

Making Corrections to New Business Forms

Annotated Instructions

Click on the form below for easy access to the annotated version:

Application for Deferred Annuity with Multiple Interest Crediting Strategies (FIA)

Flexible Premium Deferred Annuity with Multiple Interest Crediting Strategies -
Selection Form

Client Financial Disclosure Information Form

Client Financial Disclosure Information Form for Additional Purchase Payments

Financial Inventory Worksheet

Replacement of Life Insurance of Annuities

Exchange/Rollover/Transfer Request Form

Application For Deferred Annuity

with Multiple Interest Crediting Strategies (FIA)

Great American Life Insurance Company®

Administrative Address: P.O. Box 5420, Cincinnati, Ohio 45201-5420

Overnight Packages: 301 E. Fourth St., 8th Floor, Cincinnati, OH 45202

Fax Number: 855-306-7113

www.GALInnuities.com

Application for Deferred Annuity with Multiple Interest

1. Owner Information

A. Primary Owner *If Owner is a Trust, then the Trust must be listed as the sole Primary Beneficiary*

Name _____

Street Address _____

City _____ State _____ Zip _____

Country _____ E-mail address _____ Phone _____

SSN/FEIN _____ Birth date _____ Sex ☐ Male ☐ Female

Mailing Address (if different from street address) _____

City _____ State _____ Zip _____ Country _____

Is Owner a U.S. person? ☐ Yes ☐ No (A U.S. person is defined as a U.S. citizen, U.S. resident alien, a U.S. domestic trust or estate, or a U.S. corporation, partnership, company or association. Additional may be required for any non-U.S. person.)

B. Joint Owner *(only available for Non-Qualified contracts)*

Name _____

Street Address _____

City _____ State _____ Zip _____

Country _____ E-mail address _____ Phone _____

SSN/FEIN _____ Birth date _____ Sex ☐ Male ☐ Female

Relationship to Owner _____

(If not a spouse we must have the Non-Spouse Joint Owner Form completed.)

2. Annuitant Information

A. Primary Annuitant ☐ Check here if same as Owner

Name _____

Street Address _____

City _____ State _____ Zip _____

Country _____ E-mail address _____ Phone _____

SSN/FEIN _____ Birth date _____ Sex ☐ Male ☐ Female

B. Joint Annuitant ☐ Check here if same as Joint Owner

Name _____

Street Address _____

City _____ State _____ Zip _____

Country _____ E-mail address _____ Phone _____

SSN/FEIN _____ Birth date _____ Sex ☐ Male ☐ Female

For Sections 1 and 2, the following initials are needed for corrections and/or blank responses:

- **Agent**, if corrected
- **None**, if blank

Please note if a DOB or SSN is corrected, further documentation may be requested if we are unable to verify the information provided.

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3. Contract Information

A. **Product Name:** ☐ American Legend® III ☐ American Valor® 10 ☐
☐ Safe Outlook® ☐ American Custom 10SM

B. **Purchase Payment Amount:** \$ _____
☐ Check (☐ check here if indirect rollover) ☐ Transfer ☐ Rollover

C. **Tax Qualification for New Annuity (Must select one):**
☐ Non-Qualified ☐ TSA 403(b) ☐ Roth 403(b) ☐ 457
☐ Traditional IRA ☐ Roth IRA ☐ SEP IRA ☐ SIMPLE
☐ Inherited IRA (Must include an RMD systematic payment election form)
☐ Inherited Non-Qualified (Must include an acknowledgement and 72(s) systematic payment election form)

Please check the product guide on www.GAIGannuities.com for available tax qualifications.

D. **Riders** (Riders not available for all ages and not available in all states):

American Custom 10

- ☐ Simple Income OptionSM
If this Rider is elected, **you must complete Section 3A on the Strategy Selection Form.**
- ☐ Stacked Income OptionSM
If this Rider is elected, **you must complete Section 3B on the Strategy Selection Form.**
- ☐ Cumulative Free-Withdrawal Option
If this Rider is elected, **you must complete Section 3C on the Strategy Selection Form.**
- ☐ Legacy Income OptionSM
If this Rider is elected, **you must complete Section 3D on the Strategy Selection Form.**

All Other Products

- ☐ IncomeSustainer Plus Rider
If this Rider is elected, **you must complete Section 3A on the Strategy Selection Form.**
- ☐ IncomeSecureSM Rider
If this Rider is elected, **you must complete Section 3B on the Strategy Selection Form.**
- ☐ Inheritance EnhancerSM Rider
If this Rider is elected, **you must complete Section 3C on the Strategy Selection Form.**

E. **The source of funds for this transaction is:** _____

F. **The purpose of this transaction:** _____

G. **Brokerage ID (if applicable):** _____

H. **Special Requests** (Subject to Home Office Approval) _____

For Section 3, the following initials are needed for corrections and/or blank responses:

3A

- **Agent**, if corrected, as long as the product matches the strategy
- **None**, if blank, as long as the product matches the strategy selection form

3B

- **None**

3C-D

- **Client**

3E-H

- **None**

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4. Verification of Owner Identification (must complete all sections)

A. Owner

☐ Driver's License/State ID State/Country: _____ Number: _____

☐ Passport Expiration Date: _____ Date Issued: _____

☐ Other (photo ID)

☐ Owner is an entity, legal document(s) attached (e.g. Articles of Incorporation, Trust Agreement, etc.)

