

Selling Agreement for



Great American
Loyal American
Annuity Investors

Required Paperwork:

1. Complete the following (4) pages
2. Copy of Insurance License
3. Commission Advancement Application (available upon request)
4. Copy of EFT/Void Check
5. Anti-Money Laundering Training Requirements*
 - AML training was completed via LIMRA on ___/___/___ : or,
 - AML training was completed via an independent program (completion certificate attached).
 - I understand that once my contract has been processed by the home office I will also be required to complete the carrier specific training on the LIMRA website.

*If you have not met your AML training requirement or need to complete the carrier specific training, please visit sunderlandgroup.com for the LIMRA training link.

Remit Paperwork to:



Fax: 800.293.9897
E-mail: licensing@sunderlandgroup.com
Mail: 2102 Great Northern Drive
Fargo, ND 58102

Questions Call
800.373.9807



Please check one:

- Great American Life Insurance Company® (please reference X2616106NW)
- Annuity Investors Life Insurance Company® (please reference X2616306NW)
- Loyal American Life Insurance Company® (please reference X2616506NW)

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

I. PERSONAL INFORMATION

Full Name _____

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

Residence Address _____ Street _____ City _____ State _____ County _____ Zip

Mailing Address _____ Street _____ City _____ State _____ County _____ Zip

Phone Number _____ Fax Number _____ Email Address: _____

What is your preferred method of communication? Fax Email

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 the 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"/>
BANKRUPTCY DISCHARGE/DISMISSAL DATE _____		
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 _____



Please check all that apply:

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

DIRECT DEPOSIT OF COMMISSIONS AUTHORIZATION AGREEMENT

- I (we) hereby authorize the Company to *initiate* credit/deposit entries to my (our) account indicated below, and the depository institution named below to credit the same to such account.
- I (we) hereby request a *change* to my (our) existing direct deposit as indicated below.

Note: Please allow 5 business days for EFT processing to become effective.

Frequency: Daily Weekly Bi-weekly Monthly

INDIVIDUAL AGENT INFORMATION - Please print or type		
Primary Name on Account	Social Security or Tax ID Number	Agent #
Address	City, State	Zip Code
Secondary Name on Account (Optional)	Phone Number	
DEPOSITORY INFORMATION - Please print or type		
Depository Name	Depository Address	Depository Phone Number
Account Number	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Transit/ABA Number

This authorization is to remain in full force and effect until the Company has received written notification from me (or either of us) to discontinue direct deposit. Please allow 15 business days for processing of EFT discontinuation. This authorization may not be used to assign commissions and will not constitute a commission assignment. If you want to assign your commissions, please use form X2619207NW.

Attach a "voided" check and fax or mail to:

Great American Financial Resources
P.O. Box 5420
Cincinnati, Ohio 45201-5420
Attn: Contracting
Fax: (513) 412-5144



Signature of Primary Account Holder

Date



Signature of Secondary Account Holder (optional)

Date



APPOINTMENT AMENDMENT

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

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

FAIR CREDIT REPORTING ACT DISCLOSURE

RETAIN FOR YOUR FILES

This is to notify you that in connection with your application for appointment, you have authorized us to procure a consumer report on you as part of the process of considering your application. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

Please be advised that we may also obtain an investigative consumer report including information as to your character, criminal history, creditworthiness, general reputation, personal characteristics and mode of living. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. The company reserves the right to obtain an investigative report now and at any time while you are contracted with the company.

RETAIN FOR YOUR FILES