



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®

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

## SERVICING AGENT/PRODUCER/REGISTERED REPRESENTATIVE REQUEST FORM

Owner/Participant	Contract/Certificate Number
Joint Owner (if applicable)	Social Security Number of Owner
Address	Preferred Contact Phone # (       ) <input type="checkbox"/> Home <input type="checkbox"/> Cell
City                                  State                                  Zip Code	Email Address

### CHANGE OF SERVICING AGENT/PRODUCER/REGISTERED REPRESENTATIVE

**(Please print – Note: You may only change to another licensed GAIG agent/producer/registered representative)**

Change my Servicing Agent/Producer/Registered Representative to:

\_\_\_\_\_ Agent/Producer/Registered Representative Name

\_\_\_\_\_ GAIG Agent #

### AGENT/PRODUCER/REGISTERED REPRESENTATIVE AUTHORIZATION TO MAKE STRATEGY REALLOCATIONS

**(Only applies to fixed-indexed, registered index-linked, and variable annuities)**

*Owner and/or Joint Owner Initials*

**INITIAL HERE** if you wish to authorize the servicing agent/producer/registered representative of record to change strategy selections and to reallocate funds among interest strategies on your behalf.

Unless you have changed your servicing agent/producer/registered representative of record, your servicing agent/producer/registered representative of record is the agent/producer/ registered representative identified on the application or order ticket for your annuity contract. Please contact us if you have any doubt as to the identity of your servicing agent/producer/registered representative of record.

### SIGNATURE AUTHORIZATION

I understand that the servicing agent/producer/registered representative of record is authorized to receive account information related to the annuity contract including copies of statements and correspondence.

I agree and certify that the appropriate GAIG Company is authorized to make the changes to the contract/certificate as indicated on this form, and will hold harmless and indemnify the appropriate GAIG Company as to any and all claims made by reason of its compliance with this request.

\_\_\_\_\_  
 Signature of Owner/Participant  
 (If Corporation, signature and title of authorized officer)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Joint Owner  
 (If Applicable)

\_\_\_\_\_  
 Date

**IMPORTANT NOTES:**

- For requests signed by a Power of Attorney we must receive a copy of the Power of Attorney document. Our power of attorney certification form (#AAG2816) must also be completed or be on file.
- For Trust owned contracts, the acting Trustee(s) must sign. If there has been a change of Trustee(s) from the Trustee(s) on file, then a new trust certification form (#X6017907NW) must be submitted.

**OWNER/PARTICIPANT SIGNATURE NOTARIZATION OR SIGNATURE GUARANTEE (If applicable)**

The Owner/Participant's signature on this Servicing Agent/Producer/Registered Representative Request 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 Servicing Agent/Producer/Registered Representative Request 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).