

Annotated Fixed and Fixed-Indexed Annuity New Business Forms

[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

Application for Fixed Deferred Annuity

Application Ownership Titling Guidelines

Client Financial Disclosure Information Form

Client Financial Disclosure Information Form for Irrevocable Trusts

Financial Inventory Worksheet

Replacement of Life Insurance or Annuities

Trust Certification and Agreement

Additional Beneficiary Designation Form

Affidavit Related to Power of Attorney

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.GALGannuities.com



Application for Deferred Annuity with Multiple Interest Crediting Strategies

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

Section 1 must be completed.

This question must be completed.

If the Owner is a Trust, Business, Inherited IRA or Inherited NQ case, the name of the human annuitant must be listed.

If the owner is a Trust, Business or Inherited policy, please click here for more detailed information on how to complete the ownership of the application.

If there is a joint owner, but not a joint annuitant, you must complete section 2A. If section is left blank, the Home Office will default to listing joint annuitants.

Primary and Joint Annuitants will be listed the same as the Primary and Joint Owners unless otherwise specified in this section.

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

You must indicate the product name, verify how funds will be sent to the Home Office and select the tax qualification.

3. Contract Information

- A. Product Name:** American Legend® III American Valor® 10 Safe ReturnSM
 Safe Outlook® American Custom 10SM
- B. Purchase Payment Amount: \$** _____
 Check (check here if indirect rollover) Transfer Rollover 1035 Exchange
- C. Tax Qualification for New Annuity (Must select one):**
 Non-Qualified TSA 403(b) Roth 403(b) 457 (Owner must be employer)
 Traditional IRA Roth IRA SEP IRA SIMPLE IRA
 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 by product.

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.**

If a rider is elected, the selection must match what is indicated 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) _____

Sections E & F must be completed.

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

All questions in Section 4 must be completed (only complete question C if applicable).

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 # _____

Depending on the state the application is signed in, question A or B must be answered.

If 5A is answered "yes," a Replacement Form must be submitted with the application.

If "Yes" is selected, company name and policy/contract # must be provided.

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

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

If the beneficiary listed below is not designated as Primary or Contingent beneficiary, it will automatically default to a Primary 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 made below.

List additional beneficiaries on the Additional Beneficiary Designation Form. Share/Percentage must equal 100%. If beneficiary is a trust, list the name of the trust, name(s) of the current trustee(s), and trust agreement date **AND** either provide a notarized trust certification or copies of the first page and signature page of the trust.

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.

This section, or sections, must be completed. Provide the name and social security number of the person(s). If this is left blank, it will be defaulted to the estate of the owner.

<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 _____

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

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 _____

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.

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

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 and complete 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 the change in the external index. I understand that the annuity does not directly participate in equity or debt investments. I understand that only the guaranteed minimum surrender value is guaranteed, and that the other values are not guarantees, promises, 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 the change in an external index. I understand that the annuity does not directly participate in equity or debt investments. I understand that only the guaranteed minimum surrender value is guaranteed, and that the other values are not guarantees, promises, 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.

If the policy is owned by a Trust or Business, or if there is a POA involved, the person with authority to sign on behalf of the client must sign the application and provide their title.

The application must be received by the Home Office within 90 days of the sign date.

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

9. Agent's Statement

I/we hereby certify that in connection with my/our presentation to the owner(s) herein, I/we only used sales material that was previously approved by the Company and that I/we left with the owner(s) a copy of all sales material used in my presentation. ("Sales Material means a sales illustration and other written, printed or electronically presented information created, completed or provided by the Company or the Agent and is used in the presentation to the owner in connection with 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 _____ Agent Code # _____

Phone _____ E-mail address _____ Commission Split _____ %

Printed name and signature are required.

If splitting commissions, please print the name of the additional agent and percentage of commissions they should receive. Combined total must equal 100%.

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

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

Safe Return SM	Safe Outlook [®]	American Legend [®] III	American Valor [®] 10	American Custom 10 SM
<input type="checkbox"/> Heap (01)	<input type="checkbox"/> Heap (01)	<input type="checkbox"/> Heap (01)	<input type="checkbox"/> Heap (01)	<input type="checkbox"/> Heap (01)
<input type="checkbox"/> Mod 3 (02)	<input type="checkbox"/> Mod 3 (02)	<input type="checkbox"/> Mod 3 (02)	<input type="checkbox"/> Trail AV (03)	<input type="checkbox"/> Mod 3 (02)
<input type="checkbox"/> Trail AV (03)	<input type="checkbox"/> Trail AV (03)	<input type="checkbox"/> Trail AV (03)	<input type="checkbox"/> Level AV (04)	<input type="checkbox"/> Trail AV (03)
<input type="checkbox"/> Level AV (04)		<input type="checkbox"/> Level AV (04)		<input type="checkbox"/> Level AV (04)

Select a commission option here. If commissions are split, both agents will receive the same rate. If no option is selected, the commissions will default to Heap for all products.

