



Please check one:

- Great American Life Insurance Company® (please reference X2616106NW)
- Annuity Investors Life Insurance Company® (please reference X2616306NW)

PROSPECTIVE AGENT'S APPLICATION AND PROFILE (WITH POWER TO APPOINT)

I. PERSONAL INFORMATION

Full Name _____

Date of Birth ____ / ____ / ____ First Middle Last Gender _____ SSN _____

Residence Address _____ Street City State County Zip

Mailing Address _____ Street City State County Zip

Phone Number () _____ Fax Number () _____

E-mail Address (Required) _____

II. BUSINESS and LICENSE INFORMATION (Please attach copies of current licenses in states you wish to be appointed.)

This information is required:

Preferred method for delivery of client contracts? Send directly to Agent Send directly to Client

Are you registered with FINRA? Yes No If "Yes," current Broker/Dealer affiliation: _____

List CRD Number: _____

Last completion date of Anti-Money Laundering training? _____ (Please include a certification of your completion.)

Make commissions payable to: Individual Corporation (Complete form X2619207NW)

Are you applying for an advance? Yes No (If "Yes," please read the attached Annualization Advance Agreement.)

Are you an owner, partner, director or officer of any business? Yes No (If "Yes," please attach a separate piece of paper listing the incorporated name of the business (or DBA name), its tax identification number (TIN), complete address and state of incorporation.)

III. BACKGROUND INFORMATION

Please answer all questions. **If you answer "Yes" to any of the questions, please attach a separate sheet with details.**

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) Are you currently charged with or have you ever pled guilty or no contest to, or been convicted of, any crime (excluding minor traffic offenses and including disclosure of expunged or sealed records?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Are you now or have you ever been the subject of any lawsuit, claim, investigation or proceeding alleging breach of trust or fiduciary duty, forgery, fraud, or any other act of dishonesty? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Have you ever had your agent's license or registration suspended or revoked, or are you now, or have you ever been the subject of any professional license/registration or market conduct investigation, claim or proceeding? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Have you ever been involuntarily terminated or permitted to resign from employment or from an agent or representative appointment, with any insurance or other financial services company other than for lack of production? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Has a bonding, surety or E&O provider denied an application or claim, made payment for you or terminated coverage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Are you delinquent in any personal or business financial obligations, or does any insurance or financial services company hold a claim against you for commission debit balances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Are there any outstanding judgments, liens or claims against you, including delinquent tax obligations, or have you or any business in which you were or are an owner, partner, officer or director, ever filed bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) At any time during the past 10 years have you, or any business, in which you were an owner, partner, officer or director, been involved in any regulatory, civil or criminal matters not disclosed above? | <input type="checkbox"/> | <input type="checkbox"/> |

IV. AUTHORIZATION and AGREEMENT

I certify that the information contained herein is true and complete to the best of my knowledge and belief. I further understand that failure to provide true and complete information may result in the denial of this request for appointment and/or subsequent termination thereof. I authorize the Company to conduct an investigation concerning my qualifications for appointment including my character, general reputation, credit worthiness, and personal traits and release any person and/or companies contacted from all liability with respect to the information given. I authorize the Company to investigate me now and at any time while I am contracted with the Company and to share any information obtained with: affiliated companies, appointing agent up-line management and Company management. I further understand that the Company may deny my request for appointment, and may subsequently cancel or rescind my appointment, at its sole discretion. I agree that a photocopy of this authorization and release shall be as valid and binding as an original. I understand and agree that, unless otherwise allowed by law, I am not authorized to solicit business for the Company until my license and appointment have been secured. I certify that I have read the Agent's Agreement with Power to Appoint and the Annualization Advance Agreement, if applied for in Section II above, both of which are attached to this Application and agree to be bound by all terms and conditions of said Agreements. Under penalty of perjury, I certify that the Social Security Number or taxpayer identification number shown on this form is my correct taxpayer identification number and I am not subject to backup withholding by the Internal Revenue Service.

Signature of individual soliciting appointment _____ Date _____

Signature of Corporate Officer (if applicable) _____ Date _____

To be completed by Appointing Agent

In consideration of the Company executing this application at my request, the undersigned does personally guarantee the performance of all terms, conditions and covenants of the Agent's Agreement with Power to Appoint and if applied for in Section II above, the Annualization Advance Agreement, both of which are attached to this Application and assumes personal liability and responsibility for any default in said terms, conditions and covenants of said Agreement. 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 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 _____ Prospective Agent's Commission Schedule _____

Signature of Appointing Agent _____ Agent Number _____ Date _____