



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

United Teachers 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 - 513-412-3766 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 In addition, the owner agrees that the policy contract is no longer in effect, agrees to return it if found, and agrees to hold the appropriate GAFRI Company harmless from any and all loss, which may occur, directly or indirectly on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.

