



Affiliate:  
Annuity Investors Life Insurance Company®

Fixed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax  
Overnight Address: 10<sup>th</sup> Floor, 301 E Fourth St, Cincinnati OH 45202

## BENEFICIARY DESIGNATION AND RESTRICTED DEATH BENEFIT ELECTION

Great American Life Insurance Company recommends that you consult with a competent tax and/or legal advisor before completing this form. This form will replace any Beneficiary designations previously made by the Owner of the annuity contract.

If any of the named Beneficiaries predecease the owner of the contract, the owner should review the Beneficiary elections as soon as possible. If no Beneficiaries or Contingent Beneficiaries (or their descendants if the Per Stirpes option is elected) survive the owner, the death benefit will be paid to your estate.

SECTION I. OWNER INFORMATION				
Owner Name:	Contract #:			
Joint Owner Name (if applicable):	Social Security Number:			
Address:	Daytime Phone: (     )			
City/State/Zip:	Evening Phone: (     )			
SECTION II. BENEFICIARY DESIGNATION (Please Print)				
All previous Beneficiary designations are hereby revoked and the following are designated as Beneficiaries under this contract. If designating a trust, please provide copies of the first and signature pages of the trust. Percent share of Primary Beneficiaries must equal 100%.				
<b>Primary Beneficiary #1</b>	Name (Last, First, Middle Initial):	S.S. #:	Relationship:	Date of Birth:
<b>Allocation</b>  _____ %	Address:	City/State/Zip:		
<b>Per Stirpes</b> <input type="checkbox"/>	<input type="checkbox"/> Full Restriction <input type="checkbox"/> Partial Restriction <input type="checkbox"/> No Restriction	(If Partial Restriction is selected, complete one of the following.) _____ % Percentage limit for lump sum payment or \$ _____ Dollar amount limit for lump sum payment		
<b>Note:</b> Restriction not available for beneficiary who is owner's spouse	<b>Payout Election for Restricted Amount (subject to contract minimums and distribution rules)</b>			
<b>Duration</b>		<b>Frequency</b>		
<input type="checkbox"/> Life Only <input type="checkbox"/> Life with _____ (5-20) Years Period Certain <input type="checkbox"/> Period Certain for _____ (5-20) Years Subject to applicable limits. For qualified contract, period certain cannot exceed 10 years.		<input type="checkbox"/> Monthly (default) <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		
		<b>Can beneficiary modify this payout election?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Beneficiary #2</b>	Name (Last, First, Middle Initial):	S.S. #:	Relationship:	Date of Birth:
<b>Allocation</b>  _____ %	Address:	City/State/Zip:		
<input type="checkbox"/> <b>Primary</b> or <input type="checkbox"/> <b>Contingent of Primary # _____</b>	<input type="checkbox"/> Full Restriction <input type="checkbox"/> Partial Restriction <input type="checkbox"/> No Restriction	(If Partial Restriction is selected, complete one of the following.) _____ % Percentage limit for lump sum payment or \$ _____ Dollar amount limit for lump sum payment		
<b>Per Stirpes</b> <input type="checkbox"/>	<b>Payout Election for Restricted Amount (subject to contract minimums and distribution rules)</b>			
<b>Duration</b>		<b>Frequency</b>		
<input type="checkbox"/> Life Only <input type="checkbox"/> Life with _____ (5-20) Years Period Certain <input type="checkbox"/> Period Certain for _____ (5-20) Years Subject to applicable limits. For qualified contract, period certain cannot exceed 10 years.		<input type="checkbox"/> Monthly (default) <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually		
		<b>Can beneficiary modify this payout election?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Additional Beneficiary Designations Attached</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				