B. Occupation: _____

Employer: _____

Retired ☐ Yes ☐ No For TSA to TSA transfer cases the previous employer is required even if retired.

C. Joint Owner

☐ Driver's License/State ID State/Country: _____ Number: _____

☐ Passport Expiration Date: _____ Date Issued: _____

☐ Other (photo ID)

D. Occupation: _____

Employer: _____

Retired ☐ Yes ☐ No

5. Existing Insurance/Replacement

For applications signed in AL, AR, CO, CT, HI, IA, KY, LA, MS, MT, NE, OR, RI, SD, VT, WV or WI, answer

only question A.

A. ☐ Yes ☐ No Do you have any existing life insurance policies or individual annuity contracts currently in force with this Company or any other company?

If "Yes", complete the Important Notice Replacement of Life Insurance or Annuities. Your agent must present and read the Notice to you unless you voluntarily waive this step. **If the existing life insurance policy or individual annuity contract has Joint Owners, both Owners must sign the replacement form.**

For applications signed in DE, GA, ID, IL, KS, MA, MI, NV, ND, OK, TN, or WY, answer only question B.

B. ☐ Yes ☐ No Will this contract replace or use cash values of any existing life insurance or annuity with this Company or any other Company?

If "Yes", please provide company name and policy/contract #, and complete the appropriate Replacement Notice. **If the existing life insurance policy or individual annuity contract has Joint Owners, both Owners must sign the replacement form.**

Company _____ Policy/Contract # _____

Company _____ Policy/Contract # _____

For Section 4, the following initials are needed for corrections and/or blank responses:

- Agent, if corrected
- None, if blank

For Section 5, the following initials are needed for corrections and/or blank responses:

- Agent, if corrected
- None, if blank

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For Section 6, the following initials are needed for corrections and/or blank responses:

- **Client**, if a percentage is corrected or if a new person is added
- **Agent**, if the spelling of the name is corrected
- **None**, if anything other than the percentage or name is corrected

6. Beneficiary (P-Primary, C-Contingent)

If the beneficiary listed below is not designated as Primary or Contingent beneficiary, designation. All shares will be divided equally unless otherwise noted in the space provided.

A joint owner will be the sole Primary Beneficiary, notwithstanding any designation otherwise.

List additional beneficiaries on the Additional Beneficiary Designation Form. Share/Contingent beneficiary is a trust, list the name of the trust, name(s) of the current trustee(s), and provide a notarized trust certification or copies of the first page and signature.

If the owner of the contract applied for is a trust, the trust must be designated as the sole Primary Beneficiary.

The owner agrees that, in the event that the owner should die before the annuity contract is issued, this designation shall be treated as a transfer on death designation for any funds properly received by the Company intended for this annuity contract. Accordingly, it is agreed that the Company will pay such funds to the joint owner, or if none, then to the person(s) designated as beneficiary below.

<input type="checkbox"/> P <input type="checkbox"/> C Share/Percentage _____ % Name _____ Address _____ Country _____ Phone _____ E-mail address _____ SSN _____ Birth date _____ Relationship _____	<input type="checkbox"/> P <input type="checkbox"/> C Share/Percentage _____ % Name _____ Address _____ Country _____ Phone _____ E-mail address _____ SSN _____ Birth date _____ Relationship _____
<input type="checkbox"/> P <input type="checkbox"/> C Share/Percentage _____ % Name _____ Address _____ Country _____ Phone _____ E-mail address _____ SSN _____ Birth date _____ Relationship _____	<input type="checkbox"/> P <input type="checkbox"/> C Share/Percentage _____ % Name _____ Address _____ Country _____ Phone _____ E-mail address _____ SSN _____ Birth date _____ Relationship _____
<input type="checkbox"/> P <input type="checkbox"/> C Share/Percentage _____ % Name _____ Address _____ Country _____ Phone _____ E-mail address _____ SSN _____ Birth date _____ Relationship _____	<input type="checkbox"/> P <input type="checkbox"/> C Share/Percentage _____ % Name _____ Address _____ Country _____ Phone _____ E-mail address _____ SSN _____ Birth date _____ Relationship _____

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6. Beneficiary (continued)

☐ P ☐ C Share/Percentage _____ %
 Name _____
 Address _____

 Country _____ Phone _____
 E-mail address _____
 SSN _____ Birth date _____
 Relationship _____

☐ P ☐ C Share/Percentage _____ %
 Name _____
 Address _____

 Country _____ Phone _____
 E-mail address _____
 SSN _____ Birth date _____
 Relationship _____

For Section 6, the following initials are needed for corrections and/or blank responses:

- **Client**, if a percentage is corrected or if a new person is added
- **Agent**, if the spelling of the name is corrected
- **None**, if anything other than the percentage or name is corrected

7. Notices (Please review the notice that applies to your state.)

ALL STATES:

Patriot Act Notice:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires us to obtain all relevant customer-related information necessary to run an effective anti-money laundering program.

