



- Annuity Investors Life Insurance Company®
- Great American Life Insurance Company®
- Loyal American Life Insurance Company®
- United Teacher Associates Insurance Company
- Great American Life Insurance Company of New York
- Other

Notice and Customer Information Form

(For individual life and annuity contracts)

To help the government fight the funding of terrorism and money laundering activities, Federal law requires us to obtain all relevant customer-related information necessary to run an effective anti-money laundering program.

What this means to you: When submitting an application/order ticket/request form, we ask that the producer obtain the client's name, street address, date of birth, tax identification number and other customer-related information that will allow us to identify the customer and fulfill our obligations under Federal law. Picture documentation, such as a driver's license or other identifying documents, will be used to verify the information given at the time of the sale.

By acknowledging receipt of this Notice and Customer Information Form, the undersigned authorizes any law enforcement agency, public or private institution, information service bureau or other entity contacted by the Company(ies) identified above to furnish information sufficient to confirm the personal information of the undersigned as required by Federal law. This information is confidential and will not be used for any other purpose. The undersigned hereby release(s) all persons, agents and agencies, and entities providing confirming information from any and all liability arising out of the request for or the release of confirming information.

The following information must be obtained for each tax identification number or social security number required by the application/order ticket/request form.

I. Owner

FEIN/SSN #:	Owner Name:	Verification of ID:	State/Country: _____
Date of Birth:	Occupation:	<input type="checkbox"/> Driver's License/State ID	Number: _____
Employer:		<input type="checkbox"/> Passport	Date Issued: _____
		<input type="checkbox"/> Other _____	Exp. Date: _____
		<input type="checkbox"/> Owner is an entity; legal document(s) attached (e.g. Articles of Incorporation, Trust Agreements, etc.)	

Additional Owner

FEIN/SSN #:	Person's Name:	Verification of ID:	State/Country: _____
Date of Birth:	Occupation:	<input type="checkbox"/> Driver's License/State ID	Number: _____
Employer:		<input type="checkbox"/> Passport	Date Issued: _____
		<input type="checkbox"/> Other _____	Exp. Date: _____
		<input type="checkbox"/> If this person is an entity; legal document(s) attached (e.g. Articles of Incorporation, Trust Agreements, etc.)	

II. The source of funds for this transaction is: _____

III. The purpose of this transaction is: _____

I acknowledge the forgoing notice and certify that the foregoing information is true and correct to the best of my knowledge and belief.

Customer(s): (Signature required only if valid identification is not available)

Printed Name	Additional Client Printed Name
Client's Signature	Additional Client's Signature
Date	Date

Producer:

Printed Name	Date
Writing Agent's Signature	Date