



Great American Life Insurance Co[®]
Annuity Investors Life Insurance Co[®]
Loyal American Life Insurance Co[®]

United Teacher Associates
Manhattan National Life Insurance Co
Great American Life Insurance Co[®] Of New York

Mailing Address: PO Box 5420, Cincinnati OH 45201 Fixed Annuities
Mailing Address: PO Box 5423, Cincinnati OH 45201 Variable Annuities
Overnight Address: 525 Vine St, 7th Floor, Cincinnati OH 45202

Client Relations - 800-854-3649 Fixed Annuities

Fax Number - 800-482-8126 Fixed Annuities

Client Relations - 800-789-6771 Variable Annuities

Fax Number - 513-768-5115 Variable Annuities

CONTRACT/CERTIFICATE INFORMATION CHANGE FORM

Sections with * are required, all others are based on your request.

1. *OWNER/PARTICIPANT INFORMATION (Must be completed for all requests - Please print)

Owner/Participant			Contract/Certificate Number
Joint Owner (if applicable)			Social Security Number of Owner
Address			Daytime Phone
City	State	Zip Code	Evening Phone

2. NAME CHANGE FOR OWNER/PARTICIPANT

Name on GAFRI records: _____
Please Print Please Sign (Old Name)

Change Name to: _____
Please Print Please Sign (New Name)

3. POLICY REQUEST

- Send me a duplicate policy. Enclosed is my check for \$20. (Duplicate policies may not be available for all contracts.)
- Send me a "specimen policy." (A generic copy of the contract at no charge.)
- Send me a copy(s) of past Quarter-end policy statements. (One statement copy from the prior twelve months at no charge. Each additional statement copy is \$5.00.)
 - Quarter-Ending _____ Quarter-Ending _____
 - Quarter-Ending _____ Quarter-Ending _____
 - Quarter-Ending _____ Quarter-Ending _____
 - Quarter-Ending _____ Quarter-Ending _____
- Send me a copy(s) of cancelled check for the distribution(s) dated: _____.
(Each check copy requested is \$5.00.)

Please make check payable to Great American Financial Resources, Inc. and include your contract/certificate number on the check.

4. ADDRESS CHANGE FOR OWNER/PARTICIPANT (Please print)

Address _____ Daytime Phone _____

City/State/Zip _____ Evening Phone _____

5. AGENT CHANGE (Please print – Note: May only change to another GAFRI agent.)

Change my Servicing Agent to:

Agent Name

Agent #

6. BENEFICIARY CHANGE (Please print)

I hereby revoke all prior designations of Beneficiaries and any elections of Optional Methods of Settlement. The following designations of Beneficiaries are made, subject to the provisions of the contract, and subject to the rights of any assignee of record with the appropriate GAFRI Company. With respect to any trust designated as Beneficiary, the appropriate GAFRI Company shall neither be obligated to inquire into the terms of the trust, nor shall the appropriate GAFRI Company be chargeable with knowledge of the terms of the trust, and the appropriate GAFRI Company will be fully discharged from all liability after payment of the Death Benefit proceeds under the contract/certificate to the trustee.

The Death Benefit will be paid to the primary beneficiaries or survivors of them in equal shares unless otherwise stated. The Death Benefit will be paid to contingent beneficiaries or survivors of them in equal shares only if there are no surviving primary beneficiaries. If additional space is needed, attach a separate sheet signed and dated by the owner(s).

Please show full name, address, relationship to Owner(s), and Social Security Number of all beneficiaries. If the Beneficiary is a trust, please list below AND provide copies of the Trust pages that indicate the trust's name, the trustee name(s) and the trust agreement date.

PRIMARY BENEFICIARY(IES)

Name _____ Address _____ Social Security Number _____ Relationship to Owner _____

Name _____ Address _____ Social Security Number _____ Relationship to Owner _____

CONTINGENT BENEFICIARY(IES)

Name _____ Address _____ Social Security Number _____ Relationship to Owner _____

Name _____ Address _____ Social Security Number _____ Relationship to Owner _____

7. *SIGNATURE AUTHORIZATION (This Section **MUST** be completed for all changes.)

By signing this form, the contract owner(s)/participant(s)/plan administrator, as applicable, each agree and certify that the appropriate GAFRI Company is authorized to make the changes to the contract/certificate as indicated on this form, and further agree to hold harmless and indemnify the appropriate GAFRI Company as to any and all claims or demands which may be made by reason of the changes so made.

Signature of Owner/Participant _____ Date _____ Signature of Joint Owner _____ Date _____
(If Corporation, signature and title of authorized officer) (If Applicable)

Signature of Plan Administrator _____ Date _____ Printed Name of Plan Administrator _____ Date _____
(If Applicable) (If Applicable)

8. SIGNATURE NOTARIZATION (Required if the box is checked or requested on attached letter.)

In order to validate the authenticity of a signature, please sign in the Signature Authorization Section and have this section notarized.

State of _____ County of _____

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 within instrument and acknowledged that he/she/they executed the same.

My Commission expires _____
MM/DD/YY

NOTARY PUBLIC