What this means to you: When submitting an application, we ask that the producer obtain the owner's name, street address, date of birth, tax identification number and other customer-related information that will allow us to identify the customer and fulfill our obligations under Federal law. Picture documentation, such as a driver's license or other identifying documents, will be used to verify the information given at the time of the sale.

Alabama Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Arkansas, Louisiana and Rhode Island Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California Residents Age 65 or Older: The sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of an annuity or life insurance product may have tax consequences, early withdrawal penalty, or other costs or penalties. We recommend that you consult independent legal or financial advice before selling or liquidating any assets to fund the purchase of any life insurance or annuity product.

Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of insurance within the Department of Regulatory Agencies.

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7. Notices *(continued)*

Delaware Residents: Your civil union partner, as defined by Delaware law, has the same rights as a spouse to succeed to the ownership of the Contract after your death. However, if the successor owner is not your spouse as defined by federal tax law, then Contract values must be distributed after your death under the rules that apply to the distribution of a death benefit for a non-spouse beneficiary. In the case of a tax-qualified contract, a beneficiary who is not your spouse as defined by federal tax law does not have the same transfer or rollover rights as a spouse. Same-sex spouses and civil union partners are encouraged to consult with a tax advisor prior to the purchase of this annuity contract.

Illinois Residents: In some cases, your spouse or civil union partner, as defined by Illinois law may succeed to the ownership of the Contract after your death. However, if the successor owner is not your spouse as defined by federal tax law, then Contract values must be distributed after your death under the rules that apply to the distribution of a death benefit for a non-spouse beneficiary.

Kentucky Residents: Any person who knowingly and with intent to defraud any insurance company or other person files a insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Tennessee Residents: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Oklahoma Residents: WARNING: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Application For Deferred Annuity

with Multiple Interest Crediting Strategies (FIA)

8. Agreement

I certify that I have read the statements and that my answers to the questions on this application are true to the best of my knowledge and belief.

For single premium annuity products:

I understand that the annuity for which I am applying is a single premium deferred annuity with multiple interest crediting strategies. I understand that the values of the annuity may be affected by market conditions.

I understand that the annuity does not directly participate in equity or debt investments, that the guaranteed minimum surrender value is guaranteed, and that the other values are not guaranteed. I understand that there are no representations or warranties.

For flexible premium annuity products:

I understand that the annuity for which I am applying is a flexible premium deferred annuity with multiple interest crediting strategies. I understand that the values of the annuity may be affected by market conditions.

I understand that the annuity does not directly participate in equity or debt investments, that the guaranteed minimum surrender value is guaranteed, and that the other values are not guaranteed. I understand that there are no representations or warranties.

For annuities with a market value adjustment feature:

I UNDERSTAND THAT WITHDRAWALS FROM THE CONTRACT AND A FULL SURRENDER, MAY BE SUBJECT TO A MARKET VALUE ADJUSTMENT AND AN EARLY WITHDRAWAL CHARGE.

I received and reviewed a Disclosure Document that includes information about my annuity contract, its benefits, and the fees and charges that apply to it.

By signing below, I also authorize any law enforcement agency, public or private institution, information service bureau or other entity contacted by the Company to furnish information sufficient to confirm my personal information as required by Federal law. I hereby release all persons, agents and agencies, and entities providing confirming information from any and all liability arising out of the request for or the release of confirming information.

A. Signed at (city) _____ B. (state) _____

C. Owner's Signature _____ Date _____

D. Joint Owner/Plan Administrator's Signature _____ Date _____
(if applicable)

E. Title _____

ADDITIONAL FORMS OR DOCUMENTATION WILL BE REQUIRED TO VERIFY THE AUTHORITY OF THE PERSON SIGNING WHERE THE OWNER IS A TRUST, CORPORATION OR OTHER ENTITY, OR WHERE A POWER OF ATTORNEY IS BEING USED.

PLEASE INCLUDE THE STRATEGY SELECTION FORM WITH THIS APPLICATION. WE WILL NOT BE ABLE TO PROCESS YOUR CASE WITHOUT THIS FORM.

For Section 8, the following initials are needed for corrections and/or blank responses:

8A-B

- **Agent**, if corrected
- **None**, if blank

8C-D

- **Client**, if corrected
- **None**, if blank

8E

- **None**, if blank
- **Other**, if corrected (whoever the title refers to needs to initial – i.e. plan administrator)

Application For Deferred Annuity

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9. Agent's Statement

I/we hereby certify that in connection with my/our presentation to the owner(s) herein, previously approved by the Company and that I/we left with the owner(s) a copy of all ("Sales Material means a sales illustration and other written, printed or electronic material completed or provided by the Company or the Agent and is used in the presentation of the contract purchased).

I/we further certify that this transaction is in accord with the Company's written statement with respect to the acceptability and appropriateness of replacements.

Questions A and B below must be completed to the best of your knowledge.

A. ☐ Yes ☐ No Does the owner have any existing life insurance policies or annuity contracts currently in force with this or any other company?

