



Member Companies:
Great American Life Insurance Company®
Annuity Investors Life Insurance Company®

Administrator for Life Insurance and Annuities:
Loyal American Life Insurance Company®
Continental General Insurance Company®

Fixed and Fixed Indexed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax
Variable-Indexed Annuities only: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 513-768-5115 Fax
Overnight Address: 10th Floor, 301 E Fourth St, Cincinnati OH 45202

WITHDRAWAL/SURRENDER REQUEST FORM

FOR IRA and NON-QUALIFIED FIXED AND FIXED INDEXED ANNUITIES AND VARIABLE INDEXED ANNUITIES

Owner's Name (or Group Contract Annuitant/Participant):	Contract Number:
Joint Owner's Name (if applicable)	Owner/Annuitant/Participant's Social Security Number:
Primary Address:*	Owner/Annuitant/Participant's Daytime Phone Number: ()
City/State/ZIP:	Owner/Annuitant/Participant's Email Address
Receive email alerts if available? <input type="checkbox"/> Yes <input type="checkbox"/> No Your election will only apply to this request. Email notifications will be sent from 'no-reply@gaig.com'. Please be sure to remove this address from your list of blocked senders.	

*If this address differs from what we have on file, we will update our records to reflect what is entered above.

Amount of Distribution (select only one)

All withdrawals will include the contract's penalty free amount, if available.

The minimum partial withdrawal amount is \$500.00 net of contract charges. The maximum amount cannot reduce the surrender value below the policy minimum value as stated in the contract. The actual amount paid could be less than requested due to other limits imposed by the contract.

- Full Surrender and Termination of the Annuity Contract (Please return the annuity contract with the request form.)
- Partial Withdrawal from the Annuity Contract:
- Withdrawal for \$_____ **gross** (before all charges & taxes) OR for \$_____ **net** (after all charges & taxes)
- Withdrawal for contract's Free Withdrawal amount – **gross** (before taxes)

Distribution Type (select only one)

- Distribution to Owner/Annuitant/Participant.**
- Distribution to Brokerage Account – Non-Qualified Contracts only.**
Although funds are being directed to the Brokerage Account for your benefit, the distribution is a taxable and reportable event to the contract owner.
- Direct Transfer, Direct Rollover, or 1035 Exchange.**
A Letter of Acceptance (LOA) from the new plan or provider is required. The LOA must be on company letterhead, signed and dated by a company authorized representative along with a current corporate resolution, and indicate the tax qualification of the new account. **For partial 1035 exchanges**, please review the "Important Notice Concerning Partial Exchanges of Non-Qualified Annuity Contracts" form #X2664316NW for important information concerning your request.
- If a **Direct Rollover** (not a transfer) of qualified funds is requested for a year that you will be age 70 ½ or older, **we will first pay to you any remaining Required Minimum Distribution (RMD)** for this contract prior to the rollover **unless** you check the box below. Any RMD payment will be subject to default federal and state income tax withholding unless you complete the Income Tax Withholding section of the Withdrawal/Surrender Request Form.*
- I certify that I have already taken my full RMD *for this contract* for the current year and all prior years in whole or in part from another source.

Payee / Payment Instructions (select only one)

A) Distributions to Owner/Annuitant/Participant: A check will be sent via regular mail to your address of record unless otherwise specified below. **Important Notes:** 1) Direct (electronic) Deposit is available for withdrawal amounts up to \$25,000. 2) Once direct (electronic) deposit is elected, all eligible future payments will be paid via this method until you direct otherwise.

Check via mail at address of record (**No fee**).

Check via Express delivery (**\$20 fee**).

In order to send a check via express delivery, we must have a physical address. Express deliveries cannot be sent to a PO Box address. The fee will be withheld from the distribution. Electing express delivery will not expedite processing time.

If you would like to require your signature at delivery, please check here: Yes, require Signature at delivery.

Direct (electronic) Deposit to a personal checking or savings account (**No fee**).

Available for withdrawals up to \$25,000. **Must** complete the information below **PRINTING CLEARLY** and **attach a voided check**, account statement copy, or a letter from your financial institution providing the account owner(s) name(s), routing number and account number. If sufficient bank data is not provided or bank data cannot be verified, the distribution may be sent via check to your address of record. Electing direct deposit will not expedite processing time.

