



Withdrawal/Surrender Request Form

for fixed, fixed-indexed and registered index-linked annuities

Annuities

Fixed and fixed-indexed annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax
Registered index-linked annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 513-768-5115 Fax
Overnight Address: 10th Floor, 301 E Fourth St, Cincinnati OH 45202
Website: GAIGannuities.com

To help ensure your request is processed timely and accurately, please print clearly and only in the spaces provided. Do not write outside of the boxes. If you need to provide additional information or special instructions, please attach a separate sheet of paper.

Contract Number

Contract Owner Information (or Annuitant/Participant for Group Contracts)

First Name

Middle Initial

Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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OR Business/Organization/Trust Owner

Home/Business Phone Number

Cell Phone Number

<input type="text"/>	<input type="text"/>
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Social Security/Tax ID Number

Email

<input type="text"/>	<input type="text"/>
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If you provided an email above or we have an email address on record, you will receive status updates. Email notifications will be sent from no-reply@gaig.com. Please remove this address from your list of blocked senders.

Street Address (If address differs from what we have on file, we will update our records to reflect what is entered.)

City

State

Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Joint Contract Owner Information (if applicable)

First Name

Middle Initial

Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Member Companies:

Great American Life Insurance Company®

Annuity Investors Life Insurance Company®

Administrator for Life Insurance and Annuities:

Loyal American Life Insurance Company®

Continental General Insurance Company®

Amount of Distribution (select only one)

All withdrawals will include the contract's penalty free amount, if available. The minimum partial withdrawal amount is \$500.00 net of contract charges. The maximum amount cannot reduce the surrender value below the policy minimum value as stated in the contract. The actual amount paid could be less than requested due to other limits imposed by the contract.

Full surrender and termination of the annuity contract (please return the annuity contract with the request form)

Partial withdrawal from the annuity contract:

Gross withdrawal (before all charges and taxes) for \$

Net withdrawal (after all charges and taxes) for \$

Gross withdrawal for contract's free withdrawal amount (before taxes)

Distribution Type (select only one)

Distribution to owner/annuitant/participant

Distribution to brokerage account
Non-qualified contracts only. Although funds are being directed to the Brokerage Account for your benefit, the distribution is a taxable and reportable event to the contract owner.

Direct transfer, direct rollover or 1035 exchange
A Letter of Acceptance (LOA) from the new plan or provider is required. The LOA must be on company letterhead, signed and dated by a company authorized representative along with a current corporate resolution, and indicate the tax qualification of the new account. For partial 1035 exchanges, please review the "Important Notice Concerning Partial Exchanges of Non-Qualified Annuity Contracts" form #X2664316NW for important information concerning your request.

If a Direct Rollover (not a transfer) of qualified funds is requested for a year that you have a Required Minimum Distribution (RMD) due, we will first pay to you any remaining RMD for this contract prior to the rollover unless you check the box below. Any RMD payment will be subject to default federal and state income tax withholding unless you complete the Income Tax Withholding section of the Withdrawal/Surrender Request Form.

I certify that I have already taken my full RMD for this contract for the current year and all prior years in whole or in part from another source.

Income Tax Withholding

For 403(b) TSA, 401 Pension/Profit Sharing/401(k), or a Governmental 457 tax qualified contract, a minimum of 20% federal income tax withholding is required by the IRS unless your distribution is a direct rollover, direct transfer, RMD or due to financial hardship. Federal tax withholding is not mandatory. The default withholding amount is 10%. Withholding will only apply to the portion of your distribution that is taxable. Whether or not taxes are withheld, you will be liable for payment of all applicable federal and state income taxes on the taxable portion of the distribution. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments, if any, are not adequate. If no selection is made, we will withhold based on the default amount required. If federal income tax withholding is elected, state income tax withholding may also apply due to state requirements.

Federal Income Tax Withholding (select one):

10% default amount No withholding, unless required

More than 10% default or required amount: %

State Income Tax Withholding (select one):

Any required amount No withholding, unless required

More than required amount: %

Payee/Payment Instructions (complete section A or B)

A). For distributions to owner/annuitant/participant (select only one)

- Check via mail at address of record (no fee)
- Check via express delivery (\$20 fee) Check here to require your signature at delivery
Express deliveries cannot be sent to a PO Box address. The fee will be withheld from the distribution.
- Direct deposit to a personal checking or savings account (no fee)
Available for withdrawals up to \$25,000. Once direct deposit is elected, all eligible future payments will be paid via this method until you direct otherwise. If data cannot be verified, additional information will be required, and the distribution will be sent via check to your address of record.
- My checking or savings account information is on file.
- My checking or savings account information is not on file.
You must complete the information below. Please also include a voided check below or a copy of your account statement or a letter from your financial institution confirming the information.

