



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

CERTIFICATION FOR PAYMENT FROM TAX SHELTERED ANNUITIES

OWNER/PARTICIPANT INFORMATION (Please print)

| | | |
|-------------------|-----------------------------|--------------------------|
| Owner/Participant | Contract/Certificate Number | |
| Address | Social Security Number | |
| City, State Zip | Daytime Phone () | Evening Phone () |

1. OWNER/PARTICIPANT CERTIFICATION AND AUTHORIZATION

THE OWNER/PARTICIPANT CERTIFIES THAT A PAYMENT IS PERMITTED FROM THIS CONTRACT/CERTIFICATE 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).
 - Employer-mandated direct transfer from one employer 403(b) TSA plan to another employer 403(b) TSA plan in connection with a corporate reorganization or change of corporate control.
- H) **ROLLOVER ACCOUNT:** Payment is only to be made from separate account for rollover contributions.
- 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.

1. OWNER/PARTICIPANT CERTIFICATION AND AUTHORIZATION (Continued)

I agree that the appropriate GAFRI Company may contact my employer to confirm any information on this form and may notify my employer of any hardship distribution. I understand that negative tax consequences may result if the funds requested by me are paid, in whole or in part, in violation of the federal tax law or plan restrictions. The possible negative consequences may include disqualification of the entire contract or plan, and/or penalties. **I HEREBY AGREE TO HOLD HARMLESS AND INDEMNIFY THE APPROPRIATE GAFRI COMPANY AS TO ANY AND ALL CLAIMS OR DEMANDS WHICH MAY BE MADE BY REASON OF THIS PAYMENT AS REQUESTED BY ME.**

Signature of Owner/Participant

Date

2. PLAN ADMINISTRATOR CERTIFICATION AND AUTHORIZATION (if applicable)

| | | |
|-----------------------|----------------------------|-------------------------------------|
| Name of Employer Plan | Name of Plan Administrator | Plan Administrator Phone () |
|-----------------------|----------------------------|-------------------------------------|

The Plan Administrator certifies that a payment from this contract/certification is permitted under the employer's plan based on the applicable reason indicated and authorizes the appropriate GAFRI Company to process the request. 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