Make payment to my: Checking Account Savings Account

Financial Institution Name:	Financial Institution Routing Number:
Financial Institution Phone #:	Financial Institution Account Number:
List Names of <u>ALL</u> Owners on the Financial Institution Account:	

IMPORTANT NOTES:

- An EFT transaction normally takes 2-3 business days after we process your request for the funds to be credited to your financial institution account.
- For requests signed by a Power of Attorney or contracts owned by a Trust, see the Certification and Authorization Section for additional information.**

B) Distributions to a Brokerage Account or Distributions as a Direct Transfer, Direct Rollover, or 1035 Exchange:

A check will be sent via regular mail. If you would like to elect express delivery **at your or your new carrier's expense**, please provide valid UPS or FedEx billing account information and a physical mailing address. If this information is not provided, the check will be sent via regular mail. Please be aware electing express delivery will not expedite processing time. **Important Note:** If you have named an insurance company, bank, brokerage firm, or other financial institution as your payee, you are authorizing us to follow the written instructions of that financial institution to make payment to any agent, custodian, or clearing house, or to use an alternate mailing address.

Check Payee: _____ ; Brokerage Account #: _____
(if applicable)

Check Payee's Mailing Address: _____

Income Tax Withholding (select only one)

Federal tax withholding is not mandatory. The default withholding amount is 10%. Withholding will only apply to the portion of your distribution that is taxable.

Whether or not taxes are withheld, you will be liable for payment of all applicable federal and state income taxes on the taxable portion of the distribution. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments, if any, are not adequate.

If no selection is made, we will withhold based on the default amount required. If federal income tax withholding is elected, state income tax withholding may also apply due to state requirements.

Withhold the 10% default amount for federal income tax and any required amount for state income tax.

Withhold **MORE** than the default or required amount for federal and state income tax – specify

TOTAL percentage: _____% for Federal Income Tax and _____% for State Income Tax

DO NOT Withhold federal income tax or state income tax, unless required.

Owner/Annuitant/Participant Certification and Authorization

I understand that:

- Withdrawals will adversely affect any benefits under a living benefit rider or a death benefit rider.
- Unless made in the form of a direct transfer, direct rollover, or 1035 exchange, distributions before age 59½ may be subject to a 10% federal penalty tax (or 25% for some SIMPLE IRA distributions) in addition to other applicable income taxes.
- **Due to contract terms and tax laws, once the funds have been distributed the funds cannot be returned nor the withdrawal transaction reversed.**

I agree and certify that the GAIG member company is authorized to process this withdrawal request, and will hold the GAIG member company harmless against any and all claims made by reason of its compliance with this request.

Furthermore, if the contract is not returned for full surrenders, then by signing this request I certify under penalties of perjury and insurance fraud that the contract has been lost and that it has not been assigned, transferred, or pledged, and I agree to hold the insurance company harmless from any and all claims or loss which may occur directly or indirectly on account of its acceptance of this certification.

Signature of Owner/Annuitant/Participant

Date

Signature of Joint Owner (if applicable)

Date

For requests signed by a Power of Attorney (POA):

- We must receive a copy of the POA document. The POA Certification (form AAG2816) must also be completed or on file.
- Payments can only be made to an account where the person who gave the POA is a named owner of the account.
- Payment will be made to the Principal (or for his/her benefit if transfer, rollover, or exchange distributions) and not to the Attorney in Fact.

For contracts owned by a Trust:

- The acting Trustee(s) must sign. If there has been a change of Trustee(s) from the Trustee(s) on file, then you must submit a new Trust Certification (form X6017907NW).
- Payments can only be made to an account owned by the Trust unless additional documentation is provided showing that these distributions from the Trust are permitted.
- Payment will be made to the Trust or for its benefit if the distribution is to be a transfer, exchange, or a distribution to a bank or brokerage account.

Log into **GAIGannuities.com** if you need the POA or Trust Certification form.

Signature Notarization or Signature Guarantee (if applicable)

Your signature on this request must be notarized or signature guaranteed below if you purchased your contract electronically with an electronic signature and you have not previously submitted a notarized or guaranteed signature, or as requested by the appropriate GAIG Company.

Option 1: Notarized Signature

State of _____	County of _____
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Acknowledged before me this _____ day of _____ in the year _____ by
(name) _____

My Commission expires
(MM/DD/YYYY)

Signature of Notary Public

SEAL

Option 2: Signature Guarantee

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).