



Affiliate:
Annuity Investors Life Insurance Company®

Administrator for:
Continental General Insurance Company®
Loyal American Life 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: 10th Floor, 301 E Fourth St, Cincinnati OH 45202

REQUEST FOR AUTOMATED LOAN PAYMENTS

Instructions: MUST attach a voided check for payments from a checking account or a deposit slip for payments from a savings account and provide the necessary information below to initialize electronic payments to your policy loan(s). Your loan payments must be current in order to utilize this service. Please allow a minimum of thirty days from receipt of this information by Great American Life or Affiliate to begin your electronic payments. Great American Life or Affiliate issuing the annuity contract will send an initial confirmation letter indicating the amount of each draft and the date that these automatic payments will begin. The final draft with respect to any loan may vary to reflect the exact amount needed to pay off the loan on the loan settlement date. **Prior to the initial draft, it is important that you continue to mail your scheduled payment as you normally do in order to avoid placing your loan(s) in default. Please be advised that only one bank account may be used for automated loan payments for all loans on your annuity contract.**

Owner/Participant		Contract/Certificate Number	
Address		Social Security Number	
City/State/Zip		Daytime Phone # ()	Evening Phone # ()
Bank Name		Name(s) on Account	
Bank Phone No.		<input type="checkbox"/> Checking Account Number <input type="checkbox"/> Savings	
Bank Address		Bank Routing Number	
City/State/Zip		Branch	

THIS AUTHORIZATION APPLIES TO: INITIAL ONE (If neither or both boxes are initialed, this authorization will apply to all outstanding loans under this contract/certificate which are not in default.)

AUTHORIZATION APPLIES TO ALL OUTSTANDING LOANS UNDER THIS CONTRACT/CERTIFICATE WHICH ARE NOT IN DEFAULT

AUTHORIZATION APPLIES TO THE FOLLOWING ACTIVE LOANS ONLY:

Loan Origination Date(s): _____ ; _____ ; _____

I hereby authorize a periodic draft from my bank account. I understand that this draft will correspond with the repayment terms provided in my loan agreement. Please return this form to Great American Life or Affiliate and notify us immediately if any of the above information changes.

Signature of Owner/Participant

Date

ATTACH A VOIDED CHECK OR DEPOSIT SLIP

A T T A C H H E R E	Name	
	Address	
	City, State	
	Zip	XXXX
	Payable to:	_____
Memo:	_____	
{Routing Number} {Check/Deposit Number} {Account Number}		