



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 \$25.00 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:

- 1. The Policy Owner and the preferred or irrevocable beneficiary (if any) must sign this form.
2. 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...
3. 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