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

Great American Life Insurance Company®



Member Company

This form is product-specific. Please use New Business Kitting to obtain the correct form by product and state.

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

1. Owner

Primary Owner			Joint Owner (only available for non-qualified contracts)		
Name	_____		Name	_____	
Address	_____		Address	_____	
City	State	Zip	City	State	Zip
SSN	_____		SSN	_____	

Must provide name of the owner and joint owner, if applicable.

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 and conditions of your annuity contract. Indicate the percentage that you want applied to each strategy. Your selections must be indicated in whole percentages only and total 100%.

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

Declared Rate Strategy	_____ %	Some annuities provide that, unless you make changes to your selections, each strategy will automatically renew for a term. Other annuities provide that, at the end of each term, the funds held for that term will be reapplied for a new term based on your most recent selection of interest strategies. Please check with your financial professional for renewal information of the Great American Life annuity that you are purchasing. The S&P 500 Risk Control 10% Index refers to the S&P Average Daily Risk Control 10% USD Price Return Index. For more information, visit www.US.SPIndices.com and search keyword SPXAV10P.
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%)	_____ %	

Select any available strategy in this section. Indicate the percentage that should be applied to each strategy. Percentages must be whole numbers, and total 100%. Please note strategies may vary by state and by product.

If electing an optional rider, please check one of these boxes. The rider selected here must match the rider selected on the application. Please note there are age guidelines for the riders. Please check the product reference guide for details.

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 financial professional.)

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

If the Inheritance Enhancer is selected and there is more than one owner, you must indicate which owner will be the Insured. If the owner is a trust, the name of the annuitant should be listed as the Insured.

4. Agreement

The owner(s) agrees that Great American Life is authorized to process the selections set out above, and to honor the agent/producer authorization, if any, indicated below. The owner(s) will hold Great American Life harmless against any and all claims made by reason of these selections and any such authorization.

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

Owner's signature _____

Joint owner's signature (if applicable) _____

Date _____

Date _____

If the owner(s) would like the agent to act as an authorized representative, the owner(s) must provide initials. An "X" or checkmark is not acceptable.

Must be signed and dated by the owner and joint owner, if applicable. This form can be dated after the application sign 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.

S1101315NW

Application For Fixed Deferred Annuity

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.GALAnnuities.com



Application for Fixed Deferred Annuity

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 physical 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 information 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

Section 1 must be completed.

This question must be completed.

If the owner is a Trust, Business or Inherited policy, please click here for more detailed information on how to complete the ownership of the application.

If there is a joint owner, but not a joint annuitant, you must complete section 2A. If section is left blank, the Home Office will default to listing joint annuitants.

If the Owner is a Trust, Business, Inherited IRA or Inherited NQ case, the name of the human annuitant must be listed.

Primary and Joint Annuitants will be listed the same as the Primary and Joint Owners unless otherwise specified in this section.

Application For Fixed Deferred Annuity

3. Contract Information

- A. Product Name:** Secure American SecureGain 5* SecureGain 7*
- B. Purchase Payment Amount:** \$ _____
- Check (check here if indirect rollover) Transfer Rollover 1035 Exchange
- Wire Transfer Brokerage Account CD Redemption

**If multiple purchase payments you must include Multiple Purchase Payments form.*

- C. Tax Qualification for New Annuity (Must select one):**
- Non-Qualified TSA 403(b) Roth 403(b) 457 (Owner must be employer)
- Traditional IRA Roth IRA SEP IRA SIMPLE IRA
- 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 by product.

- D. The source of funds for this transaction is:** _____
- E. The purpose of this transaction:** _____
- F. Brokerage ID (if applicable):** _____
- G. Special Requests** (Subject to Home Office Approval) _____

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

You must indicate the product name, verify how funds will be sent to the Home Office and select the tax qualification.

Sections D & E must be completed.

All questions in Section 4 must be completed (only complete question C if applicable).

Click here for easy access to product guides.

