



Member Life Insurance and Annuities Companies:
 Annuity Investors Life Insurance Company®
 Great American Life Insurance Company®
 Manhattan National Life Insurance Company

Administration for Life Insurance and Annuities:
 Central Reserve Life Insurance Company
 Loyal American Life Insurance Company®
 Provident American Life & Health Insurance Company
 Continental General Insurance Company®

Mailing Address: P.O. Box 5420, Cincinnati, OH 45201-5420
Overnight Address: 301 E Fourth Street, 10N, Cincinnati, OH 45202
 (800) 854-3649

Annuity Claim Form

Use this form if the owner had already started a stream of payments.

Step 1 - Complete all boxes in the table below. If there are multiple beneficiaries, we will normally require completed claim forms from all beneficiaries before we process your claim. If the Claimant is an entity (such as a trust, estate or corporation), use the name of the entity in the Name field below.

Information about the DECEASED	Information about the CLAIMANT	
Name	Name	
Policy #(s)	Relationship to Deceased	Social Security Number/EIN
Social Security Number	Date of Birth <i>(Not needed for Trust/Estate)</i>	Daytime Phone Number
Date of Death	Address	
State of Permanent Residence on Date of Death	City, State, ZIP & Country	

Would you like to receive email notifications on the status of this request? Yes No Email Address: _____

NOTE: This will only apply to this request. Email notifications will be sent from 'no-reply@gaig.com' or 'noreplyclaims@gaig.com.'
 Please be sure to remove these addresses from your list of blocked senders.

Is the claimant a U.S. citizen or other U.S. person? Yes No

A U.S. person includes a noncitizen who has a green card or who is present in the U.S. (with or without documentation) for a substantial period of time. See IRS Publication 519. A U.S. person also includes a U.S. estate or trust, or a business organized in the U.S. If the claimant is not a U.S. citizen or other U.S. person, an IRS Form W-8BEN or W-8BEN-E will be required.

Step 2 - Select ONE of the following options AND complete that part of the form. Your selection is final and cannot be changed or revoked.

RESUME STREAM OF PAYMENTS

By choosing this option, you will continue to receive a stream of periodic payments.

LUMP SUM PAYMENT

By choosing this option, you will receive the present value of the remaining stream of payments in one lump sum.

Fraud Warning for New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Fraud Warnings and Interest Information for Other States: *please see the last 3 pages of this packet.*

RESUME CURRENT STREAM OF PAYMENTS

Please provide the following information in order to resume payments.

1. Contingent Payee Designation

Under the payout option, payments may extend beyond your life. The beneficiary section of the contract no longer applies. Subject to any contingent payee designation made by the owner, you may tell us who to pay if payments remain after your death.

NOTE: If there is a conflict between a contingent payee designation made by the owner, and your contingent payee designation, the contingent payee designation made by the owner will control

If you name more than one contingent payee, benefits will be paid in equal shares or all to the survivor unless you specify otherwise. If percentages are specified, they must total 100%.

- **For each contingent payee**, please show full name, address, relationship to you, date of birth and Social Security number.
- **If a trust is named as a contingent payee**, please provide the trust's name and the trust agreement date in the "Name" space below.

New Contingent Payee Designation	
Percentage _____% Name _____ Address _____ City _____ State _____ ZIP _____ SSN/EIN _____ Relationship _____ Phone # (_____) _____ Date of Birth _____	Percentage _____% Name _____ Address _____ City _____ State _____ ZIP _____ SSN/EIN _____ Relationship _____ Phone # (_____) _____ Date of Birth _____
Percentage _____% Name _____ Address _____ City _____ State _____ ZIP _____ SSN/EIN _____ Relationship _____ Phone # (_____) _____ Date of Birth _____	Percentage _____% Name _____ Address _____ City _____ State _____ ZIP _____ SSN/EIN _____ Relationship _____ Phone # (_____) _____ Date of Birth _____

If you need additional space to name payees please attach an additional page containing the policy # that is **signed and dated** by you.

2. Payment Method

- By Check.** We will make payments by check to you, as the claimant, at the address you provided on page 1.
- By Automatic/Direct Deposit.** We will make payments by depositing annuity benefit payments into the account identified below. *Note: We will make payments by check until automatic/direct deposit arrangements have been completed. I hereby authorize the deposit of my annuity payments into my account identified below, and the adjustment of my account for any overpayments.*

Financial Institution Name		
<i>Note: Attach a voided check or a deposit slip.</i>		
Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Number	Routing Number

➔ **Continue to next page to complete Resume Current Stream of Payments.**

3. Income Tax Withholding

Please make your federal income tax withholding election:

- Do **NOT** withhold federal income tax.