B. ☐ Yes ☐ No Will this contract replace or use cash values of any existing life insurance or annuity with this or any other company?

If the owner(s) does have existing life insurance policies or annuity contracts, please read the appropriate replacement forms to the owner(s) (unless voluntarily waived) and complete the appropriate replacement forms. If the annuity being purchased is intended to replace or use cash values of any existing life insurance or annuity with this or any other company, please complete the appropriate replacement forms.

If the Contract applied for replaces any existing life insurance or annuity with this or any other company, I attest that I have reviewed the potential advantages and disadvantages of the proposed transaction.

1st Agent's Name (please print full name) _____

Agent's Signature _____ Agent Code # _____

Phone _____ E-mail address _____ Commission Split _____ %

2nd Agent's Name (please print full name) _____

Agent's Signature _____ Agent Code # _____

Phone _____ E-mail address _____ Commission Split _____ %

3rd Agent's Name (please print full name) _____

Agent's Signature _____

Phone _____ E-mail address _____

10. For MGA/Agent Use Only (Commission Structure Codes)

If commission option is not selected below, commission will default to Heap for

Safe ReturnSM

- ☐ Heap (01)
☐ Mod 3 (02)
☐ Trail AV (03)
☐ Level AV (04)

Safe Outlook[®]

- ☐ Heap (01)
☐ Mod 3 (02)
☐ Trail AV (03)

American Legend[®] III

- ☐ Heap (01)
☐ Mod 3 (02)
☐ Trail AV (03)
☐ Level AV (04)

American Val

- ☐ Heap (01)
☐ Trail AV (03)
☐ Level AV (04)

- ☐ Heap (01)
☐ Mod 3 (02)
☐ Trail AV (03)
☐ Level AV (04)

For Section 9, the following initials are needed for corrections and/or blank responses:

- **Agent**, if corrected
- **None**, if blank

For Section 10, the following initials are needed for corrections and/or blank responses:

- **Agent**, if corrected and there is more than one agent
- **None**, if corrected and there is only one agent

Flexible Premium Deferred Annuity

with Multiple Interest Crediting Strategies - Selection Form

Great American Life Insurance Company®

American Legend® III Individual Deferred Annuity

Administrative Address: P.O. Box 5420, Cincinnati, Ohio 45201-5420

Flexible Premium Deferred Annuity with Multiple Interest Crediting Strategies

1. Owner

Primary Owner

Name _____
Address _____
City _____ State _____ Zip _____
SSN _____

Joint Owner (only available for non-qualified contracts)

Name _____
Address _____
City _____ State _____ Zip _____
SSN _____

2. Initial Strategy Selection (Please indicate in whole percentages only.)

Below are the strategies to which your purchase payment account value may be applied, subject to the terms of the contract. Indicate the percentage that you want applied to each strategy. Your selections must be indicated in whole percentages.

Initial Interest Strategy(ies) – Percentage of Purchase Payment Account Value

Declared Rate Strategy	_____ %
S&P 500® Annual Point-to-Point Indexed Strategy	_____ %
S&P 500® Annual Monthly Sum Indexed Strategy	_____ %
S&P 500® 18-Month Point-to-Point Indexed Strategy	_____ %
SPDR® Gold Shares Exchange Traded Fund Annual Point-to-Point Indexed Strategy	_____ %
S&P Risk Control Annual Point-to-Point with Participation Rate	_____ %
Total (must equal 100%)	_____ %

3. Rider Selection (Please choose A, B or C below only if purchasing the IncomeSustainer® Plus, IncomeSecure® or Inheritance Enhancer® and ensure that the rider box on the application/request form is checked. Not available in all states. Please check availability with your agent.)

I elect the optional rider checked below (select one). I understand that an annual rider charge applies. I also understand that if I elect to increase and other rider features may be affected if I elect to reset the rider benefit base, take an excess withdrawal, or if the insured's spouse.

- ☐ **A. IncomeSustainer Plus** guaranteed income and death benefit rider. Available for ages 50–85.
- ☐ **B. IncomeSecure** guaranteed income rider. Available for ages 40–85.
- ☐ **C. Inheritance Enhancer** guaranteed death benefit rider. Available for ages 50–85.

Name of Insured*: _____

*Complete ONLY IF InheritanceEnhancer Rider is selected. Designate a human being who is an owner or joint owner. If the owner is not a human being, designate an annuitant or joint annuitant.

Please read your rider for definitions and complete terms, conditions and limitations that apply to your rider.

4. Agreement

The owner(s) agrees that Great American Life is authorized to process the selections set out above, and to hold the owner(s) harmless against any and all claims made by reason of the selections.

Owner: Initial here if you wish to authorize the agent/producer identified on the application/request form to execute the strategy selections on your behalf for this contract.

Joint owner (if applicable): Initial here if you wish to authorize the agent/producer identified on the application/request form to execute your interest strategy selections on your behalf for this contract.