Application For Fixed Deferred Annuity

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

If the beneficiary listed below is not designated as Primary or Contingent beneficiary, it will automatically default to a Primary 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 made below.

List additional beneficiaries on the Additional Beneficiary Designation Form. Share/Percentage must equal 100%. If beneficiary is a trust, list the name of the trust, name(s) of the current trustee(s), and trust agreement date **AND** either provide a notarized trust certification or copies of the first page and signature page of the trust.

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.

This section, or sections, must be completed. Provide the name and social security number of the person(s). If this is left blank, it will be defaulted to the estate of the owner.

<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 _____

Application For Fixed Deferred Annuity

5. 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 _____

6. 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.

Application For Fixed Deferred Annuity

6. 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 Fixed Deferred Annuity

Depending on the state the application is signed in, question A or B must be answered.

If 7A is answered "yes," a Replacement Form must be submitted with the application.

If "Yes" is selected, company name and policy/contract # must be provided.

7. Existing Insurance/Replacement

For applications signed in AL, AR, CO, CT, HI, IA, KY, LA, MS, MT, NE, OR, RI, SC, SD, TX, 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 CA, DE, GA, ID, IL, IN, KS, MA, MI, MO, 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 # _____

8. Agreement

I certify that I have read and understand each of the statements and answers on this application. To the best of my knowledge and belief, the answers to the statements above are true and correct.

For annuities with a market value adjustment feature:

I UNDERSTAND THAT WITHDRAWALS AND FULL SURRENDERS MAY BE SUBJECT TO A MARKET VALUE ADJUSTMENT.

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.

I understand annuities are not insured by the FDIC, or the NCUSIF, and are not a deposit or other obligation of, or guaranteed by a bank or similar financial institution. Annuities are subject to investment risk, including possible loss of principal amount invested.

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.

All fields in blue are required. If there is a joint owner, they must also sign and date the application.

The application must be received by the Home Office within 90 days of the sign date.

If the policy is owned by a Trust or Business, or if there is a POA involved, the person with authority to sign on behalf of the client must sign the application and provide their title.

Application For Fixed Deferred Annuity

9. Agent's Statement

I/we hereby certify that in connection with my/our presentation to the owner(s) herein, I/we only used sales material that was previously approved by the Company and that I/we left with the owner(s) a copy of all sales material used in my presentation. (**"Sales Material means a sales illustration and other written, printed or electronically presented information created, completed or provided by the Company or the Agent and is used in the presentation to the owner in connection with 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 _____ Agent Code # _____

Phone _____ E-mail address _____ Commission Split _____ %

Printed name and signature are required.

If splitting commissions, please print the name of the additional agent and percentage of commissions they should receive. Combined total must equal 100%.

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

Heap (01)

Application Ownership Titling Guidelines

If the owner is a Trust:

- Ownership should be listed as John Doe Trust (indicate whether the trust is Revocable or Irrevocable).
- The tax ID number must be provided.
- List the address where statements should be mailed.
- Section 2 must be completed with the name of a living individual.
- Application and all other documents must be signed by the Trustee.
- The sole Primary Beneficiary must be listed as the name of the Trust, and there cannot be any Contingent Beneficiaries listed.
- Provide a copy of the Trust Documents, or submit a Trust Certification Form (X6017907NW).

If the owner is a Business:

- Ownership should be listed as John Doe's Shop.
- Provide the address of the business, the FEIN and address.
- The Primary Beneficiary must be listed as the business.
- Application and all other documents must be signed by an authorized party.
- Submit a completed Certificate of Corporate Resolution Form (S2650910NW).

For Inherited IRA or Inherited Non-qualified policies:

- Ownership should be listed as John Doe Beneficiary of Mary Smith.
- Provide John Doe's address, Social Security Number and Date of Birth.
- Section 2 must be completed with John Doe's information.
- For Inherited IRA policies, submit a completed Inherited IRA ESP Form (S2652911NW).
- For Inherited NQ policies, submit a completed Inherited NQ ESP Form (S2658713NW).

Client Financial Disclosure Form

This form is required for new applications and must be submitted with additional Transfers into existing contracts for IRA and NQ policies. The form must be received within 90 days of the sign date. Please note all questions must be answered. Additionally, this form is required for all sales, regardless of tax qualification, in the state of New Jersey. For Florida sales, please use form D2624213FL.

