



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

Administrator for:
 Continental General Insurance Company®
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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

**EASY SYSTEMATIC PAYMENT (ESP) PROGRAM ELECTION AGREEMENT
 FOR CUSTOMIZED PAYMENT OPTIONS**

Please **fully** complete all applicable sections. Incomplete or unclear requests **may** result in processing delays. Please be advised that after reviewing your request, additional paperwork may be required.

SECTION I. OWNER		
Owner:	<input type="checkbox"/> New Contract (request form must accompany application) <input type="checkbox"/> Active Contract # _____	
Address:	Social Security #:	
City/State/Zip:	Date of Birth	Daytime Phone #: ()

SECTION II. EASY SYSTEMATIC PAYMENT PROGRAM OPTION ELECTION <i>(select one)</i>
<p>The ESP Program is available ONLY on certain annuity products. Please consult your agent or our Home Office for availability.</p> <p>All specified payments are BEFORE all contract charges and income tax withholding. In section VI you may elect to not have income tax withholding, unless required.</p> <p><input type="checkbox"/> INTEREST INCOME OPTION – I would like 100% of the interest income earned based on the frequency selected in section III. NOTE: Interest rates are subject to change at any time. Interest income will fluctuate due to interest rate changes and any changes in the surrender value. This option is not available for the EquiLink or MultiLink Product Series or for any Fixed-indexed annuity product. Please consult your agent or our Home Office for other product availability.</p> <p><input type="checkbox"/> FIXED DOLLAR OPTION - I would like \$ _____ (specify \$ amount) to be paid to me each payment period. NOTE: The total amount to be distributed in any contract year must not exceed 10% of the net Surrender Value of the contract on the date of the election.</p> <p>IMPORTANT NOTE: Early withdrawal Charges (including surrender charges and premature use charges) and Market Value Adjustments, if any, will apply to the extent that total payments distributed exceed the free withdrawal provision of your contract. Please refer to Section III of the “Easy Systematic Payment Program Terms and Conditions for Customized Payment Options” for further details.</p>

SECTION III. PAYMENT FREQUENCY <i>(select one)</i>
<p>PAYMENTS TO BE MADE:</p> <p><input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> ANNUAL First Payment Date: _____</p> <p>Please allow at least 15 days from the date submitted for processing. If a first payment date is not specified, payment will be made at the END of the payment period selected. If a payment frequency is not selected, monthly payments will be made.</p> <p>Initial net payments under the Interest Income Option must be a minimum of \$50 monthly. Initial net payments under the Fixed Dollar Option must be a minimum of \$50 monthly, \$150 quarterly, \$300 semi-annually, or \$600 annually. The appropriate GAIG Company may alter the payment mode if any net payments fail to meet these minimums.</p>

SECTION IV. PAYMENT INFORMATION

- Payments to the Owner at the address above.**
- Payments are to be sent directly by Electronic Funds Transfer (EFT) to my financial institution account listed below. I also authorize the appropriate GAIG Company and the financial institution indicated below to adjust any over-deposit made to my account. I understand that prior to the initial EFT of my payment, the scheduled payment may be sent via regular mail. Please **fully** complete the information below **AND** attach a voided check, account statement copy, or a letter from your financial institution providing owner(s) name(s), routing number and account number.

Make payment to my: Checking Account Savings Account

Financial Institution Name:	List Names of <u>ALL</u> Owners on the Financial Institution Account:
Financial Institution Address:	
City/State/Zip:	Financial Institution Routing Number:
Financial Institution Phone #: ()	Financial Institution Account Number:

IMPORTANT NOTES:

- EFTs may only be made to a bank or savings & loan account. EFTs may not be made to an IRA or other tax-qualified account or to an insurance company.
- An EFT transaction normally takes 2-3 business days for the funds to be credited to your financial institution account.
- Distributions will be reported as income to the contract owner(s), regardless of whether or not the owner is a named owner of the financial institution account.
- For requests signed by a Power of Attorney: 1) EFTs can only be made to an account where the person who gave the POA is a named owner of the account; and 2) payment will be made to the Principal and not to the Attorney in Fact.
- For contracts owned by a Trust: EFTs 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.