Owner's signature

Date

Joint owner's signature (if applicable)

Date

The S&P 500 Index is a product of S&P Dow Jones Indices LLC ("SPDJ"), and has been licensed for use by Great American Life. Standard & Poor's®, S&P®, S&P 500®, SPDR® and STANDARD & POOR'S DEPOSITORY RECEIPTS® are registered trademarks of Standard & Poor's Financial Services LLC ("S&P"); Dow Jones® is a registered trademark of Dow Jones Trademark Holdings LLC ("Dow Jones"); and these trademarks have been licensed for use by SPDJI and sublicensed for certain purposes by Great American Life. Great American Life's American Legend III is not sponsored, endorsed, sold or promoted by SPDJI, Dow Jones, S&P, their respective affiliates, and none of such parties make any representation regarding the advisability of investing in such product(s) nor do they have any liability for any errors, omissions, or interruptions of the S&P 500 Index.

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For Section 1, the following initials are needed for corrections and/or blank responses:

• None

For Section 2, the following initials are needed for corrections and/or blank responses:

- **Client**, if corrected and the agent is not properly authorized in Section 4
- **Agent**, if corrected and the agent is properly authorized in Section 4
- **None**, if blank

For more information, visit www.US.SPIndices.com and search keyword SPXAV10P.

For Section 3, the following initials are needed for corrections and/or blank responses:

• **Client**

For Section 4, the following initials are needed for corrections and/or blank responses:

• **Client**

Client Financial Disclosure Information Form

Client Financial Disclosure Information (CFD)

Instructions: Complete this form in its entirety for all IRAs and non-qualified sales, including transactions. If you are submitting information for the owner and his or her spouse/donor, the owner is to be a revocable trust, responses should be based on the trust settlor's/grantor's over the life of the trust. If you are submitting information for the owner and his or her spouse/donor to be an irrevocable trust, use Form D2658916NW.

Owner/joint owner information

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

A. Financial status

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

For Sections A-E, the following initials are needed for corrections and/or blank responses:

- **Client**, if corrected and questions A1, A6, A11, B1-4 and C2
- **Agent**, if corrected (excluding questions A1, A6, A11, B1-4 and C2)
- **None**, if blank

Client Financial Disclosure Form

For Sections A-E, the following initials are needed for corrections and/or blank responses:

- **Client**, if corrected and questions A1, A6, A11, B1-4 and C2
- **Agent**, if corrected (excluding questions A1, A6, A11, B1-4 and C2)
- **None**, if blank

B. Purchase information

1. Total purchase payment \$ _____
A FIW is required for all pending and active policies with a combined value of \$250,000 or more Group. The FIW may also be requested for sales under \$250,000.

2. Purchase payment as a percentage of net worth (total purchase payment divided by approximate net worth, **a FIW must be completed and submitted with this CFD.**)
☐ 1%-10% ☐ 11%-20% ☐ 21%-30% ☐ 31%-40% ☐ 41%-50% ☐ 51%+ (FIW required)

3. What percentage of your total investment portfolio (including cash value of insurance policies) is the potential annuity purchase? (**If 51%+ is selected, a FIW must be completed and submitted with this CFD.**)
☐ 0%-10% ☐ 11%-25% ☐ 26%-50% ☐ 51%+ (FIW required)

4. Value of all annuities owned by you as a percentage of your net worth (including the purchase of this annuity). (**If 51%+ is selected, a FIW must be completed and submitted with this CFD.**)
☐ 0%-10% ☐ 11%-25% ☐ 26%-50% ☐ 51%+ (FIW required)

C. Financial objectives and considerations

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

D. Accessing your money

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

Client Financial Disclosure Form

E. Replacement

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

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

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

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

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

Owner's signature _____

Date _____

Joint owner's signature _____

Agent's signature _____

Date _____

Agent number _____

For Sections A-E, the following initials are needed for corrections and/or blank responses:

- **Client**, if corrected and questions A1, A6, A11, B1-4 and C2
- **Agent**, if corrected (excluding questions A1, A6, A11, B1-4 and C2)
- **None**, if blank

The following initials are needed for corrections to the signature lines:

- **Client**, if owner's signature, joint owner's signature and/or date is corrected
- **Agent**, if agent's signature and/or date is corrected

Client Financial Disclosure Form

For Additional Purchase Payments

Client Financial Disclosure Information for Additional Purchase Payments (CFD Add)

Instructions: Please submit this form when making an additional purchase payment to an owner. This form **permits multiple payments**. Complete and submit this form in its entirety for additional purchase payments to a **non-qualified, including transfers/rollovers** to existing contracts. Existing contracts issued in 2005 or later must submit this form in its entirety for **all transfers/rollovers/exchanges**. Provide combined information for the owner, spouse/domestic partner/joint owner, as applicable. **If the owner is to be an irrevocable trust, use Form D2662416NW.**

For Sections A-B, the following initials are needed for corrections and/or blank responses:

- **Client**, if question A1 is corrected
- **Agent**, if corrected (excluding question A1)
- **None**, if blank