Client Financial Disclosure Information (CFD)



Instructions: Complete this form in its entirety for all IRAs and non-qualified sales, including transfers/rollovers to existing contracts, and submit it with the application. Provide combined information for the owner and his or her spouse/domestic partner/joint owner, as applicable. If the owner is to be a revocable trust, responses should be based on the trust settlor's/grantor's overall income, assets, and health. **If the owner is to be an irrevocable trust, use Form D2658916NW.**

If the owner of the contract is a trust, please read carefully.

Owner/joint owner information

Owner's name	SSN	Age	Employed: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <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

If \$0 to \$2,500 is selected, a financial inventory worksheet must be completed and submitted with this CFD.

- 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

If \$0 to \$100,000 is selected, a financial inventory worksheet must be completed and submitted with this CFD.

If \$0 to \$10,000 is selected, a financial inventory worksheet must be completed and submitted with this CFD.

Client Financial Disclosure Form

B. Purchase information

- Total purchase payment \$ _____
A 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.
- Purchase payment as a percentage of net worth (total purchase payment divided by approximate household net worth) **(If 51%+ is selected, a FIW must be completed and submitted with this CFD.)**
 1%-10% 11%-20% 21%-30% 31%-40% 41%-50% 51%+ (FIW required) _____
- 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) _____
- 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

- 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:** _____
- 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:** _____
- 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:** _____
- 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:** _____
- 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:** _____
- 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

- 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:** _____
- 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

A financial inventory worksheet is required for all sales over \$250,000.

If 51%+ is selected, a financial inventory worksheet is required.

If no is selected, a financial inventory worksheet is required.

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:** _____ %.

These fields are required if "Yes" is selected.

If GMIR for annuity being replaced is higher, the GMIR for the replaced annuity must be provided.

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 (if applicable)

Date

Agent's signature

Date

Agent number

Agent must sign and date the form on or after the date on which the client signs.

Owner must sign and date on or before the application sign date. If applicable, joint owner signature date should be the same as the owner's signature date.

Client Financial Disclosure Form

For Irrevocable Trusts

This form is required for new applications & must be submitted with additional Transfers into existing contracts for IRA and NQ policies. The form must be received within 90 days of the sign date. Please note all questions must be answered. For Florida sales, please use form D2658914FL.

Client Financial Disclosure Information (CFD) For Irrevocable Trusts



Instructions: Complete this form in its entirety for all sales, including exchanges/transfers/rollovers to existing contracts, and submit it with the application/order ticket/request form. Provide information for the irrevocable trust that is to own the contract.

Owner information

Trust name	Tax ID number	Date Trust became Irrevocable
------------	---------------	-------------------------------

These fields are required.

A. Financial status

If \$0 to \$12,000 is selected, a financial inventory worksheet must be completed and submitted with this CFD.

- Trust's annual net income available for distributions to beneficiaries: **If \$0 to \$12,000 is selected, a financial inventory worksheet (FIW) for the trust must be completed and submitted with this CFD.**
 \$0-\$12,000 \$12,001-\$25,000 \$25,001-\$50,000 \$50,001-\$100,000 \$100,001+
- Will the purchase of this annuity reduce the trust's annual net income available for distribution to beneficiaries? Yes No
- Do you anticipate any other significant decrease in the trust's liquid assets or annual net income available for distribution to beneficiaries (e.g. increase in expenses or decrease in net income) during the next 10 years?
 Yes No **If yes, explain:** _____
- Trust distributions to beneficiaries from **trust income** (as defined for trust purposes to include inside buildup on an annuity contract):
 mandatory distributions of net income distributions for health/support/maintenance distributions in trustee's discretion other
If other, explain: _____
- Trust distributions to beneficiaries from **trust principal**:
 distribution for health/support/maintenance distribution in trustee's discretion distribution only upon trust termination other
If other, explain: _____
- If trust distributions are made for health/support/maintenance, average annual distributions:
 Not applicable \$0-\$12,000 \$12,001-\$25,000 \$25,001-\$50,000 \$50,001-\$100,000 \$100,001+
- If trust distributions are made for health/support/maintenance, do you anticipate any significant increase in the needs of the beneficiaries (e.g. future nursing home expenses) during the next 10 years?
 Not applicable Yes No **If yes, explain:** _____
- What is the trust's marginal federal tax rate? 0%-15% 16%-25% 26%-33% 33% and over
- Do you expect a change to the trust's marginal federal tax rate? Yes No **If yes, explain:** _____
- Trust's approximate net worth – total trust net assets minus total trust debt: **If \$0 to \$100,000 is selected, a FIW must be completed and submitted with this CFD.**
 \$0-\$100,000 \$100,001-\$250,000 \$250,001-\$500,000 \$500,001+
- Trust's liquid assets -- 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 \$10,001-\$25,000 \$25,001-\$50,000 \$50,001-\$100,000 \$100,001-\$200,000 \$200,001+
- When is the trust expected to terminate?
 on death of beneficiary or grantor as determined in trustee's discretion fixed number of years or fixed age other event
If other, explain: _____
- Estimated number of years until trust termination: 0-3 years 4-6 years 7-10 years 10+ years
- How will this annuity be handled at trust termination?
 surrendered and proceeds distributed to beneficiaries in cash distributed to single beneficiary in kind

