



# Great American Life Insurance Company<sup>®</sup>, Inc.

## Hierarchy Change/Commission Assignment Request

(Fixed-Indexed Annuity Business Only)

This form must be completed to authorize Great American Life Insurance Company (the Company) to make changes\* to existing Agent or Producer arrangements, *for Fixed-Indexed Annuity (FIA) business only*, for all of the Agents and Agencies listed below. A separate form will not be required as long as this form is complete and is signed by the Agent (who is a Registered Representative), the existing Appointing Agent, and the authorized Broker/Dealer Representative.

**Appointing Agent:**

I/We, \_\_\_\_\_, hereby authorize the Company to change the hierarchy of the agents listed below to include the noted Broker/Dealer as their immediate appointing agent for all FIA business written with the company and to assign the commissions of same to said Broker/Dealer.

Signature: \_\_\_\_\_ Commission Level: \_\_\_\_\_ Date: \_\_\_\_\_

**Broker/Dealer:**

I/We, \_\_\_\_\_, hereby accept responsibility for the agents listed below as their immediate appointing agent for all FIA business and agree to abide by the terms of commission assignment detailed below.

Signature: \_\_\_\_\_ Commission Level: \_\_\_\_\_ Date: \_\_\_\_\_

### Agent/Agency Commission Assignment Authorization

**This commission assignment authorization section is to be completed if required by the agent's appointing Broker/Dealer.**

By signing below, you authorize the Company to:

- Pay all applicable commissions due for all FIA policies written by you with the company to the above signed Broker/Dealer.
- Tax such commissions to this Broker/Dealer
- Provide any information concerning such policies to this Broker/Dealer.
- To contact said Broker/Dealer for any and all items or questions concerning these policies.

In addition agree:

- That the payment of these commissions to the above signed Broker/Dealer shall provide full and complete discharge of the Company's payment obligation for these policies under the General Agent's Agreement.
- That you have not entered into any other commission assignments as relates to FIA policies.
- To indemnify and hold harmless the Company from and against and all claims, loss or damage you may incur in complying with or carrying out this authorization.

This form does not assign any right, duties or obligations under your General Agent's Agreement other than the right to receive commissions and applies only to commission income due to you on all future issued FIA policies written with the company from the date of this form.

You may cancel this arrangement at any time; however, you cannot register with a new Broker/Dealer if you have sold any FIA policies under the Broker/Dealer identified above within the 12 months from the date of this agreement.

Agent Name: _____	Agent Number: _____	SSN/TIN: _____
Agent Address: _____		
Signature: _____	Commission Level: _____	Date: _____

\*This change will be effective when completed paperwork & supporting documentation is received & accepted by Great American Life Insurance Company.

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Agent Name: _____	Agent Number: _____	SSN/TIN: _____
Agent Address: _____		
Signature: _____	Commission Level: _____	Date: _____

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