



COLLATERAL ASSIGNMENT: Use for other than Absolute Assignments

Policy Number	Name of Life Insured or Annuitant
---------------	-----------------------------------

A. ASSIGNMENT

For valuable consideration received, I/We hereby assign all my/our rights, title and interest in and to this policy to:

Assignee's Name in Full		
Street Address	City, Province/State	Postal/Zip Code

as the assignee's interest may appear.

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

Policy Owner(s)	Witness
Policy Owner(s)	Witness
Policy Owner(s)	Witness
Irrevocable or Preferred Beneficiary (if any)	Witness

The Company assumes no responsibility for the validity or effect of any assignment.

B. RELEASE OF ASSIGNMENT

For value received, I/We _____
Assignee's Name in Full

hereby relinquish and release all rights, title and interest in and to this policy which were transferred to the assignee by assignment to such person(s) as would not be entitled to them if this assignment had never been made. If the assignee is a company, two authorized signing officers with titles or one authorized signing officer with title and the company seal are required.

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

Assignee	Witness
Assignee	Witness

The Company assumes no responsibility for the validity or effect of any release of assignment.

INSTRUCTIONS

1. **COLLATERAL ASSIGNMENT** - This form can be used for an assignment as the assignee's interest may appear, under an individual policy issued in the United States. The form should be signed by the current owner(s) of the policy and by any irrevocable or "preferred" beneficiary, with the signatures being witnessed as indicated.

NOTE - If you are unsure whether the beneficiary under your policy is irrevocable or "preferred", please check with the Head Office of the Company or with your local field office.

2. **RELEASE OF ASSIGNMENT** - This form can be used by an assignee to release the interests which were assigned by the policy owner. The form should be signed by the assignee, with the signature(s) being witnessed as indicated. The completed release should be sent to the Head Office of the Company.
3. **SIGNATURES** - when this form is signed by:
 - (A) A Corporation - The full name of the Corporation must be signed, with the signatures of two authorized Officers of the Corporation, or the signature of one authorized Officer under the Corporate Seal and the official title of the Officer(s) signing the form should also be shown.
 - (B) A Firm or Partnership - The full name of the Firm or Partnership must be signed, with the signatures of all the partners.
 - (C) Note - If the policy has a total death benefit of \$1,000,000.00 or more, signatures on the form(s) must be notarized. The Company reserves the right to require that a notarial declaration be completed to certify the validity and authority of any signatures. Any forms which require a notarial declaration cannot be sent in via facsimile; the originals must be received at the office of the Company.

ADDRESSES

Individual Life:

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