SECTION V. FOR 403(b) TSA CONTRACTS

The owner certifies that these distributions are permitted as a result of: **(MUST CHECK ONE)**

- AGE 59 1/2:** The owner is now age 59 ½ or older.
- SEVERANCE FROM EMPLOYMENT:** Date of separation: _____
Name of employer through which 403(b) TSA contributions were made: _____
- DISABILITY:** Unable to engage in customary or comparable substantial gainful activity by reason of medically determinable physical or mental impairment expected to result in death or be of long-continued and indefinite duration. (attach documentation if no plan administrator)
- ROLLOVER ACCOUNT:** Payments are only to be made from separate account for rollover contributions.
- EMPLOYER CONTRIBUTIONS:** Payments are only to be made from: (MUST CHECK ONE)
- Separate account for employer contributions under a contract issued on or before 12/31/2008.
- Separate account for employer contributions, and permitted based on occurrence of an event specified by plan document.

SECTION VI. INCOME TAX WITHHOLDING (select one)

If a withholding preference is not indicated, 10% will be withheld as the default amount for federal income tax. Withholding will only apply to the portion of your distribution that is taxable. 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 applicable state income tax.
- Withhold MORE than the default amount required 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.

NOTE: Whether or not federal and state income tax is withheld, you are liable for payment of federal and/or state income tax on the taxable portion of the distribution. You may also be subjected to penalties under the estimated tax payment rules if your withholding and estimated tax payments, if any, are not adequate. Any withholding election will remain in effect until revoked. You may revoke any withholding election for annuity payments not yet distributed by notifying the appropriate GAIG company in writing at any time.

SECTION VII. OWNER/ANNUITANT/PARTICIPANT ACKNOWLEDGMENT AND AUTHORIZATION

I UNDERSTAND THE FOLLOWING CONDITIONS:

1. **No Exchanges, Rollovers, or Direct Transfers:** All checks under a Customized Payment Option are payable to the owner and cannot be made as a contract exchange, direct rollover, direct transfer or 1035 Exchange.
2. **Tax Implications:** I am personally responsible for any income tax implications of my election. If payments are made before I am age 59½, a premature distribution penalty tax may apply in addition to ordinary income taxes.
3. **Annuitization Minimums:** Under certain annuity contracts, the Annuity Value is available upon maturity only if payments are to be made for life or for a minimum number of years. Any payments made under the ESP Program will not apply toward meeting any such minimum requirement.
4. **Effect on Required Minimum Distribution:** The amount payable under a Customized Payment Option for a year in which I will be age 70½ or older may not satisfy the required minimum distribution rules of federal tax law. I am responsible for converting to a Required Minimum Distribution option or a settlement option at that time.
5. **Effect on Living Benefit Rider or Death Benefit Rider:** Customized Payment Option withdrawals will adversely affect any benefit under a living benefit rider or a death benefit rider.
6. **Terms and Conditions:** Payments will be subject to the "Easy Systematic Payment Program Terms and Conditions for Customized Payment Options," which I have received and read, and which I should keep for future reference.

I HAVE READ AND AGREED to the Terms and Conditions of the Easy Systematic Payment Program for Customized Payment Options. **I AUTHORIZE** the appropriate GAIG Company to process this ESP Program election, and will hold the appropriate GAIG Company harmless against any and all claims made by reason of its compliance with this request.

Signature of Owner/Annuitant/Participant

Date

Signature of Joint Owner (if applicable)

Date

IMPORTANT NOTES:

- For requests signed by a Power of Attorney we must receive a copy of the Power of Attorney document. The Affidavit Related to Power of Attorney, Form #AAG2816, must also be completed or a valid affidavit form must be on file. Payment will be made to the Principal and not to the Attorney in Fact.
- For contracts owned by a Trust, the acting Trustee(s) must sign. In addition, if there has been a change of Trustee(s) from the Trustee(s) on file, then either a new trust certification form (#X6017907NW) or trust pages showing the Successor trustee(s) together with documentation of the resignation, removal, incapacity, or death of the prior trustee(s) must be submitted.

