

## 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 II**  
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 II 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

**Policy Fee:** A policy fee is assessed each contract year that a purchase payment is received. The policy fee for a year is the lesser of \$30 or the purchase payment(s) received during the contract year.

**Annuity Value Calculation:** The annuity value of the contract does not include the purchase payments applied to pay the policy fee. The annuity value of the contract does not include 35% of the purchase payments received in the first contract year in excess of the policy fee. The annuity value of the contract does not include 12.5% of purchase payments received in the second through tenth contract years in excess of the policy fee.

**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 II 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)