



**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:** 10<sup>th</sup> Floor, 301 E Fourth St, Cincinnati OH 45202

**1. Annuity Contract Information**

Name of Owner(s)	Contract Number:
Name of Assignee	Date of Assignment
Address of Assignee	
Name of Authorized Representative of Assignee	Daytime Phone Number of Assignee: (      )

**2. Release**

The debt secured by an assignment of the annuity contract referenced above having been paid and satisfied, the Assignee, on behalf of the Assignee and the executors, administrators, successors, and assigns of such Assignee, hereby releases all claims to the annuity contract.

\_\_\_\_\_  
Signature of Assignee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title of Authorized Representative

*Great American Life or Affiliate will also require a corporate resolution or other documentation of the representative's authority. Great American Life or Affiliate may in its discretion require a signature to be notarized.*

**3. 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]