

Owner name _____
Social Security/tax ID # _____
Annuitant/insured/participant _____
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) _____

For any rollover into 401(a), 401(k), 403(b) TSA or Governmental 457, provide documentation of approval of plan to accept rollover.

☐ Full (approximate value \$ _____)

☐ Partial \$ _____ or _____ %

☐ TSA from one employer's plan exchanged for new TSA under same employer's plan

☐ TSA from one employer's plan rolled over to TSA under new employer's plan

From: ☐ Traditional IRA ☐ Roth IRA ☐ 401(a) (*pension/profit sharing plan*)
☐ SEP IRA ☐ TSA ☐ Governmental 457 (*deferred comp*)
☐ SIMPLE IRA ☐ 401(k) ☐ Other _____

To: ☐ Traditional IRA ☐ Roth IRA ☐ 401(k) (*for variable annuities only*)
☐ SEP IRA ☐ TSA ☐ 401(a) (*pension/profit sharing plan*)
☐ SIMPLE IRA ☐ Governmental 457 (*deferred comp*)
☐ Other _____

Note: The GAFRI company cannot accept responsibility for separately tracking after-tax funds in a qualified contract.

The required beginning date for distributions from a TSA, all IRAs (except a Roth IRA), all 401 plans and Governmental 457 plans is April 1 following the calendar year in which you reach age 70½ (or retire, if not an IRA).

The following information is required if you are or will be over 70½ in age in the year of the transfer/rollover:

- ☐ My full RMD has already been taken for the transfer/rollover year.
- ☐ Distribute my RMD from the prior carrier (*before the transfer/rollover*).

I understand and agree that the value of my account 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/rollover/exchange requested. I further understand and agree that GAFRI will not accept and cannot be responsible for tracking after-tax funds in a qualified contract. 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/rollover. 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/ROLLOVER AND THE LIQUIDATION OF THE EXISTING ACCOUNT. 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 (# _____)

Owner signature (required) _____ Date _____

Spouse signature (if applicable)
Date

Plan Administrator signature (if applicable) *Date*

Guarantee signature (if required) _____ *Date* _____

Witness signature (Agent) *Agent #*

TSA custodial account funds

12/31/86 balance (less all subsequent withdrawals) \$

Current balance \$ _____

Employee funds attributable to salary reduction contributions

12/31/86 balance (less all subsequent withdrawals) \$

12/31/88 balance (less all subsequent withdrawals) \$

Current accumulated value \$ _____

Employer funds


12/31/86 balance (less all subsequent withdrawals) \$

Current accumulated value \$ _____

Institution representative name (print)

Institution representative signature
Date

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.

Authorized signature	Title	Ext.	Date
	Executive Vice President		
Officer signature	Title		

Make check(s) payable to:

- ☐ Annuity Investors Life Insurance Co.
☐ Great American Life Insurance Co. ☐ Annuity Investors Life Insurance Co.
☐ Loyal American Life Insurance Co. (variable annuity address)

FBO _____
Contract # _____
P.O. Box 5420
Cincinnati, OH 45201-5420
(800) 854.3649

FBO _____
Contract # _____
P.O. Box 5423
Cincinnati, OH 45201-5423
(800) 789.6771

For overnight: 525 Vine Street • Cincinnati, OH 45202