



MINIMUM DISTRIBUTION FORM

Policy Number

Policyowner

Address

City, State, Zip

Owner's SS No.

Date of Birth

I elect to receive the following automatic withdrawal from my First Great-West Life & Annuity Insurance Company (FGWLA) annuity policy. A distribution based on First Great-West's analysis of the IRS rules regarding Required Minimum Distributions.

If you wish to designate your spouse as beneficiary, please complete the following:

Beneficiary Information

Name

SS No.

Date of Birth

Relationship

Frequency of Withdrawal

- Annually Semi-annually Quarterly Monthly

- I/We hereby authorize the Company to initiate withdrawals from my Policy, via Electronic Funds Transfer, as indicated below.
Select One: Checking (attach voided check) Savings (attach deposit slip)

I would like the first withdrawal on ____/____/____.
(Available dates are the 1st through the 28th.)

Federal Tax Withholding (If a box is not checked, Federal Income Tax will automatically be withheld at 10%)

- Do NOT withhold Federal Income Tax.**
- Please withhold \$ _____ (amount) Federal Income Tax or _____ % Federal Income Tax.
- Please withhold \$ _____ (amount) State Tax or _____ % State Tax.

Policyowner's Signature (Trustee/Custodian, if applicable)

Date

Joint Policyowner's Signature (if applicable)

Date

Witness Signature

Date