



TRANSFER/ROLLOVER REQUEST FOR QUALIFIED FUNDS



For GAFRI Company: [ ] GREAT AMERICAN LIFE® [ ] ANNUITY INVESTORS® LIFE (Fixed Annuity) [ ] LOYAL AMERICAN LIFE [ ] ANNUITY INVESTORS LIFE (Variable Annuity)

1. CURRENT ACCOUNT INFORMATION

Owner Name, Social Security/Tax ID Number, Annuitant/Insured/Participant, Social Security/Tax ID Number, Existing Company/Insurer/Bank Name, Company Phone Number, Account Number(s), Company Street Mailing Address, City, State, ZIP Code

Policy/Contract (required; please select one) [ ] I have lost my contract. [ ] My contract is attached.

2. TSA, IRA OR OTHER QUALIFIED ACCOUNT INFORMATION

FROM: [ ] 403(b) TSA [ ] Traditional IRA [ ] SEP IRA [ ] SIMPLE IRA [ ] Roth IRA [ ] Gov't 457 (Def. Comp.) [ ] 401(a) (Pension/Profit Sharing Plan) [ ] 401(k) [ ] Other TO: I wish to transfer/rollover [ ] Full (Approx. value \$ ) [ ] Partial \$ or % of my current account to a(n): [ ] 403(b) TSA [ ] Traditional IRA [ ] SEP IRA [ ] SIMPLE IRA [ ] Roth IRA [ ] Gov't 457 (Def. Comp.) [ ] 401(a) (Pension/Profit Sharing Plan) [ ] 401(k) (For Variable Annuities Only) [ ] Other NOTE: The GAFRI company cannot accept responsibility for separately tracking after-tax funds in a qualified contract.

Rollover of Non-TSA Funds to New TSA Contract (initials) I certify my eligibility to participate in a TSA plan sponsored by my current employer.

Required Minimum Distribution (RMD) Information The required beginning date for distributions from a TSA, all IRAs (except a Roth IRA), all 401 plans and Gov't 457 plans is April 1 following the calendar year in which you reach age 70½ (or retire, if not an IRA). The following information is required if you are or will be over 70½ in age in the year of the transfer/rollover: [ ] My full RMD has already been taken for the transfer/rollover year. [ ] Distribute my RMD from the prior carrier (before the transfer/rollover).

I understand and agree that the value of my account listed above will not be credited to my GAFRI annuity with the GAFRI company until the funds are received by the GAFRI company in cash, and that the GAFRI company is not responsible for the consequences of any delay in payment by the prior provider. I understand and agree that the GAFRI company and its employees, cannot provide legal and tax advice, and that neither the GAFRI company nor the prior provider can be responsible for the tax qualification of the other's account or for the intended tax treatment of the transfer/rollover requested. I further understand and agree that GAFRI will not accept and cannot be responsible for tracking after-tax funds in a qualified contract. I represent and warrant that no person has any legal or equitable interest in the account listed above except the undersigned, and that no prior assignment, irrevocable designation of beneficiary, bankruptcy or insolvency, levy, judgment or other pending legal proceedings exists that may limit or affect my right to make this transfer/rollover. I AGREE TO HOLD HARMLESS AND INDEMNIFY THE GAFRI COMPANY AS TO ANY AND ALL CLAIMS OR DEMANDS THAT MAY BE MADE BY REASON OF THIS TRANSFER/ROLLOVER AND THE LIQUIDATION OF THE EXISTING ACCOUNT.

This serves as my authorization to liquidate and forward the amount to be withdrawn from the above account to the GAFRI company to be applied as follows:

Please transfer these funds: [ ] Immediately [ ] On / / To: New Policy [ ] Policy in Force (# )

X Signature of Owner (required) Date X Signature of Spouse (if applicable) Date X Sign. of Plan Administrator (if applicable) Date X Signature Guarantee (if required) Date X Signature of Witness (Agent) Agent #

3. INFORMATION FROM PRIOR CARRIER

TSA Custodial Account Funds: 12/31/86 Balance (less all subsequent withdrawals) \$ Current Balance \$ Employee Funds Attributable To Salary Reduction Contributions: 12/31/86 Balance (less all subsequent withdrawals) \$ 12/31/88 Balance (less all subsequent withdrawals) \$ Current Accumulated Value \$ Employer Funds: 12/31/86 Balance (less all subsequent withdrawals) \$ Current Accumulated Value \$ Name of Institution Representative (please print) Signature of Institution Representative Date

4. ACCEPTANCE (to be completed by the Home Office)

The GAFRI company accepts this transfer or rollover and requests that the amount to be transferred or rolled over be liquidated and forwarded to it. Please make check(s) payable to: [ ] Great American Life Insurance Co. [ ] Loyal American Life Insurance Co. AILIC Fixed Annuity Address: AILIC Variable Annuity Address: FBO: FBO: [ ] Annuity Investors Life Insurance Co. [ ] Annuity Investors Life Insurance Co. Contract #: Contract #: FBO: FBO: P.O. Box 5420 P.O. Box 5446 Contract #: Contract #: Cincinnati, OH 45201-5420 Cincinnati, OH 45201-5446 P.O. Box 5420 P.O. Box 5423 Cincinnati, OH 45201-5420 Cincinnati, OH 45201-5423 Phone: 800-854-3649 Phone: 800-771-2140 Phone: 800-854-3649 Phone: 800-789-6771 Authorized Signature Title Ext. Date Officer Signature Title: Senior Vice President and General Manager