



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

CONTRACT/CERTIFICATE OWNERSHIP/ANNUITANT CHANGE FORM (NON-QUALIFIED ANNUITIES ONLY)

1. CURRENT OWNER/PARTICIPANT INFORMATION (Please print)

Owner/Participant	Contract/Certificate Number
Joint Owner/Participant (if applicable)	Owner/Participant Social Security Number or EIN
Address	Preferred Contact Phone # () <input type="checkbox"/> Home <input type="checkbox"/> Cell

2. NEW OWNER/PARTICIPANT DESIGNATION (Please print) - No Change (Skip to Next Section)

- If this section is not completed, we will proceed as if no ownership change is intended.
- If new joint owner is not married to primary owner, must submit Non-Spouse Joint Owner Form (N6030810NW).
- If new owner is a trust, please **DO NOT send us the trust document**. To process the ownership change, we need (1) Trust Certification and Agreement (Form X6017907NW), (2) Irrevocable Trust Addendum (Form X6057018NW) if applicable, (3) IRS Tax ID# for trust unless trust is revocable or a grantor-type trust, and (4) **Section 4 completed to name same trust as Beneficiary**.
- If current owner is a trust and new owner is a trust beneficiary, complete Trust Certification Change of Ownership to Trust Beneficiaries (Form X6057118NW).

I hereby transfer my rights, title, and interest as Owner/Participant of the contract/certificate designated herein as follows:

- New Owner(s)/Participant – Complete information for New Owner/Participant and New Joint Owner (if applicable)
 Add New Joint Owner with Existing Owner – Complete information for only the New Joint Owner.

NEW Owner/Participant Name (if applicable)	NEW Joint Owner Name (if applicable)
Relationship to Original Owner: <input type="checkbox"/> Spouse <input type="checkbox"/> Owner's Trust <input type="checkbox"/> Other:	Relationship to New or Continuing Primary Owner: <input type="checkbox"/> Spouse <input type="checkbox"/> Other:
Address	Address
Date of Birth	Date of Birth
Social Security/Tax ID #	Social Security/Tax ID #
Preferred Contact Phone # () <input type="checkbox"/> Home <input type="checkbox"/> Cell	Preferred Contact Phone # () <input type="checkbox"/> Home <input type="checkbox"/> Cell
Email Address	Email Address
Verification of Identification (required by Section 326 of Patriot Act) Must provide a photocopy of the driver's license, passport, or photo ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State or Military Photo ID ID Number _____ State/Country of Issue _____ Expiration Date _____	Verification of Identification (required by Section 326 of Patriot Act) Must provide a photocopy of the driver's license, passport, or photo ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State or Military Photo ID ID Number _____ State/Country of Issue _____ Expiration Date _____

Beneficiary(ies) Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage: _____ %	
Name	Relationship
Social Security # / Date of Birth / Phone # / Email Address	
Address	

Beneficiary(ies) Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage: _____ %	
Name	Relationship
Social Security # / Date of Birth / Phone # / Email Address	
Address	

Beneficiary(ies) Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent Percentage: _____ %	
Name	Relationship
Social Security # / Date of Birth / Phone # / Email Address	
Address	

5. SIGNATURE AUTHORIZATION (Current AND New Owner/Participant MUST complete)

An ownership change may be a taxable and reportable event to the current owner. The ownership change may also be subject to gift tax. Please consult a Tax Advisor. In addition, this transfer is subject to any loan or advance made by Great American Life or Affiliate on the security of the contract/certificate, and to any assignment of the contract/certificate in force and on file with Great American Life or Affiliate at its Administrative Office.

By signing this form, each current owner/participant hereby declares that no insolvency, divorce or bankruptcy proceedings are pending against him/her, and that he/she has not executed any assignment or transfer, which is not of record with Great American Life or Affiliate. Each new owner/participant hereby revokes all prior primary and contingent Beneficiary designations. In addition, the current and new contract owner(s)/participant(s)/plan administrator, as applicable, each agree and certify that Great American Life or Affiliate is authorized to make the changes to the contract/certificate as indicated on this form, and further agree to hold harmless and indemnify Great American Life and Affiliates as to any and all claims or demands which may be made by reason of the changes so made.

IMPORTANT NOTE: An ownership change 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 transfer or assignment of an interest in the annuity contract, unless the transfer or assignment is to the Rider Insured (or in some specified circumstances, to the spouse of the Rider Insured). There are limited exceptions to this for certain transactions which include (1) **Custodial Accounts:** The rider will not terminate if the transfer is to a custodial account held FBO the Rider Insured; and (2) **Revocable Trusts:** The rider will not terminate if the transfer is to a revocable trust of which the Rider Insured is a grantor. However, the rider will terminate if transfer is to an irrevocable trust, even if that trust is a "grantor-type" trust.

_____ Signature of Current Owner/Participant (If Corporation, signature/title of authorized officer)	_____ Date	_____ Signature of Current Joint Owner (If applicable)	_____ Date
_____ Signature of New Owner/Participant (If Corporation, signature/title of authorized officer)	_____ Date	_____ Signature of New Joint Owner (If applicable)	_____ Date

6. OWNER/PARTICIPANT SIGNATURE NOTARIZATION OR SIGNATURE GUARANTEE

The Owner/Participant's signature on this Contract/Certificate Ownership/Annuitant Change Form must be notarized or signature guaranteed below if:

- 1) Requested by the home office, or
- 2) You purchased your contract electronically with an e-signature and you have not previously submitted a notarized or guaranteed signature.

STATE OF _____)
 COUNTY OF _____) SS:

On this _____ day of _____ in the year _____ before me, the undersigned, a Notary Public in and for said county and state, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the foregoing Contract/Certificate Ownership/Annuitant Change Form and acknowledged to me that he/she/they signed the same.

My Commission expires:

 MM/DD/YYYY

Signature of Notary Public

SEAL

SIGNATURE GUARANTEED BY: Stamp or Seal of Eligible Guarantor Institution with Authorized Signature

You may have signature guarantee provided by a bank, savings and loan association, trust company, credit union, broker/dealer or any other "eligible guarantor institution" as defined under the rules adopted by the Securities and Exchange Commission. These institutions often participate in signature guarantee medallion programs such as the Securities Transfer Agent Medallion Program (STAMP).