

Great American Life Supply Order Form



Distribution Partner/Agency Name: _____

Active Agent Number: _____

Attention: _____

Street Address (no P.O. Boxes): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-mail address : _____

For expedited shipping please provide
 Carrier name: _____ Carrier account number: _____

After completing this form click here to email to Supplies@gaig.com or fax the completed form to 877-208-2008.

All orders and quantities are subject to company approval. Please allow up to two weeks for delivery.

QUICK REQUEST

We will provide you with everything you need to make the sale (Brochures and New Business Forms)

Product	State	Tax Qual	Qty
American Custom 10	_____	_____	_____
Index Protector 7	_____	_____	_____
American Legend III	_____	_____	_____
American Valor 10	_____	_____	_____
Landmark 5	_____	_____	_____
Safe Return	_____	_____	_____
SecureGain 5	_____	_____	_____
SecureGain 7	_____	_____	_____
SPIA	_____	_____	_____

PRODUCT BROCHURES/MATERIALS

Product	State	Qty
American Custom 10	_____	_____
Index Protector 7	_____	_____
American Legend III	_____	_____
American Valor 10	_____	_____
Landmark 5	_____	_____
Safe Return	_____	_____
SecureGain 5	_____	_____
SecureGain 7	_____	_____
SPIA	_____	_____

RIDER BROCHURES/MATERIALS

Product	State	Qty
Income Keeper	_____	_____
IncomeSecure	_____	_____
IncomeSustainer Plus	_____	_____
IncomeDefender	_____	_____
Inheritance Enhancer	_____	_____
Legacy Income Options Flier	_____	_____
Simple Income Option	_____	_____
Stacked Income Option	_____	_____

SPECIAL REQUESTS

GENERAL MARKETING MATERIALS

Description	Qty
Annual Report	_____
Financial Strength Brochure	_____
GAIG Pocket Folder	_____
GALIC Product Reference Guide	_____
Tax Reference Sheet	_____