Owner/joint owner information				
Owner's name	SSN	Age	Existing Contract #	Employed: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed or Retired
A. Purchase information				
1. Total amount of additional purchase payment \$ _____ <i>A Financial Inventory Worksheet (FIW) is required for all pending and active policies with a combined value of \$250,000 or more, issued by Great American Annuity Group. The FIW may also be requested for sales under \$250,000.</i>				
2. What is your source for this annuity's additional purchase payment? (check all that apply) <input type="checkbox"/> Another annuity <input type="checkbox"/> Certificates of deposit <input type="checkbox"/> Home equity loan <input type="checkbox"/> Life insurance <input type="checkbox"/> Reverse mortgage/Home <input type="checkbox"/> Savings/Checking <input type="checkbox"/> Stocks/Bonds/Mutual funds <input type="checkbox"/> Other, explain: _____				
3. Are there fees, penalties, surrender charges or other costs associated with the source of funds indicated in question 2 above? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the total of such costs \$ _____ and the percentage this represents _____ %.				
B. Replacement				
1. Have you ever exchanged or replaced an annuity? <input type="checkbox"/> No <input type="checkbox"/> Yes, within the last 5 years <input type="checkbox"/> Yes, more than 5 years ago				
2. Is another annuity a source for this annuity's additional purchase payment? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, respond to all of the following questions.</i>				
a. What benefits with the other annuity will you lose? (<i>must choose one</i>) <input type="checkbox"/> None <input type="checkbox"/> Enhanced death benefit <input type="checkbox"/> Income benefit <input type="checkbox"/> Living benefit <input type="checkbox"/> Other <i>If other, explain:</i> _____				
b. What type of annuity is being replaced? <input type="checkbox"/> Fixed annuity <input type="checkbox"/> Fixed indexed annuity <input type="checkbox"/> Variable annuity				
c. Which of the following is true regarding the relationship of cost and benefits between the annuity purchased and the annuity being replaced? (<i>must choose one</i>) <input type="checkbox"/> Increased cost and increased benefits <input type="checkbox"/> Increased cost and lesser benefits <input type="checkbox"/> Similar cost and increased benefits <input type="checkbox"/> Similar cost and similar benefits <input type="checkbox"/> Other <i>If other, explain:</i> _____				
d. Is the guaranteed minimum interest rate (GMIR) of the annuity or policy being replaced higher, lower, or the same as the annuity being purchased? (<i>must choose one</i>) <input type="checkbox"/> GMIR for annuity being replaced is lower <input type="checkbox"/> GMIR for annuity being replaced is the same <input type="checkbox"/> GMIR for annuity being replaced is higher <i>If higher, please provide GMIR for annuity being replaced:</i> _____ %				

Please note: All questions must be answered or your request for additional purchase payments into your not in good order and will not be considered. This form must be signed and dated the same day as your r of my knowledge and belief, the information above is true and complete; and the information I previously provided objective, risk tolerance, and financial information continues to be accurate. I understand that I should consult my implications of the purchase of an annuity or the exchange of an existing annuity of life insurance contract.

The following initials are needed for corrections to the signature lines:

- **Client**, if owner's signature, joint owner's signature and/or date is corrected
- **Agent**, if agent's signature and/or date is corrected

05/16

Financial Inventory Worksheet

Financial Inventory Worksheet

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

The following initials are needed for corrections and/or blank responses:

- **Agent**, if corrected
- **None**, if blank

A. MONTHLY SPENDABLE INCOME

Include spouse/partner

Monthly Household Income

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

Monthly Living Expenses

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

MONTHLY SPENDABLE INCOME

\$ _____ - \$ _____ = \$ _____
Total Income Total Expenses Monthly Spendable Income

B. HOUSEHOLD NET WORTH

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

Assets

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

Debts

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

HOUSEHOLD NET WORTH

\$ _____ - \$ _____ = \$ _____
Total Assets Total Debt Household Net Worth

Agent Comments: _____

Client Name: _____

Policy Number: _____

Agent Signature: _____

Date: _____

Replacement of Life Insurance or Annuities

☐ Annuity Investors Life Insurance Company®

☐ Great American Life Insurance Company®

IMPORTANT NOTICE Replacement of Life Insurance or Annuities

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

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

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

A financed purchase occurs when the purchase of a new life insurance policy involves the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated cash value, from an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase also occurs when a new policy is purchased and the premium is paid by borrowing from an existing policy.

You should carefully consider whether a replacement is in your best interests. You will pay surrender costs if you discontinue making premium payments on the existing policy or contract. You may be able to make a financed purchase to meet your insurance needs at less cost. A financed purchase will reduce the amount paid upon the death of the insured.

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

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

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

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

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

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

Applicant's Signature and Printed Name _____

Date _____

Joint Applicant's Signature and Printed Name _____

Agent's/Producer's Signature and Agent's/Producer's Printed Name _____

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

L2600613NW

1 signed notice
1 signed notice
1 signed notice

For Questions 1 and 2 and the table in the middle of the form, the following initials are needed for corrections and/or blank responses:

- **Agent**, if corrected
- **None**, if blank

The **Agent** must initial corrections to this question.

