



First Great-West Life & Annuity Insurance Company

Home Office:  
50 Main Street, 9th Floor  
White Plains, NY  
10606

Mailing Address:  
PO Box 2305  
Buffalo, NY  
14240-2305

## ***Should you surrender your policy?***

Before you make the final decision to surrender your policy, take a moment to consider the following:

### ***Does the need for the Policy still exist?***

You originally took out your policy to cover a specific need, a need that may still exist. If so, you should surrender your policy **only** after examining all other options. For your benefit, we strongly urge you to contact your Customer Service Representative at 1-800-526-2295 for more information.

### ***There may be other options.***

As an alternative to surrendering your policy, you may be able to access your policy values through a policy loan or partial withdrawal\*. This would ensure that the policy death benefits (minus the amount of the loan) would continue to stay in force. Other options may allow you to minimize your out-of-pocket expenses for this coverage.

### ***You may lose money.***

Life insurance is a long-term commitment. In the first few years, essential expenses incurred by the company in setting up a policy (commission, administrative cost and underwriting expenses) must be paid. If you surrender your policy in those first few years, you may get little or nothing back. Early surrender charges and tax consequences may also apply and any replacement policy would incur the same expenses.

### ***You may lose growth potential.***

You may lose the benefits you have already earned as well as any future accumulation potential. Before making the decision to surrender your policy, please allow us to provide you with a projection of your future values.

### ***You may lose other benefits.***

In addition to the future growth in your policy's cash values, your policy also provides one vitally important benefit: **a lump sum payable on the death of the insured**. If your family depends upon your income, this lump sum benefit will help them maintain their standard of living. A single person can use this benefit to allow executors to pay business or personal debts along with final expenses. Replacing this coverage later may be much more expensive.

### ***Replacing your existing coverage\*?***

The cost of the new coverage may be much higher due to your increased age and any changes in your health.

After considering all the above factors, if you still wish to proceed with the surrender, please complete the enclosed form and mail it to the address at the top of this page.

\* Loans, partial withdrawals, or full surrenders on a life insurance policy to purchase alternative death benefit protection must be done with strict compliance to state insurance replacement guidelines. Please call for more information.

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**POLICY SERVICE REQUEST**

<b>USE THIS FORM FOR THE FOLLOWING:</b>	<b>SECTION</b>
DECLARATION OF LOST POLICY	1
DIVIDEND CHANGE	2
PARTIAL WITHDRAWAL OF FUNDS	3A
PARTIAL OR FULL SURRENDER	3B
NOTICE OF WITHHOLDING	3C
SIGNATURES	3D
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DEATH BENEFIT OPTION CHANGE ON UNIVERSAL LIFE POLICIES	5
MISCELLANEOUS NON-EVIDENCE POLICY CHANGES	6

**NOTE:**

The changes contained herein do not require evidence of insurability. If you desire a change to your policy that will result in additional risk to the Company, evidence of insurability must be provided. Please use Policy Change Application, Form 26NY.

**INSTRUCTIONS:**

- ◆ Mark the box for each change or service you are requesting.
  - ◆ This form and all signatures **MUST** be in ink.
  - ◆ **SIGNATURE REQUIREMENTS:**
    - ◆ The owner's signature is required for all requests. If a Corporation is Owner, signatures and titles of two officers, or of one officer under Corporate Seal are required. Witness must be of majority age with no interest in the contract.
    - ◆ If the policy has a total death benefit of \$1,000,000.00 or more, signatures on the form must be notarized or guaranteed and the original documents must be received. We cannot accept faxes.
    - ◆ The signatures of Irrevocable Beneficiary(ies) and Assignee(s), if applicable, are required for all requests.
  - ◆ If state of residence is covered under the Community Property provision, the signature of the owner's spouse is required under 'Other Required Signature'. If the owner is divorced or widowed, please provide a copy of the divorce decree or death certificate.
- Community Property laws are applicable in: AZ, CA, ID, LA, NV, NM, TX, WA, WI.
- ◆ If you are completing Section 3A Partial Withdrawal of Funds or 3B Partial or Full Surrender, Section 3C Notice of Withholding and Section 3D Signatures must be completed. If Section 3C is left blank, we will automatically withhold the applicable amount.

