

PTE 84-24 DISCLOSURE STATEMENT

This statement is made pursuant to Prohibited Transaction Exemption 84-24 in connection with additional purchase payments (premiums) to an existing annuity contract with IRA or employee benefit plan funds.

Annuity Contract: **Great American Investors Life Insurance Company® EquiLink Choice Plus**
Contract Forms A620(Q98)-1 and A621(Q98)-1 (Contract form numbers may vary by state)

IRA or Plan:

Agent:

Agent is Independent of Insurer and Able to Recommend Other Annuity Contracts

Agent is independent of Great American Life Insurance Company. Agent is NOT contractually limited to recommending only annuity contracts of Great American Life Insurance Company.

Commissions Payable to Agent

Great American Life Insurance Company may pay a commission for each purchase payment made to the EquiLink Plus annuity contract. The total commissions to be received by Agent and/or an affiliate of Agent are % of the purchase payment amount. Commissions are not subtracted from the purchase payments or from annuity contract values.

Other Material Conflicts of Interest

A material conflict of interest exists if the Agent has a financial interest that a reasonable person would conclude could affect the exercise of the Agent's judgment in rendering advice as a fiduciary. In addition to commissions, the Agent has the following other material conflicts of interest::

Contract Charges and Adjustments

Indexed Interest Calculations: Indexed interest is credited only at the end of a 52- or 53-week index adjustment period. Withdrawals during the index adjustment period will not be credited with interest. No indexed interest is credited when the performance of the index is negative. The change in the index is measured by comparing (1) the average of 12 monthly index values over the index adjustment period, with (2) the index value at the beginning of the index adjustment period. Indexed interest for an index adjustment period is limited by a participation rate. The participation rate for an index adjustment period is set by Great American Life Insurance Company before the beginning of that term.

Early Withdrawal Charge (Surrender Charge): An early withdrawal charge is deducted from contract values if, during the first fifteen contract years, a withdrawal is taken, the contract is surrendered, or the contract is annuitized for a fixed period of less than seven years (unless under Option D). The early withdrawal charge will be equal to the early withdrawal charge rate multiplied by the amount that withdrawn, surrendered, or annuitized that is subject to such charge, which includes the amount needed to pay the charge itself. It will not include the amount, if any, covered by the free withdrawal allowance. For contract year fifteen, the early withdrawal charge rate is 1%.

Free Withdrawal Allowance: After the first contract year, the early withdrawal charge will not apply to amounts withdrawn or surrendered during the year to the extent that the total amounts do not exceed 10% of the account value on the most recent contract anniversary. The unused part of the free withdrawal allowance cannot be carried forward from one contract year to the next.

Premium Taxes: State premium taxes, where applicable, may also be deducted from contract values.

Guaranteed Minimum Surrender Value: The amount available on a surrender of the annuity contract, applied to an annuity payout benefit, or paid as a death benefit will never be less than the guaranteed minimum surrender value. The guaranteed minimum surrender value is equal to (1) 85% of purchase payments received in the first contract year, plus (2) 90% of all other purchase payments, minus (2) all withdrawals from the contract, and plus (3) interest at the rate of 3% per year.

ACKNOWLEDGMENT AND CONSENT

(To be completed by the IRA owner or the employer or other fiduciary with respect to the employee benefit plan)

I hereby acknowledge receipt of this Disclosure Statement prior to additional purchase payments to an EquiLink Choice Plus annuity contract. As IRA owner or a fiduciary of the employee benefit plan, I hereby approve additional purchase payments to such annuity contract.

IRA Owner or Plan Fiduciary Signature

Date

Print or Type Name

Title (if Plan Fiduciary)