Affiliates:
Annuity Investors Life Insurance Company®
Manhattan National Life Insurance Company

Administrator for:
Continental General Insurance Company®
Loyal American Life Insurance Company®

Fixed & 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 / 800-807-9777 Fax
Variable 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

ASSIGNMENT OF ANNUITY CONTRACT AS COLLATERAL SECURITY

1. Annuity Contract Information

Name of Owner	Contract Number:
Name of Joint Owner (if any)	Daytime Phone Number: ( )

2. Assignment

For good and valuable consideration, receipt of which is hereby acknowledged, each Owner of the annuity contact identified above hereby assigns and transfers to

Name of Assignee
Address of Assignee

and the executors, administrators, successors, and assigns of such Assignee, as their interest may appear, all of such Owner's rights, title, and interest in annuity contract identified above, subject to all the terms and conditions of the annuity contract. It is understood that under the terms of the annuity contract and federal tax law, a qualified annuity contract cannot be assigned.

The interest of the Assignee(s) in the annuity contract is limited to the valid pecuniary claim of the Assignee(s) against the Owner(s), and the remainder of the annuity contract, if any, is unaffected by this Assignment.

This Assignment is subject to any payment made or action taken by Great American Life or Affiliate prior to its acknowledgement of the Assignment. Any payment made by Great American Life or Affiliate to the Assignee(s) within the scope of the Assignment shall fully discharge Great American Life or Affiliate's obligations under the annuity contract.

Each contract owner acknowledges that this Assignment may have adverse tax consequences to the contract owner(s) and the contract owner accepts full responsibility for such consequences.

IMPORTANT NOTE: An assignment may terminate riders to the contract. Income benefit riders, death benefit riders, extended care waiver riders, and terminal illness waiver riders generally provide that the rider terminates upon any assignment of an interest in the annuity contract, unless the assignment is to the Rider Insured (or in some specified circumstances, to the spouse of the Rider Insured).

_____ _____ _____ _____
Signature of Contract Owner Date Signature of Joint Owner or Spouse Date

Great American Life or Affiliate ***will also require the consent of any irrevocable beneficiary (if any).***
Great American Life or Affiliate ***may in its discretion require a signature to be notarized.***

3. Acknowledgement by Great American Company

Great American Life or Affiliate acknowledges receipt of this Assignment at its Administrative Office.

Dated: _____ By _____
Authorized Officer/Title

4. Signature Notarization (if applicable)

STATE OF _____)
COUNTY OF _____) SS:

Sworn to and subscribed before me, this_____ day of _____ , 20____ , by the Attorney-in-Fact identified above.

My Commission expires: _____ _____
MM/DD/YYYY Notary Public

[SEAL]

Great American® appearing with the Great American Logo is a registered trademark of Great American Insurance Company and is used under license.