

# Great American Financial Resources

## Over-Size Case Questionnaire

The following are questions to be answered for an annuity new business case which exceeds the premium requirements for current products underwritten one of our insurance subsidiaries: Great American Life and/or Annuity Investors Life. Please note all questions have to be answered before a rate, compensation or oversize case request is reviewed by the home office. This questionnaire has to be completed by the agent/agency and e-mailed or faxed to Doug Grebe ([dgrebe@gafri.com](mailto:dgrebe@gafri.com) and fax 513.412.1360) before Home Office will respond or approve.

***Over-Size Case Questions:***

***Required Information - Agent:***

Date of Case Information \_\_\_\_\_  
 Name of MGA and Writing Agent \_\_\_\_\_  
 Are all agents or agencies contracted with GAFRI? \_\_\_\_\_  
 Name and Age of contract Owner and Annuitant  
     Owner \_\_\_\_\_  
     Owner's Age \_\_\_\_\_  
     Annuitant \_\_\_\_\_  
     Annuitant's Age \_\_\_\_\_  
 Premium amount for case \$ \_\_\_\_\_  
 Source of Funds \_\_\_\_\_  
 Which company and product is to be used for this case? \_\_\_\_\_  
 If Index Annuity, % allocation of funds to strategies? \_\_\_\_\_  
 What day will GAFRI receive funds \_\_\_\_\_  
 State for new contract \_\_\_\_\_  
 Qualified/NonQualified \_\_\_\_\_  
 Will there be expected withdrawals? \_\_\_\_\_  
 Will there be expected early annuitization? \_\_\_\_\_

***Additional Information (if applicable) - Agent***

1. Is non-assignability acceptable? \_\_\_\_\_
2. Will GAFRI need to review any special documents? \_\_\_\_\_
3. Any Special death benefit provisions? \_\_\_\_\_
4. Is this a Guaranteed Income Contract rollover? \_\_\_\_\_
5. Is it subject to ERISA? \_\_\_\_\_

***Required Information - Home Office:***

6. Treasury rate at time of information taken above/date rate \_\_\_\_\_ date \_\_\_\_\_
7. Will not take case if treasury rate falls below this rate rate \_\_\_\_\_
8. Will not accept this case if funds are received in Home Office after this date \_\_\_\_\_

By signing below I am agreeing that all of the information included above is accurate to the best of my knowledge.

\_\_\_\_\_  
 Agent  
 Signature/Date

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Managing Agency (up-line)  
 Signature/Date

\_\_\_\_\_  
 Phone Number