SECTION VIII. PLAN ADMINISTRATOR CERTIFICATION AND AUTHORIZATION (if applicable)

Name of Employer Plan: _____

Name of Plan Administrator: _____

Plan Administrator Phone: _____

() _____

The Plan Administrator certifies that the distribution requested is permitted under the employer's plan and authorizes the appropriate GAIG Company to process the request as indicated above.

Signature of Plan Administrator: _____

Date: _____

SECTION IX. OWNER/ANNUITANT/PARTICIPANT SIGNATURE NOTARIZATION OR GUARANTEE (if applicable)

The Owner/Annuitant/Participant's signature on this Easy System Payment (ESP) Program Election Agreement for Customized Payment Options must be notarized or signature guaranteed below if:

- 1) Requested by the home office, or
- 2) You purchased your contract electronically with an e-signature and you have not previously submitted a notarized or guaranteed signature.

STATE OF _____)
 COUNTY OF _____) SS:

On this _____ day of _____ in the year _____ before me, the undersigned, a Notary Public in and for said county and state, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the foregoing Easy System Payment (ESP) Program Election Agreement for Customized Payment Options and acknowledged to me that he/she/they signed the same.

My Commission expires:

MM/DD/YYYY

Signature of Notary Public

SEAL

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).



Annuities

EASY SYSTEMATIC PAYMENT (ESP) PROGRAM
TERMS AND CONDITIONS FOR CUSTOMIZED PAYMENT OPTIONS

DETACH AND RETAIN THIS SECTION FOR YOUR RECORDS

SECTION I. INSTRUCTIONS

To enroll in a Customized Payment Option under the ESP Program, complete the first four pages of the "Easy Systematic Payment Program Election Agreement" and forward to our office. The completed form along with any other necessary paperwork should be returned to the appropriate GAIG Company. PLEASE KEEP THIS FORM FOR YOUR RECORDS. Should you have any questions, please contact your agent or our Client Relations Department.

SECTION II. DESCRIPTION OF CUSTOMIZED PAYMENT OPTIONS

100% INTEREST INCOME OPTION

- Amount of Payments. Payments on each payment date will be varying amounts determined as 100% of interest earned on the gross surrender value during the prior period.

FIXED DOLLAR OPTION

- Amount of Payments. Payments at the end of each payment period will be a fixed dollar amount. If elected in the first contract year, the amount specified must be less than or equal to the earned interest for the payment period selected. If elected in a subsequent contract year, the total amount to be distributed in a year must not exceed 10% of the net Surrender Value of the contract on the date of the election.

SECTION III. ADDITIONAL TERMS AND CONDITIONS

The following additional terms and conditions apply to Customized Payment Options for the Easy Systematic Payment Program (ESP Program):

QUALIFICATION FOR ESP PROGRAM

- 1. Eligible Annuity Products. The ESP Program is available ONLY on certain annuity products. The ESP Program is not available for the EquiLink or MultiLink Series of fixed-indexed annuity products. All other fixed-indexed annuities offer the Fixed Dollar Option only. Please consult your agent or our Home Office for questions regarding availability.
2. Age Restrictions. For 403(b) TSA contracts, the Owner must be at least age 59 1/2, separated from service, or disabled or the contract must hold only rollover funds or unrestricted employer contributions. No age restrictions on other tax qualified or non-qualified annuity contracts.
3. Minimum Account Value. Contract minimum account or surrender values apply for enrollment in the ESP Program.

RESTRICTIONS ON ESP PROGRAM

- 4. Restrictions on Entry. You may not enter the ESP Program after payments are made under a settlement option. Unless we agree, you may enroll in only one ESP Program option (Customized, SEPP, or RMD), per annuity contract, at any one time. Your enrollment into the ESP RMD program will automatically terminate any existing ESP Customized Payment Option. If you discontinue payments when permitted, you may not re-enter the ESP Customized Payment Program for 12 months. You may not elect the Fixed Dollar Option if your contract is a non-qualified annuity that is aggregated with another contract for tax purposes under the serial contract rule.
5. Default Loan Restriction. You may not enter the ESP Program if you have a loan in a default status. You will also be automatically terminated from the ESP Program if an active loan later defaults while enrolled in the program.