If \$0 to \$10,000 is selected, a financial inventory worksheet must be completed and submitted with this CFD.

Client Financial Disclosure Form

For Irrevocable Trusts

A. Financial status continued	
15. Trustee's investment experience:	<input type="checkbox"/> 0-3 years <input type="checkbox"/> 4-6 years <input type="checkbox"/> 7-10 years <input type="checkbox"/> 10+ years
16. Trust's risk tolerance:	<input type="checkbox"/> Limit risk/low to moderate growth potential <input type="checkbox"/> Moderate risk/medium to high growth potential <i>Explain annuity's fit:</i> _____
B. Purchase information	
1. Total purchase payment \$ _____	A FIW is required for all 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.
2. Purchase payment as a percentage of trust's net worth (total purchase payment divided by trust's approximate net worth) If 51%+ is selected, a FIW must be completed and submitted with this CFD.	<input type="checkbox"/> 1%-10% <input type="checkbox"/> 11%-20% <input type="checkbox"/> 21%-30% <input type="checkbox"/> 31%-40% <input type="checkbox"/> 41%-50% <input type="checkbox"/> 51%+ (FIW is required)
3. Value of all annuities owned by the trust as a percentage of the trust's net worth (including the purchase of this annuity): If 51%+ is selected, a FIW must be completed and submitted with this CFD.	<input type="checkbox"/> 0%-10% <input type="checkbox"/> 11%-25% <input type="checkbox"/> 26%-50% <input type="checkbox"/> 51%+ (FIW is required)
C. Financial objectives and considerations	
1. What is the intended use of this annuity? (check all that apply)	<input type="checkbox"/> Death benefit <input type="checkbox"/> Growth potential <input type="checkbox"/> Immediate income <input type="checkbox"/> Lifetime income <input type="checkbox"/> Safety <input type="checkbox"/> Tax-deferred growth <input type="checkbox"/> Medicaid <input type="checkbox"/> Veterans Administration <input type="checkbox"/> Other If other, explain: _____
2. Does the trust have sufficient liquid assets or income for current and future expenses and distributions to beneficiaries (including distributions for the health care and emergencies for a beneficiary) 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____
3. What other financial products does the trust currently own? (check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Fixed annuities <input type="checkbox"/> Variable annuities <input type="checkbox"/> Savings/Checking <input type="checkbox"/> Life insurance <input type="checkbox"/> Certificates of deposit <input type="checkbox"/> Stocks/Bonds/Mutual funds <input type="checkbox"/> Other If other, explain: _____
4. What other financial products has the trust previously owned? (check all that apply)	<input type="checkbox"/> None <input type="checkbox"/> Fixed annuities <input type="checkbox"/> Variable annuities <input type="checkbox"/> Savings/Checking <input type="checkbox"/> Life insurance <input type="checkbox"/> Certificates of deposit <input type="checkbox"/> Stocks/Bonds/Mutual funds <input type="checkbox"/> Other If other, explain: _____
5. What is the trust's source for this annuity's purchase payment? (check all that apply)	<input type="checkbox"/> Another annuity <input type="checkbox"/> Savings/Checking <input type="checkbox"/> Certificates of deposit <input type="checkbox"/> Life insurance <input type="checkbox"/> Loan <input type="checkbox"/> Stocks/Bonds/Mutual funds <input type="checkbox"/> Other If other, explain: _____
6. Are there fees, penalties, surrender charges or other costs associated with the source of funds indicated in question 5 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the total of such costs: \$ _____ and the percentage this represents: _____ %
D. Accessing the trust's money	
1. How does the trust anticipate taking distributions from this annuity? (check all that apply)	<input type="checkbox"/> Annuitize <input type="checkbox"/> Free withdrawals <input type="checkbox"/> Partial withdrawals above free withdrawals <input type="checkbox"/> Lump sum surrender <input type="checkbox"/> Death benefit <input type="checkbox"/> Immediate income <input type="checkbox"/> Required minimum distribution <input type="checkbox"/> Systematic withdrawals <input type="checkbox"/> Living benefit rider payments <input type="checkbox"/> Distribute contract to trust beneficiary <input type="checkbox"/> Other If other, explain: _____
2. When does the trust anticipate taking its first distribution? (choose one)	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> Between 1-5 years <input type="checkbox"/> Between 5-9 years <input type="checkbox"/> 10+ years <input type="checkbox"/> None anticipated

A financial inventory worksheet is required for all sales over \$250,000.

