



Great American Life Insurance Co<sup>®</sup>      United Teachers Associates  
 Annuity Investors Life Insurance Co<sup>®</sup>      Manhattan National Life Insurance Co  
 Loyal American Life Insurance Co<sup>®</sup>      Great American Life Insurance Co<sup>®</sup> 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, 7<sup>th</sup> 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 - 513-412-3766 Variable Annuities**

## WITHDRAWAL/SURRENDER REQUEST FORM

Name of Owner	Contract/Certificate/Policy Number
Name of Annuitant/Participant (if different)	Owner/Participant's Daytime Phone Number (      )
Owner/Participant's Social Security/Tax ID Number	Name of Joint Owner (if applicable)

### 1. AMOUNT OF DISTRIBUTION

**PARTIAL WITHDRAWAL**

Amount requested (**NET of all charges and taxes**) \$\_\_\_\_\_. The minimum amount for a partial withdrawal is \$500.00 net of contract charges. The maximum amount cannot reduce the surrender value below the policy minimum value, as defined in the policy contract.

**FULL SURRENDER**

You will receive the Surrender Value, as defined in the policy contract.

**FOR SURRENDER, PLEASE RETURN THE POLICY CONTRACT WITH THIS FORM.** If the policy contract is not returned, by signing this surrender request form the owner certifies under penalties of perjury that the policy contract has been lost or destroyed, and that it has not been assigned, transferred, or pledged. In addition, the owner agrees that the policy contract is no longer in effect, agrees to return it if found, and agrees to hold the appropriate GAFRI Company harmless from any and all loss, which may occur, directly or indirectly on account of accepting this certification.

### 2. DISTRIBUTION TYPE

**PAYMENT TO OWNER, ANNUITANT, or PARTICIPANT**

Distributions prior to age 59½ may be subject to a 10% federal penalty tax (or 25% for some SIMPLE IRA distributions) in addition to other applicable income taxes.

**DIRECT TRANSFER, DIRECT ROLLOVER, OR 1035 EXCHANGE**

A Letter of Acceptance (LOA) from the custodian receiving the transfer or exchange **MUST** be provided. LOA must be on company letterhead, signed by a company authorized representative, and indicate the tax qualification of the new account.

### 3. PAYEE

**MAKE CHECK PAYABLE TO:**

Is this the owner's new address?

YES     NO

Payee Name
Mailing Address
City, State, ZIP

### 4. INCOME TAX WITHHOLDING

For distributions to the annuitant/participant of a 403(b) TSA, 401 Pension/Profit Sharing/401(k) Plan, or a Governmental 457 Plan, a **minimum of 20% federal income tax withholding is required** by the IRS unless your distribution is a direct rollover, direct transfer, required minimum distribution (RMD), or due to financial hardship on a 403(b) TSA contract only.

For all other distributions, including RMD from the above mentioned tax qualified policies and financial hardship distributions on 403(b) TSA contracts, tax withholding is not mandatory. If a withholding election is not indicated **OR** if you choose to have taxes withheld and a preference is not indicated, 10% **will be** withheld for federal income tax unless the distribution is a direct rollover, direct transfer or 1035 exchange.

Withhold federal income tax. To withhold more than the default or mandatory withholding, specify TOTAL percentage: \_\_\_\_\_%

**DO NOT** Withhold federal income tax, if permitted.

Whether or not taxes are withheld, you will be liable for payment of all applicable federal and state income taxes on the taxable portion of the distribution. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments, if any, are not adequate. NOTE: State income tax withholding may also apply.

**5. ACKNOWLEDGEMENT OF SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS**  
**for All Distributions from 403(b) TSA, 401 Pension/Profit Sharing/401(k) Plans, or Governmental 457 Plans**

**COMPLETE THIS SECTION FOR** distributions from 403(b) TSA policies, 401 Pension/Profit Sharing/401(k) Plans, and Governmental 457 Plans unless this is a required minimum distribution (RMD), a hardship distribution, or a Direct Transfer.

By signing this surrender request form, the Owner/Annuitant/Participant acknowledges receipt of the Special Tax Notice Regarding Plan Payments. Please contact our office prior to submitting this form if you did not receive this Special Tax Notice.

