those imposed on the Transferring Plan. | | <p>The administrator of the Transferring Plan consents to this transfer, and certifies:</p> <ol style="list-style-type: none"> To the best knowledge and belief of the Transferring Plan administrator, the Transferring Plan is qualified under the tax qualification set out above. The terms of the Transferring Plan allow for this plan-to-plan transfer. Unless the checkbox is marked below, the administrator of the Transferring plan determines that the Participant has severed employment with the employer that sponsors the Transferring Plan and is no longer subject to distribution restrictions imposed by the Transferring Plan. <ul style="list-style-type: none"> <input type="checkbox"/> If these are 403(b) plans and this box is checked, the Transferring Plan states that the Participant remains subject to distribution restrictions imposed by the Transferring Plan, and has communicated these restrictions to the Receiving Plan administrator. | |
| _____ Authorized Signature | | _____ Date | |
| _____ Authorized Signature | | _____ Date | |