



**APPOINTMENT  
AMENDMENT**

**New Company(ies):** *(Please select all that apply)*

- Great American Life Insurance Company®
- Annuity Investors Life Insurance Company®

**Existing Company(ies):** *(Please select all that apply)*

- Great American Life Insurance Company®
- Annuity Investors Life Insurance Company®
- Loyal American Life Insurance Company®

THIS AMENDMENT ("Amendment") is made and entered into by and between the New Appointing Company and Existing Appointing Company designated above and the undersigned Agent ("Agent") and is intended to form a part of that certain Agent's Agreement with Power to Appoint or Agent's Agreement to which it is attached ("Agreement").

WHEREAS, the parties desire to amend the Agreement to allow Agent to solicit insurance applications/order tickets on behalf of the New Appointing Company.

NOW THEREFORE, in consideration of the premises and the mutual promises and covenants hereinafter set forth, and for other good and valuable consideration in hand paid, including, but not limited to, the consideration supporting the Agreement, the parties agree that the Agreement is amended as follows:

- I. The New Company is hereby added as a party to the Agreement. All reference in the agreement to the term "Company" is hereby deemed to include the Existing Company and/or the New Company as the case may be unless the context clearly indicates otherwise.
- II. Agent hereby authorizes the Existing Company and/or the New Company as the case may be to conduct an investigation into his/her qualifications for appointment including, but not limited to, his/her character, general reputation, credit worthiness, and personal traits and releases all persons and/or companies contacted from all liability with respect to the information given. The undersigned authorizes the Existing Company and/or the New Company as the case may be to investigate him/her now and at any time while he/she is contracted with the Existing Company and/or the New Company and to share any information obtained with: affiliated companies, the up-line management of his/her appointing agent and Company management. The undersigned further agrees that the Existing Company and/or the New Company as the case may be may deny his/her request for appointment, revoke an existing appointment, or subsequently rescind his/her appointment, at any time in its sole discretion.
- III. A photocopy of the authorization and release contained herein shall be as valid and binding as an original.
- IV. The undersigned certifies under penalty of perjury that the social security number or taxpayer identification number shown on this Amendment is his/her correct taxpayer identification number and the undersigned is not subject to backup withholding by the Internal Revenue Service.
- V. All other terms and conditions of the Agreement remain unchanged.

IN WITNESS WHEREOF, this Amendment has been executed as of the dates set forth below.

**TO BE COMPLETED BY AGENT**

Printed Name: \_\_\_\_\_ Signature of Agent \_\_\_\_\_

Agent Number: \_\_\_\_\_ Social Security Number/Taxpayer ID \_\_\_\_\_

Signature of Corporate Officer (if applicable): \_\_\_\_\_

**TO BE COMPLETED BY APPOINTING AGENT**

In consideration of the Company executing this Amendment at my request, the undersigned does personally guarantee the performance of all terms, conditions and covenants of the Agreement as amended hereby and assumes personal liability and responsibility for any default in said terms, conditions and covenants. I understand that any and all commissions, both first year and renewal owing to me now or in the future under any contract I have entered into with the Company(ies) are hereby assigned as security for the repayment of sums guaranteed by my endorsement hereon and that I am personally responsible upon demand for monies owing hereunder. This guarantee shall survive the termination of any contractual relationship between the affiliates of the Company and the Agent or Appointing Agent.

Printed Name of Appointing Agent: \_\_\_\_\_ Signature of Appointing Agent: \_\_\_\_\_

Date: \_\_\_\_\_ Agent Code: \_\_\_\_\_ Commission Level: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY HOME OFFICE**

The undersigned insurance company has accepted this Amendment as of the date(s) set forth below.

**New Company(ies):** *(Please select all that apply)*

- Great American Life Insurance Company®
- Annuity Investors Life Insurance Company®

**Existing Company(ies):** *(Please select all that apply)*

- Great American Life Insurance Company®
- Annuity Investors Life Insurance Company®
- Loyal American Life Insurance Company®

By: \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

Its: \_\_\_\_\_

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

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