



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

United Teacher Associates
 Manhattan National Life Insurance Co

Fixed Annuities: PO Box 5420, Cincinnati OH 45201 / 800-482-8126 Fax
Variable Annuities: PO Box 5423, Cincinnati OH 45201 / 513-768-5115 Fax
Overnight Address: 10th Floor, 301 E Fourth St, Cincinnati OH 45202

Client Relations: 800-854-3649 Fixed Annuities / 800-789-6771 Variable Annuities

WITHDRAWAL/SURRENDER REQUEST FORM

Please fully complete all applicable sections. Incomplete or unclear requests may result in processing delays.

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 \$ _____ **AFTER** all charges and taxes OR **BEFORE** all charges and taxes
 Contract's Free Withdrawal Amount - **BEFORE** 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. The actual amount paid could be less than requested due to other limits imposed by the contract or an employer plan. If the amount requested doesn't indicate if it is to be before or after charges and taxes, the withdrawal will be processed for the amount requested **AFTER** all charges and taxes.

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 In addition, the owner agrees that the policy contract is no longer in effect, agrees to return it if found, and agrees to hold the appropriate GAFRI Company harmless from any and all loss, which may occur, directly or indirectly on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. If a partial 1035 exchange, the "Important Notice Concerning Partial Exchanges of Non-Qualified Annuity Contracts" form X2654611NW **MUST** be completed.

Required Minimum Distribution (RMD): If you are requesting a rollover of your qualified funds and you are or will be over age 70 ½ in the year of the rollover transaction (**MUST CHECK ONE**):

- My full RMD has already been taken for the rollover year. Distribute to me my contract's RMD prior to the rollover.

If no election is made, the contract's RMD **will be** paid to you prior to the rollover. If Section 5 (Income Tax Withholding) is not completed, 10% **will be** withheld for federal income tax on any RMD payment. State income tax withholding may also apply to an RMD payment.

3. PAYEE

Please indicate who to make the check payable to **and** mark the appropriate box where the check will be mailed. *Note that a new address or special address may delay processing up to 10 business days.*

- Mail to my address of record
 New Address
 Corporation Address
 Special Address
 Reason for Special Address:

Payee Name
Mailing Address
City, State, ZIP

4. 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.

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.

Initial Above

5. 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 or state income tax, unless required.

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.

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).
 - Plan-to-plan direct transfer from one employer 403(b) TSA plan to another employer 403(b) TSA plan, either as mandated by employer(s) in connection with corporate or plan reorganization or as otherwise allowed by the terms of both plans.
- H) **ROLLOVER ACCOUNT:** Payment is only to be made FROM an existing GAFRI 403(b) contract that was funded solely with rollover contributions made into the existing 403(b) contract from a different employer retirement plan or IRA.
- 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