Account type: Checking Savings

Financial Institution Name

Financial Institution Phone Number

Routing Number (9 digits required)

Account Number

List Names of ALL Owners on the Financial Institution Account

ATTACH A VOIDED CHECK

ATTACH HERE

Name

Address
City, State
Zip

Payable to: _____

Memo: _____

{Routing Number} {Check Number} {Account Number}

VOID

B.) For distributions to a brokerage account or as a direct transfer/direct rollover/1035 exchange

Check will be sent via regular mail. To elect express delivery at yours or your new carrier's expense, please provide valid UPS or FedEx billing account information and a physical mailing address. If this information is not provided, the check will be sent via regular mail. Important: If you have named an insurance company, bank, brokerage firm or other financial institution as your payee, you are authorizing us to follow the written instructions of that financial institution to make payment to any agent, custodian, or clearing house, or to use an alternate mailing address.

Check Payee

Brokerage Account Number (if applicable)

Check Payee's Mailing Address

City

State

Zip

Special Tax Notice Regarding Plan Payments

This section only applies to withdrawals from a 403(b) TSA, 401 Pension/Profit Sharing/401(k), or a Governmental 457 qualified contract unless the withdrawal from these types of qualified contracts is a required minimum distribution (RMD), a hardship distribution or a direct transfer.

The Special Tax Notice contains information about rollover rights and tax treatment of eligible rollover distributions from a 403(b) TSA plan, a 401 Pension/Profit Sharing/401(k) plan, or a Governmental 457 plan. It is provided for your information. Please contact our office prior to submitting this form if your contract is under one of these plans and you did not receive the Special Tax Notice.

For eligible rollover distributions from these plans, you have 30 days to consider your options.

Unless you check the box below, we will hold your request for this 30-day consideration period.

I waive my 30-day consideration period.

For 403(b) TSA Contracts Only

If you do not have a 403(b) TSA, this section does not apply. I certify that these payments requested from my 403(b) TSA contract are permitted as a result of **(MUST CHECK ONE)**:

- AGE 59½:** I am now age 59½ or older
- SEVERANCE FROM EMPLOYMENT:** I have severed employment with the employer through which 403(b) TSA contributions were made.

Date of severance:
MM/DD/YYYY

Name of
employer:

- DISABILITY:** I am unable to engage in customary or comparable substantial gainful activity by reason of medically determinable physical or mental impairment expected to result in death or be of long-continued and indefinite duration. **Attach documentation if no plan administrator.**
- QDRO:** Payments will be made to an alternate payee under a qualified domestic relations order. **Attach copy of court order.**
- QUALIFIED RESERVIST:** Payment to reservist called to active duty for 180+ days or indefinite period. **Attach copy of order if no plan administrator.**
- BIRTH OR ADOPTION OF A CHILD:** Date of Birth/Adoption (MM/DD/YYYY)

A child of mine has been born or I have legally adopted an eligible child (a child who is not the child of my spouse, and who is under the age of 18 or physically/mentally incapable of self-support). I have not taken a qualified birth or adoption distribution from any other qualified retirement plan or IRA.

- FINANCIAL HARDSHIP:** Attach financial hardship documentation if no plan administrator. **An immediate and heavy financial need on account of (MUST CHECK ONE):**
- Uninsured eligible medical expenses for me or my spouse, dependent, or designated beneficiary;
- Direct costs for purchase of my principal residence, excluding mortgage payments;
- Eligible post-secondary education expenses for me, my spouse, or my dependent;
- Threatened eviction from, or mortgage foreclosure on, my principal residence;
- Funeral expenses for my parent, spouse, children, dependents, or designated beneficiary;
- Expenses for repair of damage to my principal residence that qualifies as a casualty loss & is not covered by insurance.

By electing Financial hardship, you certify that the immediate and heavy financial need cannot reasonably be relieved (1) through reimbursement or compensation by insurance or otherwise, (2) by liquidation of your assets, (3) by cessation of elective contributions under this plan, (4) by currently available distributions and nontaxable loans under plans maintained by your employer or any other employer, or (5) by borrowing from commercial sources on reasonable commercial terms in an amount sufficient to satisfy the need. In addition, you agree to discontinue all elective contributions and employee contributions to the plan and all other plans maintained by the employer for a period of at least six months after receipt of the hardship distribution. Expenses for the repair of damage to my principal residence that qualifies as a casualty loss and is not covered by insurance. Post-12/31/88 earnings cannot be distributed and rollovers are not allowed under financial hardship.

