

GAIG Member Companies:

Great American Life Insurance Company® Annuity Investors Life Insurance Company® Manhattan National Life Insurance Company

Administrator for:

Continental General Insurance Company® Loyal American Life Insurance Company®

[SEAL]

Fixed & Fixed Indexed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax Variable & 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

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 above hereby assigns and transfers to	s hereby acknowledged, each Owner of the	annuity contact identified
Name of Assignee		
Address of Assignee		
and the executors, administrators, successors, and assigning title, and interest in annuity contract identified abounderstood that under the terms of the annuity contract a	ove, subject to all the terms and conditions of and federal tax law, a qualified annuity contrac	the annuity contract. It is to cannot be assigned.
The interest of the Assignee(s) in the annuity contract Owner(s), and the remainder of the annuity contract, if a		Assignee(s) against the
This Assignment is subject to any payment made or ac Assignment. Any payment made by the GAIG compa discharge the GAIG company's obligations under the an	my to the Assignee(s) within the scope of the	
Each contract owner acknowledges that this Assignme the contract owner accepts full responsibility for such co		ne contract owner(s) and
IMPORTANT NOTE: An assignment may terminate ri riders, extended care waiver riders, and terminal illness assignment of an interest in the annuity contract, unless circumstances, to the spouse of the Rider Insured).	ders to the contract. Income benefit riders, dwaiver riders generally provide that the rider to	erminates upon any
Signature of Contract Owner Date	Signature of Joint Owner or Spouse	Date
The GAIG company will also require the consent of any The GAIG company may in its discretion require a signa 3. Acknowledgement by GAIG Company	irrevocable beneficiary (if any).	
The GAIG company acknowledges receipt of this Assign	ment at its Administrative Office.	
Dated: By		
Dated: By 4. Signature Notarization (if applicable)	Authorized Officer/Title	
STATE OF)		
COUNTY OF) SS:		
Sworn to and subscribed before me, this day of	, 20, by the Attorney-in	n-Fact identified above.
My Commission expires: Notary F		

ASM2328 (Rev. 6/30/2020)