



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

LOAN REQUEST

Policy Number Name of Policy Owner

Street Address Apartment No.

City State Zip Code

Check here if the above address is a new address for the policy owner

I/We request a policy loan under the policy loan provision subject to the policy terms and conditions for:

- Issue Check Wire Other
\$ (or the amount available, if less) The Maximum Amount

NOTE: A \$50.00 service fee will be charged for wire transactions. This service fee will be deducted from the amount requested and the balance will be wired. A copy of a void check is required.

The interest rate applicable will be the fixed rate or variable rate depending on the provision contained in the policy contract.

SIGNATURE REQUIREMENTS:

- The Policy Owner and the preferred or irrevocable beneficiary (if any) must sign this form.
If this policy is owned or assigned to 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.
If the policy has a total death benefit of \$1,000,000.00 or more, signatures on the form(s) must be notarized or guaranteed.

Signed at this day of , year 20

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

LOAN REPAYMENT

If you currently pay your premium by pre-authorized payment you may elect to increase your existing pre-authorized amount by \$ each month which will be applied towards the policy loan beginning on your next withdrawal date.

If you currently pay your premium by direct billing you will receive a bill for the loan interest due on the policy anniversary.

Signed at this day of , year 20

Policy Owner(s) Witness
Policy Owner(s) Witness