- Withhold federal income tax by the percentage indicated here: _____%

If the section above is not complete, we will withhold taxes based on tables for a married taxpayer with three exemptions. State income tax withholding may also apply. 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 payment. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments, if any, are not adequate. Any withholding election will remain in effect until revoked. You may revoke any withholding election for annuity payments not yet distributed by notifying us writing at any time.

4. Agreement and Certification

I request the stream of payment be resumed as indicated above. I agree to hold the company harmless against all claims made by reason of these payments.

Under penalties of perjury, by signing this form, I certify that (1) the number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Signature of Claimant	Title (Trustee/Executor/Other Title)	Date
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The remaining pages are not needed if you have selected to Resume Current Stream of Payments.

LUMP SUM PAYMENT

Complete this section if you want your portion of the death benefit in one payment. This option is not available for all contracts, as some prohibit commutation of payments.

1. Form of Payment – Check one box.

- Payment to me. Unless otherwise indicated, payment will be sent by regular mail.
- Direct rollover, direct transfer, or 1035 exchange to another annuity or tax qualified account.

We must receive a letter of acceptance from the new company, which states that they will make payments at least as fast as the stream of payments have active under this contract.

New Company's Name

IMPORTANT NOTE FOR A ROLLOVER. Any required minimum distribution (RMD) for the current or prior tax year will be sent to you before we send to the new company.

- (Optional) I would like to receive my check via Express delivery. Express deliveries cannot be sent to a PO Box address. A **\$20 fee** will be deducted from the death benefit proceeds. Electing express delivery will not expedite processing time.

2. Income Tax Withholding

If this contract is an IRA or a Non-Qualified annuity, 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.

If this contract is a tax-sheltered 403(b), 401(k) or 457 plan, **a minimum of 20%** federal income tax withholding **is required** by the IRS unless your distribution is a direct rollover or required minimum distribution (RMD).

For an RMD, 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.

- Withhold federal income tax. To withhold **more** than the default or mandatory amount, specify **total** percentage: ____%.
- DO NOT** withhold federal income tax, unless required.

State income tax withholding may also apply. 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 payment. You may also be subject to penalties under the estimated tax rules if your withholding and estimated tax payments, if any, are not adequate.

3. Special Tax Notice Regarding Plan Payments

This section is required only if this contract is a tax-sheltered 403(b), 401(k) or 457 plan.

The enclosed Special Tax Notice contains information about rollover rights and death benefit treatment, and is being provided for your information. Please contact our office prior to submitting this form if you did not receive the Special Tax Notice. Unless you check the box below, we will hold your request for 30 days while you consider your options.

- I received the Special Tax Notice. I waive my 30-day consideration period.

➔ **Continue to next page to complete Lump Sum Payment.**

4. Agreement and Certification

I request the death benefit to be paid in a lump sum as indicated above. I agree to hold the company harmless against all claims made by reason of this payment. If the contract is not returned with this form, I hereby certify that the contract is not in my possession and has not been assigned, transferred, or pledged; and I also agree that the contract is no longer in effect and I will return it if found.

Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Signature of Claimant

Title (Trustee/Executor/Other Title)

Date

FRAUD WARNINGS

Alabama Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas Any person who knowingly presents false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the Department of Regulatory Agencies.

Delaware Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.

Indiana A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete or misleading information commits a felony.

Kansas Warning: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison."

Kentucky Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Oregon Any person who knowingly and with intent to defraud an insurer makes a claim that contains any false statement or false representation of a material fact or makes a claim that omits or conceals material information may be subject to criminal and civil penalties.

Pennsylvania Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss of any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Texas Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Washington It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO BENEFICIARIES ABOUT INTEREST

If required by state law, we will pay interest on the proceeds of the referenced policy or contract for the time period and at the rate required by state law. We will pay interest until we make a lump sum payment or the first installment of a series of periodic payments. Some states require us to provide a specific interest notice to beneficiaries. These notices are set out below. Please contact us at 1-800-854-3649 to find out the applicable interest rate or for more information.

California We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 30 days of the date of death. We will pay interest from the date of death at the rate required by state law.

Illinois We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 31 days of the date when we receive due proof of death or such other date as permitted by Illinois law. We will pay interest from the applicable date at the rate of 10%.

Kansas We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 10 days of the date when we receive due proof of death. We will pay interest from that date at the rate required by Kansas law.

Minnesota We will pay interest on the proceeds of the referenced policy or contract from the date of death until the date of payment at the rate required by Minnesota law.

New Hampshire We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 30 days of the date of death. We will pay interest from the date of death at the rate required by state law.

Oregon We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 30 days of the date when we receive due proof of death. We will pay interest from the date of death at the rate required by state law.

South Dakota We will pay interest on the proceeds of the referenced policy or contract if we do not pay the proceeds within 30 days of the date when we receive due proof of death. We will pay interest from the date of death at the rate required by state law.