The following initials are needed for corrections to the signature lines and signature dates:

- **Client**, if owner's signature, joint owner's signature and/or signature date is corrected
- **Agent**, if agent's signature and/or signature date is corrected

Replacement of Life Insurance or Annuities

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

PREMIUMS :

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

POLICY VALUES :

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

INSURABILITY :

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

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

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

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

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

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS :

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

Exchange/Rollover/Transfer Request

Great American Insurance Group®

Exchange/Rollover/Transfer Request

Great American Life® • Annuity Investors® Life

Complete sections 1,2,3,5 for Qualified requests; Complete sections 1,2,4,5 for Non-Qualified requests

For Sections 1-4, the following initials are needed for corrections and/or blank responses:

- Agent, if corrected
- None, if blank

Please note the transfer company could reject the transfer if the client does not initial any and all corrections.

1. Owner/annuitant information for account to be exchanged/rolled over/transferred (required)

Owner name _____ Annuitant/participant name _____
Owner SSN/tax ID _____ Annuitant/participant SSN _____
Joint owner name _____ Joint annuitant/participant name _____
Joint owner SSN _____ Joint annuitant/participant SSN _____

2. Transferring institution information (required)

Existing account provider _____ Provider street address (required) _____
Provider phone _____
Existing account # _____ Provider fax (if available) _____
Send paperwork: ☐ By mail ☐ By fax ☐ Agent pursuing funds; do not mail form

3a. Qualified accounts: Tax qualification of existing and new accounts

From: ☐ Traditional 403(b) ☐ Traditional IRA
☐ Roth 403(b) ☐ SEP IRA
☐ Governmental 457(b) ☐ SIMPLE IRA
☐ Roth 457(b) ☐ Roth IRA
☐ Pension/Profit Sharing/401(k) ☐ Inherited IRA
☐ Roth 401(k)

To: ☐ Traditional 403(b) ☐ Traditional IRA
☐ Roth 403(b) ☐ SEP IRA
☐ Governmental 457(b) ☐ SIMPLE IRA
☐ Roth 457(b) ☐ Roth IRA
☐ Pension/Profit Sharing/401(k) ☐ Inherited IRA (for non-spouse beneficiary)
☐ Roth 401(k)

3b. Qualified accounts: Type of exchange/rollover/transfer where existing and new accounts have the same tax qualification

- ☐ This is a contract exchange/reinvestment within the same employer plan. Complete sections 3c and 3d.
- ☐ This is a direct rollover to a plan with a new employer of an eligible rollover distribution from a plan of a previous employer. Complete sections 3c, 3d and 3e.
- ☐ This is an IRA to IRA direct trustee to trustee transfer, or a plan-to-plan transfer to a plan of a different employer with the same tax qualification as the plan with the previous employer. Complete section 3c.

Please refer to Attachment A for complete transaction definitions.

We will require documentation that the receiving plan will accept the rollover/exchange/transfer; most 403(b), Governmental 457(b) and 401 plans will require a segregated rollover account.

3c. Qualified accounts: Amount to be exchanged/rolled over/transferred

☐ New GAIG contract ☐ GAIG contract # _____
I wish to rollover/exchange/transfer:
☐ Full amount \$ _____
If annuity: ☐ contract attached ☐ contract lost
☐ Partial amount \$ _____ or _____ %
Effective: ☐ Immediately ☐ On ____/____/____

Required Minimum Distribution Information

The required beginning date for distributions from a TSA, all IRAs (except a Roth IRA), all 401 plans and Governmental 457 plans is April 1 following the calendar year in which you reach age 70½ (or a later year in which you retire, if not an IRA). The following information is required if you are or will be over 70½ in age in the year of the transfer/rollover:

- ☐ No RMD is required for the current year.
☐ I have already taken my full RMD for the current year.
☐ I direct the provider of my existing account to distribute the RMD to me before the exchange/rollover/transfer.

3d. Qualified accounts: For exchange within or rollover/transfer from 403(b), pension/profit sharing/401(k), or governmental 457(b) plan

Name of existing employer plan _____
Name of plan administrator _____
Plan administrator phone/contact name _____

The plan administrator of the employer plan under which the existing account is maintained hereby certifies that the exchange, rollover, or transfer is permitted under the employer plan, and authorizes the provider of the existing account to process this request.

Plan administrator signature _____

Date _____

Exchange/Rollover/Transfer Request

3e. Qualified accounts: For rollover/transfer into 403(b), pension/profit sharing/401(k), or g

Name of receiving employer plan _____

Name of plan administrator

Plan administrator phone/contact name

The plan administrator of the plan to which the assets are being transferred hereby certifies that the plan is a qualified employer plan, and authorizes the transfer.

Plan administrator signature

4. Non-qualified accounts: (proceeds will be placed in a non-qualified account at GAIG)

A. Type of Transfer

- ☐ **Standard 1035 Exchange** (non-qualified annuity/life insurance to non-qualified annuity):
- ☐ **Post-death 1035 Exchange** (to inherited non-qualified annuity)
- ☐ **Other non-qualified** transfer from CD, Stock, Other:

B. Amount of Transfer

- ☐ **Full** (approximate value \$ _____)
- or
- ☐ **Partial** \$ _____ or _____ %

C. Other

Transfer these funds: ☐ Immediately ☐ On / /

To: ☐ New policy ☐ Policy in force (#)

If Annuity: ☐ Contract Attached ☐ Contract Lost

I hereby make a complete and absolute assignment and transfer to the GAIG member company of all rights, title and interest of every nature and character in and to said policy or account (or said portion thereof), and irrevocably waive all rights, claims and demands under it, in exchange for a GAIG contract. I assume full responsibility for any lapse of the prior policy for nonpayment of premiums or otherwise. This serves as my authorization to liquidate and forward the amount to be withdrawn from the above account to the GAIG company to be applied in accordance with these instructions.