### SECTION III. TERMS AND CONDITIONS

1. Restriction(s) are defined below: (Please note: **Spouse Beneficiary may not be restricted.**)  
**Full Restriction** – The full death benefit will be distributed based on the Payout Election. The Beneficiary will have no right to change the payout option or receive a lump sum payment except as provided in this form.  
**Partial Restriction** – A specified part of the death benefit is available as a lump sum to the Beneficiary. The remainder of the death benefit will be distributed based on the Payout Election section.  
    This Beneficiary may receive up to this Percentage of the death benefit in a lump sum payment. The remainder is to be distributed based on the information in the Payout Election section.  
    This Beneficiary may receive up to this Dollar Amount in a lump sum payment. If the total death benefit is less than this amount, the total death benefit will be paid in a lump sum. The remainder is to be distributed based on the information in the Payout Election section.  
    The Beneficiary will have no right to change the payout option or receive a lump sum payment except as provided in this form.  
**No Restriction** – This Beneficiary may elect the form of payment of the death benefit (subject to the provisions of the contract).
2. **This form may not be used to restrict a Spouse Beneficiary** – If the Beneficiary at your death is your spouse, your spouse may have the option to continue the contract as successor owner or to transfer or rollover to a contract in his/her name. Your spouse needs to make this election after your death by a written statement acceptable to the Company. **If your spouse continues the contract as successor owner, this Beneficiary Election Form will continue to apply unless changed by the new Owner.**
3. **Limits on Period Certain Payments** – The period certain can never exceed the life expectancy of the Beneficiary. In the case of a qualified contract, the period certain cannot extend more than 10 years from the death of the contract owner. We will reduce the Period Certain as needed to comply with one or both of these limits.
4. **Limits on Life Payments** – In the case of a qualified contract, a life payment is only available if the Beneficiary is an “eligible designated beneficiary” who is older than the contract owner, or no more than 10 years younger than the contract owner, or totally and permanently disabled or chronically ill. If a life option is elected for a qualified contract but the Beneficiary does not meet these requirements, we will make payments for the maximum Period Certain.
5. **More Than One Beneficiary** – If there is more than one Beneficiary entitled to an interest in the contract simultaneously, such interest shall be divided into separate shares in accordance with the amount of each Beneficiary’s interest. The applicable provisions of this form shall then apply separately to each of these shares.
6. **“Per Stirpes” Election** – By checking the “per stirpes” box for any Beneficiary designation, you are indicating that the death benefit should go to the named beneficiary, or if he/she is deceased, then it should be divided among the named Beneficiary’s own descendants on a “per stirpes” basis. A “per stirpes” distribution will be interpreted to mean that the proceeds are divided on a per capita basis at the eldest surviving generation of descendants, with rights of representation for any descendants of missing members of that generation.
7. **Transfer and Assignment** – If you restrict the Beneficiary’s right to change the payout option, then to the extent allowed by law, the Beneficiary may not transfer, sell, assign, pledge, charge, encumber, or in any way alienate the death benefit payments, and such payments shall not be subject to the claims of creditors or to legal process.
8. **Annuitization** – If you annuitize your contract, your Beneficiary designations will no longer apply. As part of your annuitization election, you may designate a contingent payee to receive any annuitization payments that may remain payable after your death.

### SECTION IV. SETTLEMENT OPTION DESCRIPTIONS

All options are subject to minimum and maximum requirements of applicable under the contract. All options are subject to the distribution rules applicable to the contract. **All options may not be available for a particular annuity contract, and other options may be available under the contract. Please consult your contract, your agent, or our office for details.**

- **Life Only:** We will make periodic payments for the life of the Beneficiary. The first payment will be paid as of the last day of the initial payment interval.
- **Life with Period Certain:** We will make periodic payments for at least a fixed period. Subject to the limits on period certain payments, the fixed period can be from 5 to 20 years long. If the Beneficiary lives longer than the fixed period, then we will make payments until his or her death. The first payment will be paid as of the last day of the initial payment interval.
- **Period Certain:** We will make periodic payments for a fixed period. Subject to the limits on period certain payments, the fixed period can be from 5 to 20 years long. The first payment will be paid as of the last day of the initial payment interval.

### SECTION V. ACKNOWLEDGMENT AND SIGNATURE AUTHORIZATION

**I HAVE READ, UNDERSTOOD, AND AGREED** to the Terms and Conditions of the Restricted Death Benefit Election. **I AUTHORIZE** Great American Life Insurance Company or its Affiliate to process this Death Benefit election.