CHANGES AND OTHER CONTRACT ACTIVITY

- 6. Changes. You may change the Fixed Dollar Option amount and payment period once per calendar year. You may change the Interest Income Option payment period once per calendar year, and may discontinue payments at any time. If you are eligible for a Required Minimum Distribution Option, you may convert to that option at any time but payments under the Required Minimum Distribution Option will be reduced by all ESP Program payments and other withdrawals for the year.
7. Withdrawals and Loans. While participating in the ESP Program, partial withdrawals, loans and surrenders are permitted. A partial withdrawal will reduce the penalty-free allowance provision which might otherwise be available for Customized Payments made later in that year. We may terminate Interest Income Payments if you take a withdrawal and your contract is a non-qualified annuity that is aggregated with another contract for tax purposes under the serial contract rule.



EASY SYSTEMATIC PAYMENT (ESP) PROGRAM
TERMS AND CONDITIONS FOR CUSTOMIZED PAYMENT OPTIONS

SECTION III. ADDITIONAL TERMS AND CONDITIONS *(continued)*

PAYMENT AMOUNTS AND TERMS

8. **Duration of Payments.** Unless changed or terminated as provided in these terms and conditions, payments under a Customized Payment Option continue for your life or until your annuity contract is exhausted.
9. **Minimum Payments.** Initial net payments under the Interest Income Option must be a minimum of \$50 monthly. Initial net payments under the Fixed Dollar Option must be a minimum of \$50 monthly, \$150 quarterly, \$300 semi-annually, or \$600 annually. The appropriate GAIG Company may alter the payment mode if any net payments fail to meet these minimums.
10. **No Contract Exchange, Direct Rollover, Direct Transfer or 1035 Exchange.** Customized payments under the ESP Program may not be paid as a contract exchange, direct rollover, direct transfer or 1035 Exchange.
11. **Program Changes and Termination.** The company reserves the right to change or terminate the ESP Program or any option at any time without notice.

EFFECT ON OTHER ANNUITY CONTRACT PROVISIONS

12. **Early Withdrawal Charges, Market Value Adjustments, and Proportionality.** Early Withdrawal Charges (including surrender charges, premature use charges) and Market Value Adjustments, if any, will apply to the extent that Customized Payments and other withdrawals exceed the penalty-free withdrawal allowance, if any, otherwise available under the contract at the time that the payment is made. Customized Payments will reduce the amount of any other penalty-free withdrawals which otherwise may be available under the contract during that year. Proportionality adjustments, if any, will apply to amounts withdrawn to make Customized Payments.
13. **Availability of Annuity Value.** Under certain annuity contracts, the Annuity Value is available upon maturity only if payments are to be made for life or some minimum number of years. Payments under the ESP Program will not count toward meeting any such minimum requirement.
14. **Loans.** If an outstanding loan reduces the net Surrender Value at the time of the payment to an amount less than the payment amount, Customized Payments will cease.
15. **Effect on Any Persistency Bonus.** Payments under the ESP Program may reduce the values used to calculate the persistency bonus under the annuity contract, if applicable. As a result, the annuity contract may not qualify to receive any such bonus, or the amount of any such bonus may be reduced accordingly.
16. **Effect on Fixed-Indexed Contracts.** To the extent that the Fixed Strategies are exhausted and payments are taken from an Indexed Strategy, no Indexed Interest will be paid for the current Term on the amount withdrawn unless the withdrawal happens at the end of a Term.
17. **Effect on Living Benefit or Death Benefit Riders.** Customized Payment Option withdrawals will adversely affect any benefit under a living benefit rider or a death benefit rider. If you wish to set up living benefit rider payments, use form #X6026409NW.
18. **Annuity Contract Minimums Enforced.** If a Fixed Dollar Option payment would cause the Surrender Value of your annuity contract to fall below the contract minimum, the appropriate GAIG Company reserves the right to terminate your Customized Payments. The appropriate GAIG Company reserves the right to surrender the annuity contract in full at that time.