

# Great American Supply Order Form



Distribution Partner/Agency Name: \_\_\_\_\_

Active Agent Number: \_\_\_\_\_

Attention: \_\_\_\_\_

Street Address (no PO Boxes) \_\_\_\_\_

City:	State:	Zip:
Telephone:	Fax:	

E-Mail address: \_\_\_\_\_

For expedited shipping please provide carrier name	Carrier Acct #:
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**After completing this form click here to email to [Supplies@gaig.com](mailto:Supplies@gaig.com) or fax the completed form to 877-208-2008. All orders and quantities are subject to company approval. Please allow up to two weeks for delivery.**

**\*QUICK REQUEST**

We will provide you with everything you need to make the sale (Brochures and New Business Forms)

*Product Kits				BROCHURES ONLY
FIXED INDEX ANNUITIES	State	Tax Qual	Qty	
Custom 10				
Index Protector 7				
Landmark 3				
Landmark 5				
Landmark 5 Plus				
Legend III				
Legend 7				
Premier Bonus				
Premier Income Bonus				
Safe Return				
FIXED ANNUITIES				
SecureGain 5				
SecureGain 7				
SPIA				
VARIABLE INDEX				
Frontier 5				
Frontier 7				
Summit 6 ROP				

**RIDER BROCHURES/MATERIALS**

Product	State	Qty
Income Duo		
Income Keeper (IP 7)		
Income Secure		
Income Defender (IP 7)		
Inheritance Enhancer		
Legacy Income Options flier (C10)		
Simple Income Option (C10)		
Stacked Income Option (C10)		

**GENERAL MARKETING MATERIALS**

Description	Qty
Annual Report	
Financial Strength	
GAIG Pocket Folder	
GALIC Prod Ref Guide	

Special Requests