



- Please check one:
- Great American Life Insurance Company®
 - Annuity Investors Life Insurance Company®
 - Loyal American Life Insurance Company®

CORPORATE APPOINTMENT/COMMISSION ASSIGNMENT FORM

I. TO BE COMPLETED FOR ALL REQUESTS FOR LEGAL ENTITY APPOINTMENT

Name _____ Business Phone () _____
Name of Legal Entity or Corporation

Address _____ Fax Number () _____
Street

_____ Tax I.D. Number _____
City, County, State, Zip Code

Corporate Officers/Partners (attach additional sheet if necessary)

| | | | |
|----|------|-------|------------------------|
| 1. | Name | Title | Social Security Number |
| 2. | Name | Title | Social Security Number |
| 3. | Name | Title | Social Security Number |

II. TO BE COMPLETED FOR COMMISSION ASSIGNMENT

The undersigned Assignor hereby unconditionally assigns and you are hereby authorized to send any and all commission or other income due me to:

| | |
|-----------------------|---------------------|
| Name of Assignee | Address of Assignee |
| _____ | _____ |
| City, State, Zip Code | on my behalf. |

A. I understand, represent and agree that:

1. For income tax purposes, any commission or other income which I earn will continue to be reported to me unless Section B is completed.
2. The Company is making these payments to the Assignee as an accommodation to me and is making them pursuant to this assignment and at my express direction.
3. I am not making this commission assignment in order to evade any state law or laws which require that no payments can be made to any person or entity for the sale or solicitation of insurance, except to licensed agents.
4. This commission assignment does not assign any rights, duties or obligations under my Agent's Agreement with Power to Appoint or my Agent's Agreement other than the right to receive any and all commissions or other income due me.
5. The payment of commissions or other income made under this commission assignment shall provide full and complete discharge of the Company's payment obligation under my Agent's Agreement with Power to Appoint or my Agent's Agreement.
6. I warrant that I have not executed any other commission assignments.
7. I will indemnify and hold the Company harmless from and against any and all claims, losses, or damages the Company may incur in complying with or honoring this commission assignment.

Only the Assignee may revoke this commission assignment and then only upon the written acceptance of the Company.
 This commission assignment applies to any commission or other income due to me on all inforce policies and all policies issued in the future.

B. The Assignee stated above under the foregoing commission assignment hereby acknowledges that commission or other income earned by the Agent and paid to the Assignee will be reported as the income of the Assignee and that any payments paid to you hereunder are governed solely by the terms of Assignor's Agent's Agreement and/or Agent's Agreement with Power to Appoint.

Assignee: _____ Tax I.D. Number: _____

By: _____ Title: _____ Date: _____

Assignor: _____ Assignor's Social Security Number: _____
Agent's Name – Printed or Typed

Assignor's Signature _____ Agent Number(s) _____ Date: _____

ACKNOWLEDGEMENT BY COMPANY

Great American Life Insurance Company, Annuity Investors Life Insurance Company, and/or Loyal American Life Insurance Company, as the case may be, acknowledges the foregoing commission assignment. This acknowledgment, however, shall not be taken as an amendment to the Assignor's Agent's Agreement with Power to Appoint or his/her Agent's Agreement, nor relieve the Assignor of any duties or obligations under that Agreement, nor limit the rights of Great American Life Insurance Company, Annuity Investors Life Insurance Company and/or Loyal American Life Insurance Company to enforce the terms of that Agreement against the Assignor.

By: _____ Title: _____ Date: _____