



**GAFRI COMPANY: (CHECK ONE)**

- GREAT AMERICAN LIFE INSURANCE COMPANY®**  
PO Box 5420, Cincinnati, OH 45201-5420; 800-854-3649
- GREAT AMERICAN LIFE INSURANCE COMPANY® (Formerly National Health)**  
PO Box 5420, Cincinnati, OH 45201-5420; 800-952-8138
- GREAT AMERICAN LIFE INS CO® (Formerly Old Standard or Old West)**  
PO Box 5420, Cincinnati, OH 45201-5420; 800-771-2140
- ANNUITY INVESTORS LIFE INSURANCE COMPANY® (Fixed Annuities)**  
PO Box 5420, Cincinnati, OH 45201-5420; 800-854-3649
- GREAT AMERICAN LIFE INSURANCE COMPANY® OF NEW YORK**  
PO Box 5420, Cincinnati, OH 45201-5420; 800-854-3649
- LOYAL AMERICAN LIFE INSURANCE COMPANY®**  
PO Box 5420, Cincinnati, OH 45201-5420; 800-771-2140
- MANHATTAN NATIONAL LIFE INSURANCE COMPANY**  
PO Box 5420, Cincinnati, OH 45201-5420; 800-377-5672

**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)			Social Security Number of Owner/Participant		
Address			Daytime Phone (       )		
City	State	Zip Code	Evening Phone (       )		

**2. NEW OWNER/PARTICIPANT DESIGNATION (Please print)**

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security/Tax ID #: \_\_\_\_\_

Daytime Telephone #: \_\_\_\_\_

Relationship to Original Owner:  Spouse  Owner's Trust  Other

If the new Owner is a trust\*:

Name of Trustee(s): \_\_\_\_\_ Trust Agreement Date: \_\_\_\_\_

\*A copy of the Trust Document **must be** submitted with this request.

\*\*Trust Tax ID# required if Owner is to be an Irrevocable Trust or if a separate Tax ID# is established for a Revocable Trust.

**3. ANNUITANT/PARTICIPANT CHANGE (Please print.)**

**NOTE:** This change is subject to the annuity contract/certificate provisions and is not available on all annuity contracts/certificates. Please refer to your annuity contract/certificate or contact your agent or our office.

The annuitant **cannot** be a non-natural person. The annuitant **cannot** be changed if the owner or joint owner is a non-natural person.

I do hereby designate the Annuitant of the contract/certificate designated herein to:

Annuitant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

**4. NEW BENEFICIARY DESIGNATION (New Owner/Participant MUST complete – Please print)**

I, the New Owner/Participant, hereby revoke all prior designations of Beneficiaries and any elections of Optional Methods of Settlement. The following designations of Beneficiaries are made, subject to the provisions of the contract, and subject to the rights of any assignee of record with the appropriate GAFRI Company. With respect to any trust designated as Beneficiary, the appropriate GAFRI Company shall neither be obligated to inquire into the terms of the trust, nor shall the appropriate GAFRI Company be chargeable with knowledge of the terms of the trust, and the appropriate GAFRI Company will be fully discharged from all liability after payment of the Death Benefit proceeds under the contract/certificate to the trustee.

The Death Benefit will be paid to the primary beneficiaries or survivors of them in equal shares unless otherwise stated. The Death Benefit will be paid to contingent beneficiaries or survivors of them in equal shares only if there are no surviving primary beneficiaries. If additional space is needed, attach a separate sheet signed and dated by the owner(s).

**Please show full name, address, relationship to Owner(s), and Social Security Number of all beneficiaries. If the Beneficiary is a trust, please provide the trust's name, the trustee name(s) and the trust agreement date.**

PRIMARY BENEFICIARY(IES)

Name Address Social Security Number Relationship to Owner

Name Address Social Security Number Relationship to Owner

CONTINGENT BENEFICIARY(IES)

Name Address Social Security Number Relationship to Owner

Name Address Social Security Number Relationship to Owner

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

**This transaction may be a taxable and reportable event. Please consult a Tax Advisor.** In addition, this transfer is subject to any loan or advance made by the appropriate GAFRI Company on the security of the contract/certificate, and to any assignment of the contract/certificate in force and on file with the appropriate GAFRI Company at its Administrative Office

By signing this form, each Current owner(s)/participant(s) 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 the appropriate GAFRI Company. In addition, the Current and New contract owner(s)/participant(s)/plan administrator, as applicable, each agree and certify that the appropriate GAFRI Company is authorized to make the changes to the contract/certificate as indicated on this form, and further agree to hold harmless and indemnify the appropriate GAFRI Company as to any and all claims or demands which may be made by reason of the changes so made.

Signature of Current Owner/Participant (If Corporation, signature and title of authorized officer) Date Plan Administrator (If applicable) Date

Signature of New Owner/Participant (If Corporation, signature and title of authorized officer) Date Signature of New Joint Owner /Participant /Plan Administrator (If applicable) Date