5. Agreement and authorization *(required)*

I understand and agree that: (1) No amount will be credited to my annuity with the GAIG company until the funds are received by the GAIG company in cash; (2) the GAIG company is not responsible for the consequences of any delay in payment by the existing account provider; (3) the GAIG company and its representatives cannot provide legal and tax advice; (4) neither the GAIG company nor the existing account provider can be responsible for the tax qualification of the other's account or for the intended tax treatment of the rollover/exchange/transfer; and (5) GAIG does not accept responsibility for tracking after-tax funds in a qualified contract.

I represent and warrant that no prior request or bankruptcy, insolvency, levy, judgment or other pending legal proceeding limits or affects my right to make this rollover/exchange/transfer.

I AGREE AND HOLD HARMLESS AND INDEMNIFY THE GAIG COMPANY AGAINST ANY AND ALL CLAIMS OR DEMANDS RELATED TO THIS ROLLOVER/EXCHANGE/TRANSFER AND THE LIQUIDATION OF THE EXISTING ACCOUNT.

I hereby direct the provider to pay the amount indicated and forward it to the provider's bank account related to the amount transferred.

Owner/participant signature (r

Joint owner/participant signature (if applicable)

Witness signature (Agent)

Guarantee signature (if required)

6. Acceptance *(completed by Home Office)*

The GAIG company accepts this transfer, rollover, or 1035 exchange and requests that the amount to be transferred or rolled over be liquidated and forwarded to it. Owner/Annuity information for accepting annuity:

Owner Name: _____

Joint Owner Name: _____

Annuitant Name: _____

Joint Annuitant Name: _____

Authorized signature	Title	Ext.	Date
----------------------	-------	------	------

Michael W. Hunt Divisional President
Officer signature Title

Make check(s) payable to

- ☐ Annuity Investors Life
- ☐ Great American Life Insurance Co.

FBO

- | | |
|-------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Fixed Contract # _____ | <input type="checkbox"/> Variable Contract # _____ |
| P.O. Box 5420 | P.O. Box 5423 |
| Cincinnati, OH 45201-5420 | Cincinnati, OH 45201-5423 |
| (800) 854.3649 | (800) 789.6771 |

For overnight: 301 E Fourth Street • Cincinnati, OH 45202

For Sections 1-4, the following initials are needed for corrections and/or blank responses:

- **Agent**, if corrected
- **None**, if blank

Please note the transfer company could reject the transfer if the client does not initial any and all corrections.

For Section 5, the following initials are needed for corrections and/or blank responses:

- **Client**, if corrected
- **None**, if blank

Please do not complete Section 6. This section is for Great American use only.

Exchange/Rollover/Transfer Request

Exchange/Rollover/Transfer Request Attachment A

Is my request an exchange, rollover or transfer?

Exchange (within same employer's plan)

- The transferring plan and the receiving plan are the same.
- Funds are moving to a different account under the same plan.
- The vendor receiving the funds must be a participating vendor under the plan, or must have an information sharing agreement with the employer.

Rollover (to a different employer's plan)

- The transferring plan and the receiving plan are sponsored by two different employers.
- The participant must be eligible to receive a distribution from the transferring plan.
- The distribution from the transferring plan must qualify as an eligible rollover distribution.
- No after-tax amount may be rolled over into the receiving plan.
- If the receiving plan is a 403(b) plan, then the rollover contribution must be held in a separate account under the receiving plan, and not commingled with other contributions to the receiving plan, unless the terms of the receiving plan provide otherwise.
- If the receiving plan is a Governmental 457(b) plan, then in all cases the rollover contribution must be held in a separate account under the receiving plan, and not commingled with other contributions to the receiving plan.
- A separate rollover account under the receiving plan will not be subject to the distribution restrictions that otherwise may apply under the receiving plan, unless the terms of the receiving plan provide otherwise.

Plan-to-plan transfer (to a different employer's plan)

- The transferring plan and the receiving plan are sponsored by two different employers.
- The transferring plan and the receiving plan must both have the same tax qualification.
- The transferring plan and the receiving plan must both contain terms that permit this plan-to-plan transfer.
- The participant must have satisfied the distribution restrictions under the transferring plan, or the receiving plan must agree to continue to enforce those distribution restrictions.
- If both plans are 403(b) plans, the participant must be an employee or former employee of the employer that sponsors the receiving plan. If both plans are governmental 457(b) plans, the participant must have severed employment with the employer that sponsors the transferring plan and be currently providing services to the employer that sponsors the receiving plan.
- The funds will be subject to all of the distribution restrictions that otherwise apply under the receiving plan.