**Signature of Owner/Annuitant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Owner/Joint Annuitant's Signature** (If applicable): \_\_\_\_\_ **Date:** \_\_\_\_\_

**ADDITIONAL BENEFICIARY DESIGNATIONS**

<b>Owner's Name:</b>		<b>Contract(s) #:</b>		
<b>Beneficiary #2</b>  <b>Allocation</b> _____%  <input type="checkbox"/> <b>Primary</b> or <input type="checkbox"/> <b>Contingent of Primary # _____</b>  <input type="checkbox"/> <b>Per Stirpes</b>	Name (Last, First, Middle Initial):	S.S. #:	Relationship:	Date of Birth:
	Address:	City/State/Zip:		
	<input type="checkbox"/> Full Restriction <input type="checkbox"/> Partial Restriction <input type="checkbox"/> No Restriction	(If Partial Restriction is selected, complete one of the following.) _____% Percentage limit for lump sum payment or \$ _____ Dollar amount limit for lump sum payment		
	<b>Payout Election for Restricted Amount (subject to contract minimums and distribution rules)</b>			
	<b>Duration</b> <input type="checkbox"/> Life Only <input type="checkbox"/> Life with _____ (5-20) Years Period Certain <input type="checkbox"/> Period Certain for _____ (5-20) Years Subject to applicable limits. For qualified contract, period certain cannot exceed 10 years.		<b>Frequency</b> <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<b>Can beneficiary modify this payout election?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>Beneficiary #2</b>		<b>Contract(s) #:</b>		
<b>Beneficiary #2</b>  <b>Allocation</b> _____%  <input type="checkbox"/> <b>Primary</b> or <input type="checkbox"/> <b>Contingent of Primary # _____</b>  <input type="checkbox"/> <b>Per Stirpes</b>	Name (Last, First, Middle Initial):	S.S. #:	Relationship:	Date of Birth:
	Address:	City/State/Zip:		
	<input type="checkbox"/> Full Restriction <input type="checkbox"/> Partial Restriction <input type="checkbox"/> No Restriction	(If Partial Restriction is selected, complete one of the following.) _____% Percentage limit for lump sum payment or \$ _____ Dollar amount limit for lump sum payment		
	<b>Payout Election for Restricted Amount (subject to contract minimums and distribution rules)</b>			
	<b>Duration</b> <input type="checkbox"/> Life Only <input type="checkbox"/> Life with _____ (5-20) Years Period Certain <input type="checkbox"/> Period Certain for _____ (5-20) Years Subject to applicable limits. For qualified contract, period certain cannot exceed 10 years.		<b>Frequency</b> <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<b>Can beneficiary modify this payout election?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				

<b>Beneficiary #2</b>		<b>Contract(s) #:</b>		
<b>Beneficiary #2</b>  <b>Allocation</b> _____%  <input type="checkbox"/> <b>Primary</b> or <input type="checkbox"/> <b>Contingent of Primary # _____</b>  <input type="checkbox"/> <b>Per Stirpes</b>	Name (Last, First, Middle Initial):	S.S. #:	Relationship:	Date of Birth:
	Address:	City/State/Zip:		
	<input type="checkbox"/> Full Restriction <input type="checkbox"/> Partial Restriction <input type="checkbox"/> No Restriction	(If Partial Restriction is selected, complete one of the following.) _____% Percentage limit for lump sum payment or \$ _____ Dollar amount limit for lump sum payment		
	<b>Payout Election for Restricted Amount (subject to contract minimums and distribution rules)</b>			
	<b>Duration</b> <input type="checkbox"/> Life Only <input type="checkbox"/> Life with _____ (5-20) Years Period Certain <input type="checkbox"/> Period Certain for _____ (5-20) Years Subject to applicable limits. For qualified contract, period certain cannot exceed 10 years.		<b>Frequency</b> <input type="checkbox"/> Monthly (default) <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<b>Can beneficiary modify this payout election?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_