- CONTRACT EXCHANGE/DIRECT TRANSFER: Payment to be made as (MUST CHECK ONE):**
- Contract exchange within the same employer 403(b) TSA plan.
- Direct transfer to governmental defined benefit plan for purchase of permissive service credit or as repayment under IRC section 415(k)(3).
- Plan-to-plan direct transfer from one employer 403(b) TSA plan to another employer 403(b) TSA plan, either as mandated by employer(s) in connection with corporate or plan reorganization or as otherwise allowed by the terms of both plans.
- ROLLOVER ACCOUNT:** Payment is only to be made FROM an existing GAIG 403(b) contract that was funded solely with rollover contributions made into the existing 403(b) contract from a different employer retirement plan or IRA.

I understand that:

- Withdrawals will adversely affect any benefits under a living benefit rider or a death benefit rider, unless made in the form of a direct transfer, direct rollover, or 1035 exchange, distributions before age 59½ may be subject to a 10% federal penalty tax (or 25% for some SIMPLE IRA distributions) in addition to other applicable income taxes.
- Due to contract terms and tax laws, once the funds have been distributed the funds cannot be returned nor the withdrawal transaction reversed.
- Pursuant to the transaction requested, the Company may use a third party service provider to verify your identity or confirm your ownership of the account to which you are requesting funds to be transferred.

I agree and certify that the GAIG member company is authorized to process this withdrawal request, and will hold the GAIG member company harmless against any and all claims made by reason of its compliance with this request.

Furthermore, if the contract is not returned for full surrenders, then by signing this request I certify under penalties of perjury and insurance fraud that the contract has been lost and that it has not been assigned, transferred, or pledged, and I agree to hold the insurance company harmless from any and all claims or loss which may occur directly or indirectly on account of its acceptance of this certification.

Check here if you are attaching any additional pages to this form.

Signature of Owner/Annuitant/Participant

Date (MM/DD/YYYY)

Signature of Joint Owner (if applicable)

Date (MM/DD/YYYY)

Signature of Power of Attorney(s)/Authorized Representative(s) signing on behalf of Owner/Annuitant/Participant

Date (MM/DD/YYYY)

For requests signed by a Power of Attorney (POA):

- Provide a copy of the POA document. The POA Certification (form AAG2816) must also be completed or on file.
- Payments can only be made to an account where the person who gave the POA is a named owner of the account.
- Payments will be made to the Principal (or transferred, rolled over, exchanged or deposited for his/her benefit) and not to or for the POA.

For contracts owned by a Trust:

- The acting Trustee(s) must sign. If there has been a change of Trustee(s) from the Trustee(s) on file, then you must submit a new Trust Certification (form X6017907NW).
- Payments can only be made to an account owned by the Trust unless additional documentation is provided showing that these distributions from the Trust are permitted.
- Payments will be made to the Trust (or transferred, exchanged or deposited for its benefit).

Log into GAIGannuities.com if you need the POA or Trust Certification form.

Plan Administrator Certification and Authorization

This section only needs to be completed for withdrawals from 403(b) TSA, 401 Pension/Profit Sharing/401(k), or 457 tax qualified contracts. The Plan Administrator should complete this section.

Name of Employer Plan

Name of Plan Administrator

Plan Administrator Phone

The Plan Administrator certifies that the withdrawal or surrender requested is permitted under the employer’s plan and authorizes the appropriate GAIG Company to process the request as indicated above. In the case of a hardship distribution from a 403(b) contract, the Plan Administrator agrees that the participant will be required to discontinue all elective contributions and employee contributions to the plan and all other plans maintained by the employer for a period of at least six months after receipt of the hardship distribution.

Plan Administrator Signature

Date (MM/DD/YYYY)

Signature Notarization or Signature Guarantee (if applicable)

Your signature on this request must be notarized or signature guaranteed below if you purchased your contract electronically with an electronic signature and you have not previously submitted a notarized or guaranteed signature, or as requested by the appropriate GAIG Company.

Option 1: Notarized Signature

State of

[Empty box for State of]

County of

[Empty box for County of]

Date (MM/DD/YYYY)

[Empty box for Date]

This Withdrawal/Surrender Request Form was acknowledged before me on

Name of Person who is acknowledging his/her signature

by

[Empty box for Name of Person]

Signature of Notary Public

[Empty box for Signature of Notary Public]

My Commission expires (MM/DD/YYYY)

[Empty box for Commission Expires]

Seal

[Empty box for Seal]

Option 2: Signature Guarantee

SIGNATURE GUARANTEED BY: Stamp or Seal of Eligible Guarantor Institution with Authorized Signature

[Large empty box for Signature Guarantee]

You may have signature guarantee provided by a bank, savings and loan association, trust company, credit union, broker/dealer or any other "eligible guarantor institution" as defined under the rules adopted by the Securities and Exchange Commission. These institutions often participate in signature guarantee medallion programs such as the Securities Transfer Agent Medallion Program (STAMP).