



CHANGE OF NAME

Policy Number _____	Name of Life Insured or Annuitant _____
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I/We hereby certify that _____
Print Former Name

is one and the same as _____
Print New Name

and the undersigned request that this change be noted on the records for the above policy.

Reason for Change of Name:

- Marriage
- Divorce (attach a copy of pertinent pages from the divorce decree regarding the name change)
- Correcting Error (explain below and attach a copy of driver's license or passport)
- _____
- Other (please specify the reason(s) for the change and provide copies of legal documents pertaining to the change)
- _____

For legal changes, attach a copy of the Court Order or Adoption Order authorizing the change. This form should be signed by the person whose name is being changed. If the name of a minor child is being changed, the form should be signed by the Policy Owner.

Signed at _____ this _____ day of _____, year 20 _____

FORMER Signature	Witness
NEW Signature	Witness

ADDRESSES

Individual Life:

 First Great-West Life & Annuity Insurance Company
 Administrative Service Office
 PO Box 2305
 Buffalo, NY 14240-2305

Fixed Annuities:

 First Great-West Life & Annuity Insurance Company
 Administrative Service Office
 PO Box 989
 Buffalo, NY 14240-0989