



GAFRI COMPANY: (CHECK ONE)

- GREAT AMERICAN LIFE INSURANCE COMPANY®**
PO Box 5420, Cincinnati, OH 45201-5420; 800-854-3649
- GREAT AMERICAN LIFE INSURANCE COMPANY® (Formerly National Health)**
PO Box 5420, Cincinnati, OH 45201-5420; 800-952-8138
- GREAT AMERICAN LIFE INSURANCE COMPANY® (Formerly Old Standard)**
PO Box 5420, Cincinnati, OH 45201-5420; 800-771-2140
- ANNUITY INVESTORS LIFE INSURANCE COMPANY® (Fixed Annuities)**
PO Box 5420, Cincinnati, OH 45201-5420; 800-854-3649
- LOYAL AMERICAN LIFE INSURANCE COMPANY®**
PO Box 5420, Cincinnati, OH 45201-5420; 800-771-2140
- OLD WEST ANNUITY AND LIFE INSURANCE COMPANY**
PO Box 5420, Cincinnati, OH 45201-5420; 800-854-771-2140
- UNITED TEACHERS ASSOCIATES**
PO Box 5420, Cincinnati, OH 45201-5420; 866-423-7283

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

- New Contract** (request form must accompany application) **Active Contract #** _____

SECTION I. OWNER		
Owner:	Today's Date:	
Address:	Date of Birth:	
City/State/Zip:	S.S. #:	Daytime Phone #: ()

SECTION II. EASY SYSTEMATIC PAYMENT PROGRAM OPTION ELECTION (select one)

The ESP Program is available **ONLY** on certain annuity products. Please consult your agent or our Home Office for availability. All specified payments will be reduced by income tax withholding unless you elect otherwise in Section V.

100% MONTHLY INTEREST INCOME OPTION (100% monthly payment on contract anniversary day only.)

- I would like 100% of the interest earned each MONTH to be paid to me on my contract's monthly anniversary date. 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. Interest can only be distributed on the contract anniversary date each month. Payments will begin with the monthly period following the date the appropriate GAFRI Company accepts and processes your election.

FIXED DOLLAR OPTION

- I would like \$ _____ (specify \$ amount) to be paid to me each payment period. NOTE: 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 any year must not exceed 10% of the net Surrender Value of the contract on the date of the election.

Select payment period for Fixed Dollar payments:

- MONTHLY** **QUARTERLY** **SEMI-ANNUAL** **ANNUAL**

All payments are made at the **END** of the payment period selected.

SECTION III. PAYMENT INFORMATION

- Payments to the Owner at the address above.**

- Payments are to be sent directly by Electronic Funds Transfer (EFT) to my bank account listed below. Please complete the information below and **attach a voided check, if applicable**. I also authorize the appropriate GAFRI Company and the financial institution indicated below to adjust any over-deposit made to my account.

Bank Name: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Address: _____	Branch: _____
Bank Phone #: _____	Account #: _____
	Routing #: _____

Please note that an EFT transaction normally takes 2-3 business days for the funds to be credited to your bank account.

SECTION IV. FOR 403(b) TSA DISTRIBUTIONS BEFORE AGE 59½

This section **MUST BE COMPLETED** if the contract includes any post 12/31/88 funds attributable to salary reduction contributions or any funds attributable to a transfer from a custodial account.

Under penalties of perjury, the owner certifies that these distributions are permitted prior to age 59½, as a result of: **(CHECK ONE)**

SEPARATION FROM SERVICE

Severance Date of separation: _____ **AND**

Name/Phone Number of former Employer with TSA program: _____

I have severed from all employment with employer through which any salary reduction contributions were made.

DISABILITY

Date of disability: _____ **AND**

Name/Phone Number of Physician making determination: _____

I am 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.

SECTION V. INCOME TAX WITHHOLDING (select one)

If a withholding preference is not indicated, 10% will be withheld for federal income tax. State income tax withholding may also apply. Even if federal and state income tax are not 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.

Do NOT withhold federal income tax.

Withhold federal income tax. To have MORE than 10% federal withholding, specify TOTAL percentage: _____ %

Any withholding election will remain in effect until revoked. You may revoke any withholding election for any payments not yet distributed by notifying the appropriate GAFRI Company in writing at any time.

SECTION VI. ACKNOWLEDGMENT AND SIGNATURE AUTHORIZATION

I UNDERSTAND THE FOLLOWING CONDITIONS:

1. All checks under a Customized Payment Option are payable to the owner and cannot be rolled over or direct transferred.
2. 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. 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. 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 Life Distribution Option or a settlement option at that time.
5. 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, UNDERSTOOD, AND AGREED to the Terms and Conditions of the Easy Systematic Payment Program for Customized Payment Options. **I AUTHORIZE** the appropriate GAFRI Company to process this ESP Program election.

Signature of Owner: _____ **Date:** _____

Signature of Joint Owner (if applicable): _____ **Date:** _____

Signature of Plan Administrator (if applicable): _____ **Date:** _____

Printed Name of Plan Administrator (if applicable): _____ **Date:** _____



**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 two 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 GAFRI 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% MONTHLY INTEREST INCOME OPTION

- **Amount of Payments.** Payments on each monthly anniversary date will be varying amounts determined as 100% of interest earned on the gross surrender value during the prior month. In the event that the interest exceeds 10% per month, then the payment will be limited to a rate of 10% per month.

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 59½, separated from service, or disabled. 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. You may enroll in only one ESP Program option, per annuity contract, at any one time. If you discontinue payments when permitted, you may not re-enter the ESP Customized Payment Program for 12 months.
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 Option amount and payment period once per calendar year. If you are eligible for a Life Distribution Option, you may convert to that option at any time but payments under the Life 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 10% penalty-free allowance provision which might otherwise be available for Customized Payments made later in that year.



**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 100% Monthly 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. For the Fixed Dollar Option, the appropriate GAFRI Company may alter the payment mode if any subsequent net payments fail to meet these minimums.
10. **No Rollover or Direct Transfer.** Customized payments under the ESP Program are not Eligible Rollover Distributions and may not be rolled over or direct transferred.
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. **Surrender Charges and Proportionality Waived.** Surrender Charges and proportionality adjustments, if any, will be waived on an amount equal to the Customized Payments to the extent that they do not exceed the contract's 10% penalty-free withdrawal allowance. Customized Payments for a year will reduce the amount of any other penalty-free withdrawals which otherwise may be available under the contract during that year. Any other penalty-free withdrawals for a year may cause surrender charges or proportionality to apply to Customized Payments made later in that year.
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. **Annuity Contract Minimums Enforced.** If Fixed Dollar Option payments cause the Surrender Value to fall below the contract minimum, the appropriate GAFRI Company reserves the right to terminate your Customized Payments. The appropriate GAFRI Company reserves the right to surrender the annuity contract in full at that time.

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