



Great American Plan AdministratorsSM, Inc.
P.O. Box 60
Cincinnati, OH 45201-0060
(800) 695-1471 (Toll Free)
(513) 412-8645 (Local)
(513) 357-3199 (Fax)
www.gaplandata.com

Contribution Allocation Form

1. Employee Information

Name Telephone #
Mailing Address D.O.B.
City State Zip Social Security No.
Date of Hire E-Mail Address

2. Employer Information

Employer Name Telephone #
Mailing Address
City State Zip

- Plan Type:
403(b) TSA
Roth 403(b)
Governmental 457 Plan
401(k) or 401(a) Plan
Roth 401(k)
Other

3. Allocation Directive

Part A. Effective for contributions received by Great American Plan Administrators, Inc. on or after:

(MM/DD/YYYY)

Part B. Expected contribution amount per billing cycle:

\$ Employee \$ Employer

Part C. Allocation Instructions: Please indicate the company name of the product issuer, and whether the contributions should be allocated as a fixed dollar amount or on a percentage basis. Allocations based on fixed dollar amounts will be satisfied in the order listed below with 100% of any funds remaining allocated to the last account listed.

Company Name	Product Type	Account Number	Fixed Amount	Percentage
1.			\$	%
2.			\$	%
3.			\$	%
4.			\$	%
5.			\$	%

4. Authorization Agreement

I hereby authorize and direct Great American Plan AdministratorsSM, Inc., either directly or through a third party* (hereinafter referred to as the "Remitter"), to remit contributions to the insurance, financial and/or investment institutions listed above in the amount/percentages listed above. These contributions will be forwarded by my employer to the Remitter pursuant to the directions provided by me above in accordance with procedures established by my employer.

I hereby agree to and acknowledge the following:

I am permitted to modify the above listed amounts/percentages which are remitted to each insurance, financial/or investment institution, and such modification may only be affected by my completing and forwarding to the Remitter a new Contribution Allocation Form. Any modification I make may be subject to limitation by rules or regulations of the insurance, financial and/or investment institutions and I accept all responsibility for compliance with, and all responsibility or liability for noncompliance with, any such rules or regulations and hereby release and hold harmless the Remitter from any claims or liability which may arise as a result of my non compliance with such rules or regulations. Such changes will be made as soon as practicable upon receipt by the Remitter, and the Remitter assumes no responsibility for damages arising out of any delay in implementing these changes so long as the Remitter has operated in a reasonable manner.

Employee Signature: _____ **Date:** _____

To Be Completed by Sales Representative

I agree to comply with all pertinent written directives regarding the allocation requests of Employees.

Sales Representative Name: _____ **Phone:** (_____) _____

Signature: _____ **Date:** _____

* *In certain situations, common remitting services are provided by Great American Advisors[®], Inc., DBA GALIC Disbursing Company[®]. Great American Advisors, Inc., a registered broker/dealer and Member NASD, is located at 525 Vine Street, 7th Floor, Cincinnati, OH 45202.*

For GA Plan Administrators Use Only	
Date Received: _____	
Date Effective: _____	Initials: _____