If 51%+ is selected, a financial inventory worksheet is required.

If no is selected, a financial inventory worksheet is required.

Client Financial Disclosure Form

For Irrevocable Trusts

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:** _____ %

These fields are required if "Yes" is selected.

F. Purpose of Trust

1. Is trust intended to qualify a wartime veteran, or the surviving spouse of a wartime veteran, for benefits from the Veteran's Administration?
 Yes No

Please note: All questions must be answered or the 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.

_____	_____	_____	_____
Trustee's signature	Date	Co-Trustee's signature	Date
_____	_____	_____	
Agent's signature	Date	Agent number	

Agent must sign and date the form on or after the date on which the owner signs.

Trustee must sign and date on or before the application sign date. If there are multiple Trustees, all must sign the form. If applicable, Co-Trustee signature date should be the same as Trustee's signature date.

Financial Inventory Worksheet

All applicable sections should be completed.



Financial Inventory Worksheet

- **Required** for all IRA and non-qualified sales \$250,000 or higher and required when Household Net Worth is less than \$100,000.
- **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.

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

$$\text{\$ } \frac{\text{Total Income}}{\text{Total Income}} - \text{\$ } \frac{\text{Total Expenses}}{\text{Total Expenses}} = \text{\$ } \frac{\text{Monthly Spendable Income}}{\text{Monthly Spendable Income}}$$

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

$$\text{\$ } \frac{\text{Total Assets}}{\text{Total Assets}} - \text{\$ } \frac{\text{Total Debt}}{\text{Total Debt}} = \text{\$ } \frac{\text{Household Net Worth}}{\text{Household Net Worth}}$$

Agent Comments: _____

Client Name: _____

Policy Number: _____

Agent Signature: _____

Date: _____

Provide Policy Number or client's Social Security Number.

Client's name and agent signature are required.

Replacement of Life Insurance or Annuities

A state-specific version of this form may be required. Please visit New Business kitting for the most up-to-date forms.

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 use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interests. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may 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.

These questions must be completed.

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.			

If the sale involves a replacement, all boxes within this section must be completed.

Signature and date are required. This form must be signed on or before the sign date on the application, and must be received within 90 days of the sign date.

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, accurate:

If the sale involves a replacement, this question must be completed.

Applicant's Signature and Printed Name _____ Date _____

Joint Applicant's Signature and Printed Name _____ Date _____

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

Joint owner sign date should be the same as the owner sign date.

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

Agent must sign and date the form on or after the date on which the client signs. However, if it is a replacement case, the agent must also print their name.

L2600613NW

1 signed notice to applicant and joint applicant
1 signed notice to agent
1 signed notice to replacing insurance company

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?

Trust Certification and Agreement



Member Companies:
 Great American Life Insurance Company®
 Annuity Investors Life Insurance Company®
 Manhattan National Life Insurance Company

Administration for Life Insurance and Annuities:
 United Teacher Associates Insurance Company
 Continental General Insurance Company®
 Loyal American Life Insurance Company®
 Central Reserve Life Insurance Company
 Provident American Life & Health Insurance Company

Fixed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax
 Variable Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 513-768-5115 Fax

Overnight Address:
 Fixed/Variable Annuities: 10th Floor, 301 E Fourth St, Cincinnati OH 45202

TRUST CERTIFICATION AND AGREEMENT

Name of Trust: Contract Number(s) (if known)

Certification. Each trustee certifies under penalties of perjury:

- The trust exists under a written trust instrument executed on: insert date of original trust (month/day/year)
- The trust was created and is valid under the law of the state of: insert name of state
- The name of each grantor of the trust is: insert name(s) of grantor(s)

These fields are required.

The name and address of each trustee is required.

4. The name and address of each currently acting trustee of the trust is:

trustee name(s):	address:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

One of these boxes must be checked.

