

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 Life Insurance Company® Flex I**
Contract Form A202(3-81) (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 will pay a commission for each purchase payment made to the Flex I annuity contract. The total commission to be received by Agent and/or an affiliate of Agent is equal to % 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

Accumulated Value Calculation: The accumulated value of the contract does not include 85% of the purchase payments received in the first contract year.

Limit on Purchase Payments: Total purchase payments in any contract year may not exceed 150% of purchase payments received during the first contract year.

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

ACKNOWLEDGMENT AND CONSENT

(To be completed by the IRA owner or by 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 existing Great American Life Insurance Company Flex I 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)