

Transfer/Exchange Request for Non-Qualified Funds

- Great American Life[®] Annuity Investors[®] Life Annuities Fixed Annuity
 Loyal American Life Annuity Investors Life Annuities Variable Annuity

1. Current account information

Owner name _____
 Social Security/tax ID # _____
 Joint owner name (if applicable) _____
 Social Security/tax ID # _____
 Annuitant/insured/participant _____
 Social Security/tax ID # _____
 Joint annuitant name (if applicable) _____
 Social Security/tax ID # _____

Policy/contract (required; select one):
 I have lost my contract. My contract is attached.
 Existing company/insurer/bank name _____
 Company address _____
 City/state/zip _____
 Company phone _____
 Account number(s) _____

2. Non-qualified account information

1035 Exchange (non-qualified annuity/life insurance):
 Full (approximate value \$ _____)
 Partial \$ _____ or _____%
 Other non-qualified transfer from:
 CD Stock Other _____
 Full (approximate value \$ _____)
 Partial \$ _____ or _____%
 from the account referenced above and place the proceeds in a non-qualified account at GAFRI.

I agree to pay any premium on the prior policy required before the date it is surrendered, and assume full responsibility for any lapse of the prior policy for nonpayment of premiums or otherwise. This serves as my authorization to liquidate and forward the amount to be withdrawn from the above account to the GAFRI company to be applied as follows:

Transfer these funds: Immediately On _____ / _____ / _____
 To: New policy Policy in force (# _____)

I understand and agree that the value of my account listed above will not be credited to my annuity with the GAFRI company until the funds are received by the GAFRI company in cash, and that the GAFRI company is not responsible for the consequences of any delay in payment by the prior provider. I understand and agree that the GAFRI company and its employees cannot provide legal and tax advice, and that neither the GAFRI company nor the prior provider can be responsible for the tax qualification of the other's account or for the intended tax treatment of the transfer/exchange requested. I represent and warrant that no person has any legal or equitable interest in the account listed above except the undersigned, and that no prior assignment, irrevocable designation of beneficiary, bankruptcy or insolvency, levy, judgment or other pending legal proceedings exists that may limit or affect my right to make this transfer/exchange. I AGREE TO HOLD HARMLESS AND INDEMNIFY THE GAFRI COMPANY AS TO ANY AND ALL CLAIMS OR DEMANDS THAT MAY BE MADE BY REASON OF THIS TRANSFER/EXCHANGE AND THE LIQUIDATION OF THE EXISTING ACCOUNT. I hereby make a complete and absolute assignment and transfer to the GAFRI company of all rights, title and interest of every nature and character in and to said policy or account (or said portion thereof), and irrevocably waive all rights, claims and demands under it, in exchange for a GAFRI contract issued by the GAFRI company.

_____ Date
 Owner signature (required) _____
 _____ Date
 Joint owner signature (if applicable) _____
 _____ Date
 Annuitant signature (required) _____
 _____ Date
 Joint annuitant signature (if applicable) _____
 _____ Date
 Witness signature (Agent) _____
 _____ Date
 Guarantee signature (if required) _____

3. Information for 1035 Exchange from prior carrier (List cost basis information for contract being exchanged.)

Pre-TEFRA
 Deposits on/before 8/13/82 (net of withdrawals) \$ _____

Post-TEFRA
 Deposits on/after 8/14/82 (net of withdrawals) \$ _____

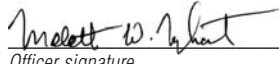
Were any deposits made after 6/30/86? Yes No

 Institution representative name (print) _____

 Institution representative signature _____ Date

4. Acceptance (completed by Home Office)

The GAFRI company accepts this transfer or rollover and requests that the amount to be transferred or rolled over be liquidated and forwarded to it.

_____ Title Ext. Date
 Authorized signature


 Officer signature Executive Vice President Title

Make check(s) payable to:
 Annuity Investors Life Insurance Co.
 Great American Life Insurance Co. Annuity Investors Life Insurance Co. (variable annuity address)
 Loyal American Life Insurance Co.
 FBO _____ FBO _____
 Contract # _____ Contract # _____
 P.O. Box 5420 P.O. Box 5423
 Cincinnati, OH 45201-5420 Cincinnati, OH 45201-5423
 (800) 854.3649 (800) 789.6771

For overnight: 525 Vine Street • Cincinnati, OH 45202