5. The trust is: **Irrevocable** (complete Irrevocable Trust Addendum or provide a full copy of the trust document) (check one) **revocable**, and the name each grantor who currently holds a power to revoke is: insert name(s) (if applicable)

Please note that we require the grantor of a revocable trust to be named as the annuitant under the annuity contract. If more than one, all the grantors should be named as joint annuitants.

If there is more than one trustee, one of these boxes must be checked.

6. If there is more than one currently acting trustee: (check one) Co-trustees must act **unanimously** in exercising trust powers A **majority** of co-trustees must act in exercising trust powers Each co-trustee may **independently** exercise trust powers Not applicable (there is only one trustee)

These sections must be completed.

7. The tax identification number for the trust is: insert EIN (or SSN if grantor-type trust)
8. The trust authorizes the trustee(s) to purchase, receive, hold, assign, annuitize, take withdrawals from, surrender, and otherwise deal with annuity contracts, and to cause the proceeds from any such transaction to be paid directly to the beneficiaries and others as the trustee(s) may direct.
9. The trust has not been revoked, modified, or amended in any manner that would cause these representations to be incorrect. This certification supersedes any prior certifications, documents, or information regarding this trust.

Agreement to Provide Copies. At the request of the GAIG company, each trustee agrees to furnish a copy of those excerpts from the original trust instrument and later amendments that designate the trustee(s) and confer upon the trustee(s) the power to act with respect to an annuity contract or transaction.

Designation of Beneficiary. Each trustee hereby designates the trust itself as the beneficiary of the annuity contract(s) owned by the trust and issued or administered by the GAIG company. This designation revokes all prior designations. This designation is irrevocable during any period that the annuity contract is owned by the trust.

Indemnification. Each trustee agrees, both on behalf of the trust and individually, jointly and severally, to indemnify the GAIG company and hold it harmless from any claims, liabilities, and expenses, including reasonable attorney fees, that arise from following the instructions of the trustee(s) or that arise from reliance by the GAIG company on the certifications made above. This indemnification shall survive the termination of the trust, the annuity contract, or this certification and agreement.

Reliance. On behalf of the trust, each trustee hereby agrees that the GAIG company may rely on the certifications made above until the GAIG company receives a new certification, on its form or in a manner satisfactory to the GAIG company, advising it of any changes related to the trust or the trustee(s).

If there are multiple trustees, all must sign the form. The dates do not need to match.

_____ Signature of Trustee	_____ Date	_____ Signature of Co-Trustee (if applicable)	_____ Date
NOTE: We generally require that all co-Trustees sign this form		_____ Signature of Co-Trustee (if applicable)	_____ Date

Signature(s) and date are required.

Additional Beneficiary Designation Form



GREAT AMERICAN LIFE INSURANCE COMPANY®
 ANNUITY INVESTORS LIFE INSURANCE COMPANY®
 LOYAL AMERICAN LIFE INSURANCE COMPANY®

ADDITIONAL BENEFICIARY DESIGNATION FORM

(When used, this Form MUST be accompanied by an Application/Order Ticket/Request Form.)

1. BENEFICIARY ELECTION (Please print)

The Death Benefit will be paid to the primary beneficiaries or survivors of them in equal shares unless otherwise stated. The Death Benefit will be paid to contingent beneficiaries or survivors of them in equal shares only if there are no surviving primary beneficiaries. If additional space is needed, please attach a separate page signed by the owner(s) and dated the same date as this application/order ticket/request form.

Please show full name, address, relationship to Owner(s), and Social Security Number/Tax ID Number of all beneficiaries. If the Beneficiary is a trust, please list the name of the trust, the name(s) of the current trustee(s), and the trust agreement date **AND** provide copies of the first and signature pages of the trust.

PRIMARY BENEFICIARY(IES):

Beneficiary's full name is required.

Please provide beneficiary's social security number.

Name	Address	SSN/Tax ID #	Relationship to Owner

CONTINGENT BENEFICIARY(IES):

Name	Address	SSN/Tax ID #	Relationship to Owner

2. SIGNATURE AUTHORIZATION

Name of Owner (Please print)	Signature of Owner	Date
Name of Joint Owner (If applicable - Please print)	Signature of Joint Owner (If Applicable)	Date

Date must match the date on the application.

Signature is required.

If there is a joint owner, joint owner's signature is required.