Initial Above

By **initialing** in the box to the left, I **waive my 30-day consideration period**. I understand that I have 30 days to consider whether or not to make a direct rollover, and my request must be delayed unless I waive this right. This election applies to the waiver of the 30-day consideration period, **NOT** the actual processing time for your request.

**6. FOR 403(b) TSA CONTRACTS**

The owner certifies that this withdrawal or surrender is permitted as a result of: **(MUST CHECK ONE)**

- A)  **AGE 59½:** The owner is now age 59½ or older
- B)  **SEVERANCE FROM EMPLOYMENT:** Date of Severance: \_\_\_\_\_  
 Name of employer through which 403(b) TSA contributions were made: \_\_\_\_\_
- C)  **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)**
- D)  **FINANCIAL HARDSHIP: (attach documentation if no plan administrator)**  
 An immediate and heavy financial need on account of: **(MUST CHECK ONE)**
  - Uninsured eligible medical expenses for me or my spouse, dependent, or designated beneficiary;
  - Direct costs for purchase of my principal residence, excluding mortgage payments;
  - Eligible post-secondary education expenses for me, my spouse, or my dependent;
  - Threatened eviction from, or mortgage foreclosure on, my principal residence;
  - Funeral expenses for my parent, spouse, children, dependents, or designated beneficiary; or
  - Expenses for the repair of damage to my principal residence that qualifies as a casualty loss and is not covered by insurance.

I certify that this immediate and heavy financial need cannot reasonably be relieved (1) through reimbursement or compensation by insurance or otherwise, (2) by liquidation of my assets, (3) by cessation of elective contributions under this plan, (4) by currently available distributions and nontaxable loans under plans maintained by my employer or any other employer, or (5) by borrowing from commercial sources on reasonable commercial terms in an amount sufficient to satisfy the need. I agree to discontinue all elective contributions and employee contributions to the plan and all other plans maintained by the employer for a period of at least six months after receipt of the hardship distribution. **(Post-12/31/88 earnings cannot be distributed. Rollovers NOT allowed.)**
- E)  **QUALIFIED RESERVIST:** Payment to reservist called to active duty for 180+ days or indefinite period **(attach copy of order if no plan administrator)**
- F)  **QDRO:** Payment to an alternate payee under a qualified domestic relations order. **(attach copy of court order)**
- G)  **CONTRACT EXCHANGE/DIRECT TRANSFER:** Payment to be made as: **(MUST CHECK ONE)**
  - Contract exchange within the same employer 403(b) TSA plan.
  - Direct transfer to governmental defined benefit plan for purchase of permissive service credit or as repayment under IRC section 415(k)(3).
  - Employer-mandated direct transfer from one employer 403(b) TSA plan to another employer 403(b) TSA plan in connection with a corporate reorganization or change of corporate control.
- H)  **ROLLOVER ACCOUNT:** Payment is only to be made FROM an existing GAFRI 403(b) contract that was funded solely with rollover contributions.
- I)  **PRE-89 FUNDS:** Payment limited to salary reduction contributions made on or before 12/31/88, and related earnings credited on or before 12/31/88.
- J)  **EMPLOYER CONTRIBUTIONS:** Payment is 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.

**7. OWNER/ANNUITANT/PARTICIPANT CERTIFICATION AND AUTHORIZATION**

The Owner/Annuitant/Participant agrees and certifies that the appropriate GAFRI Company is authorized to process this request as indicated above, and will hold the appropriate GAFRI Company harmless against any and all claims made by reason of this distribution.

\_\_\_\_\_  
 Signature of Owner/Annuitant/Participant                      Date                      Signature of Joint Owner (if applicable)                      Date

**8. PLAN ADMINISTRATOR CERTIFICATION AND AUTHORIZATION (if applicable)**

Name of Employer Plan	Name of Plan Administrator	Plan Administrator Phone (      )      -      -      -      -      -
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The Plan Administrator certifies that the withdrawal or surrender requested is permitted under the employer's plan and authorizes the appropriate GAFRI Company to process the request as indicated above. In the case of a hardship distribution from a 403(b) contract, the Plan Administrator agrees that the participant will be required to discontinue all elective contributions and employee contributions to the plan and all other plans maintained by the employer for a period of at least six months after receipt of the hardship distribution.

\_\_\_\_\_  
 Signature of Plan Administrator                      Date