

Great American Life Settlement  
C/o KCC Settlement Administrator  
PO BOX 404041  
Louisville, KY 40233-4041



**GRG**

«Barcode»

Postal Service: Please do not mark barcode

Claim#: GRG-«Claim8»-«CkDig»

«First1» «Last1»

«Addr1» «Addr2»

«City», «St» «Zip»

«Country»

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

**Must Be Postmarked  
No Later Than  
February 28, 2018**

## CLAIM FORM FOR ENHANCED WITHDRAWAL BENEFIT

### CHANGE OF ADDRESS (ONLY IF DIFFERENT FROM ABOVE)

Primary Address																							
Primary Address Continued																							
City												State		Zip Code									
Foreign Province								Foreign Postal Code				Foreign Country Name/Abbreviation											

### I. ENHANCED WITHDRAWAL BENEFIT

This Claim Form is for Class Members who want to apply for an Enhanced Withdrawal Benefit from their active Great American Life Insurance Company fixed deferred Assurance Protect 6, Assurance Select 7, Safe Outlook, or Safe Return Annuity, which has not incurred any Surrender Charges. (An Active Annuity is one that has not been surrendered, converted to periodic payments, and for which no death benefit has become payable, unless the Annuity was continued by the surviving spouse.)

#### 1. EXPLANATION OF BENEFIT

The Enhanced Withdrawal Benefit is the right to take a one-time withdrawal from an Active Annuity which will not be assessed a Surrender Charge. The Enhanced Withdrawal Benefit will be 10% of the Annuity's Account Value as of the most recent Contract Anniversary prior to the submission of the Claim Form, in addition to the 10% Annual Withdrawal available under the terms of the Annuity.

There will be a cap on the amount Great American will pay in Enhanced Withdrawal Benefits, in the amount of \$350,000 in Foregone Surrender Charges. The percentage of the withdrawal available under the Enhanced Withdrawal Benefit may be reduced in accordance with the cap. The withdrawal under the Enhanced Withdrawal Benefit includes the 10% Annual Withdrawal available under the terms of the Annuity. Class Members who submit this Claim Form will receive the 10% Annual Withdrawal as of the most recent Contract Anniversary (net of any prior withdrawals that year) already permitted under the Annuity. The additional 10% (or prorated percentage) constitutes the relief offered by Enhanced Withdrawal Benefit and will be paid following the Effective Date of the Settlement Agreement.

This Form has been sent to you because Great American's records indicate that you have at least one Active Annuity which has not incurred any Surrender Charges and that was issued in California to at least one individual who was 60 years or older at the time of purchase. You must submit a separate Claim Form for each Active Annuity for which you are listed as an Owner for which you would like to apply for an Enhanced Withdrawal Benefit. If you do not submit a Claim Form and the Court approves the Settlement, your Active Annuities will not be eligible for any benefits under the terms of the settlement.

#### 2. EFFECT ON RIDERS

If you have one or more riders associated with your Annuity, taking the Enhanced Withdrawal provided for by the Settlement may adversely affect your benefits under the rider(s). If you have questions concerning the effect the Withdrawal may have on your rider(s), please contact your agent.



FOR CLAIMS PROCESSING ONLY	OB <input type="checkbox"/>	CB <input type="checkbox"/>	<input type="radio"/> DOC <input type="radio"/> LC <input type="radio"/> REV	<input type="radio"/> RED <input type="radio"/> A <input type="radio"/> B
----------------------------------	-----------------------------	-----------------------------	--	---

### 3. TAX CONSEQUENCES

Great American will not withhold taxes on any Enhanced Withdrawal unless it is legally required to do so. 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. You should address any questions regarding taxes to your tax advisor.

**DEADLINE FOR SUBMISSION:** To participate in the Claims Review Process, this Claim Form must be properly completed and returned to the following address by U.S. mail bearing a postmark date of not later than February 28, 2018.

Great American Life Settlement  
C/o KCC Settlement Administrator  
PO BOX 404041  
Louisville, KY 40233-4041

A self-addressed envelope has been provided for your use in returning this Claim Form. Proper postage must be affixed.

If this Claim Form is not returned, is returned but postmarked after the deadline stated above, or is timely returned but does not comply with the instructions specified in this Claim Form, you will not be eligible for an Enhanced Withdrawal Benefit.

If you have any questions, please call the Settlement Administrator at 1-866-645-6916 (The hearing impaired should email questions to info@greatamericanlifeselement.com).

### II. OWNER AND ANNUITY IDENTIFICATION:

Owner Name(s) & Address(es): Policy No. <<PolicyNumber>>  
<<First1>> <<Last1>>  
<<Addr1>> <<Addr2>>  
<<City>>, <<St>> <<Zip>>

[If the address above is incorrect, provide correct address information on page 1:]

### III. INSTRUCTIONS

#### A. General Instructions

If you want an Enhanced Withdrawal, please answer the question at the bottom of this page. Your response will be reviewed by the Settlement Administrator. If you leave the question blank, the Administrator will assume that your answer to the question is "yes." The Settlement Administrator will notify you once Claim processing is completed and the Settlement becomes final, if it is approved by the Court.

#### B. Instructions For Annuities Owned By Trusts

If the Annuity is owned by a revocable trust, the answers to all questions should be completed by the settlor (also called the trustor or grantor) for the trust, and "you" and "your" refers to the settlor.

If the Annuity is owned by an irrevocable trust, "you" and "your" refers to the person who purchased the Annuity.

#### C. Question to be Answered

**When you applied for your Annuity, were you aware that it would incur a Surrender Charge (also referred to as an Early Withdrawal Charge) on any withdrawal that exceeded 10% of the Annuity's Account Value?**     Yes     No

### REQUIRED SIGNATURES:

One or more of the current Owners of the applicable Annuity must sign and date the statement below.

If more than one person or entity has an ownership interest in the Annuity, but only one Owner is executing this Claim Form, by signing the Claim Form, he or she is representing that he or she is authorized to elect the form of relief with respect to the Annuity on behalf of all co-Owners.

**I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.**

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Signature of Co-Owner

\_\_\_\_\_  
Printed Name of Owner:

\_\_\_\_\_  
Printed Name of Co-Owner:

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**IT IS RECOMMENDED THAT YOU KEEP A COPY OF THE COMPLETED CLAIM FORM FOR YOUR RECORDS.**