Affidavit Related to Power of Attorney



Member Companies:
 Great American Life Insurance Company®
 Annuity Investors Life Insurance Company®
 United Teacher Associates Insurance Company
 Continental General Insurance Company®
 Manhattan National Life Insurance Company

Administration for Life Insurance and Annuities:
 American Retirement Life Insurance Company
 Central Reserve Life Insurance Company
 Loyal American Life Insurance Company®
 Provident American Life & Health Insurance Company

Fixed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax
 Variable Annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 513-768-5115 Fax
 Life Insurance: PO Box 5416, Cincinnati OH 45201 / 888-863-5891 / 800-859-0021 Fax

Overnight Address:

Fixed/Variable Annuities: 10th Floor, 301 E Fourth St, Cincinnati OH 45202
 Life Insurance: 9th Floor, 301 E Fourth St, Cincinnati OH 45202

All questions on this form must be answered.

AFFIDAVIT Related to Power of Attorney

INFORMATION ABOUT THE PRINCIPAL

(the person for whom the Attorney-in-Fact is acting)

PRINCIPAL'S NAME:	
CONTRACT NUMBER:	
PRINCIPAL'S ADDRESS:	
CITY/STATE/ZIP	
PRINCIPAL'S SOC. SEC. NO.:	PRINCIPAL'S DAYTIME PHONE:
Has a court appointed a guardian or conservator for the Principal? <input type="checkbox"/> Yes <input type="checkbox"/> No	

INFORMATION ABOUT THE ATTORNEY-IN-FACT

(the person using the Power of Attorney to act for the Principal)

ATTORNEY-IN-FACT'S NAME:	
RELATIONSHIP TO PRINCIPAL:	
ATTORNEY-IN-FACT'S ADDRESS:	
CITY/STATE/ZIP	
A-I-F'S SOC. SEC. NO.:	A-I-F'S DAYTIME PHONE:
DATE OF POWER OF ATTORNEY DOCUMENT:	

Grantor of the POA document's name goes here (Principal). Principal could be the owner, a beneficiary or a trustee of a trust.

Contract Number, Address and Phone Number are required.

Please answer yes or no.

Provide the name of the Power of Attorney here.

Provide the POA's relationship to principal here.

Address, Phone Number and Date are required.

One of these boxes must be checked.

CHECK ONE:

- The Attorney-in-Fact is acting even though the Principal could, now or in the future, legally act for him/herself.
- The Attorney-in-Fact is acting because the Principal is now physically disabled and cannot act for him/herself.
- The Attorney-in-Fact is acting because the Principal is now mentally incompetent and cannot act for him/herself.

BEING DULY CAUTIONED AND SWORN, I HEREBY STATE UNDER PENALTIES OF PERJURY OR FALSE SWEARING UNDER THE LAW OF MY STATE OF RESIDENCE THAT ALL OF THE INFORMATION SET OUT ABOVE AND ALL OF THE FOLLOWING ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF:

- I have provided a true and correct copy of a Power of Attorney from the Principal to me.
- This Power of Attorney is valid under the law of the Principal's state of residence.
- I am acting within the scope of my authority under this Power of Attorney and under the law of my state of residence.
- All the conditions required for this Power of Attorney to me to be effective have been satisfied.
- The Principal is alive, and this Power of Attorney has NOT been suspended, revoked, or terminated.

I understand that I cannot use this Power of Attorney after the Principal dies, or after this Power of Attorney is suspended, revoked, or terminated (termination occurs automatically in some states upon the appointment of a guardian or conservator). I AGREE TO NOTIFY THE APPROPRIATE GAFRI COMPANY PROMPTLY IF THE PRINCIPAL DIES OR IF THIS POWER OF ATTORNEY IS SUSPENDED, REVOKED, OR TERMINATED, I agree to renew this Affidavit on request (generally required within 90 days of any transaction request).

I AM COMPLETING THIS AFFIDAVIT TO INDUCE THE APPROPRIATE GAFRI COMPANY ISSUING THE CONTRACT TO RELY ON THIS POWER OF ATTORNEY. I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE APPROPRIATE GAFRI COMPANY AGAINST ANY AND ALL CLAIMS OR DEMANDS WHICH MAY BE MADE BY REASON OF SUCH RELIANCE.

Must be dated within 90 days of receipt.

STATE OF _____)
 COUNTY OF _____) SS: _____
 Sworn to and subscribed before me, this _____ day of _____, 20____, by the Attorney-in-Fact identified above, who is known to me or was proved to me on the basis of satisfactory evidence to be the person so identified.

My Commission expires: _____ MM/DD/YY
 SIGNATURE OF NOTARY PUBLIC

State and County are required.