**POLICY INFORMATION - Please Complete**

Policy No.: <input style="width: 200px; height: 20px;" type="text"/>  <b>OWNER INFORMATION:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;">Name</td></tr> <tr><td style="height: 20px;">Address</td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;">Social Security or Tax ID Number</td></tr> <tr><td style="height: 20px;">Phone Number with Area Code</td></tr> </table> <input type="checkbox"/> Check here if new address	Name	Address		Social Security or Tax ID Number	Phone Number with Area Code	<b>INSURED INFORMATION:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="height: 20px;">Name</td></tr> <tr><td style="height: 20px;">Address</td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;">Social Security Number</td></tr> <tr> <td style="width:50%; height: 20px;">Date of Birth</td> <td style="width:50%;">Place of Birth</td> </tr> <tr><td style="height: 20px;">Phone Number with Area Code</td></tr> </table> <input type="checkbox"/> Check here if new address	Name	Address		Social Security Number	Date of Birth	Place of Birth	Phone Number with Area Code
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Phone Number with Area Code													

**1. DECLARATION OF LOST POLICY**

The undersigned do hereby report the loss of the Policy which was issued on the life of:   
by the First Great-West Life & Annuity Insurance Company.

The policy has been lost or destroyed, and said policy was not and is not now assigned, transferred, pledged or hypothecated except as follows:

It is agreed to indemnify and save harmless the First Great-West Life & Annuity Insurance Company from all claims, suits or actions on account of the lost Policy and from any and all damages, costs, charges and expenses arising therefrom. It is further agreed that if the said Policy is found, it will be returned promptly to the First Great-West Life & Annuity Insurance Company.

Policy Owner Signature	Date	Witness
Assignee/Irrevocable Beneficiary (if any)	Date	Witness
Other Required Signature	Date	Witness

**There is a \$75.00 fee to provide you with a copy of your policy. However, if we are unable to provide you with a copy of your policy, we will send you a Certificate of Insurance at no cost.**

**2. DIVIDEND CHANGE**

Please CHANGE the dividend option to:

- Cash     
  Repay Policy Loan     
  Accumulate at Interest     
  Reduce Premium (Annual Billing Only)

**PLEASE NOTE: If changing to PAID-UP ADDITIONS, evidence of insurability will be required. Please use Policy Change Application 26NY.**

Existing dividend credits (if any) will remain as is unless indicated below:

Withdraw     
  Other:

I/WE, THE UNDERSIGNED, HEREBY AGREE THAT THIS REQUEST FORM WILL BE THE BASIS FOR THE CHANGE REQUESTED AND WILL FORM A PART OF THE POLICY.

Policy Owner Signature	Date	Witness
Assignee/Irrevocable Beneficiary (if any)	Date	Witness
Other Required Signature	Date	Witness

**3A. PARTIAL WITHDRAWAL OF FUNDS (Select one item from each column below)**

**Column A**

Please Withdraw:

- 
- The Maximum Amount

**Column B**

From:

- Dividend Accumulation
- Paid-Up Additions
- Single Premium PUA
- Annual Premium PUA
- Plus Rider

**Column C**

Issue Check

Apply Towards:

- Premium Due
- Loan Interest Due
- Policy Loan
- Premium & Loan Interest Due

**Column D**

On This Policy

On Policy Numbers:


**NOTE: Withdrawing cash value from either Paid-Up Additions, Single Premium PUA rider, Annual Premium PUA rider or Plus Rider will result in a reduction in your death benefit.**

**3B. PARTIAL OR FULL SURRENDER**

**NOTE: Full surrender will cancel the Policy and the insurance it provides. Applicable surrender charges may reduce the value received upon the termination of this life insurance policy. Surrender may also trigger a taxable gain. SUBMIT W-4P AND W-9 IF OTHER THAN 1035 NON-TAXABLE EXCHANGE. Submit a W8-BEN if the Policy Owner lives outside of the United States.**

Will this surrender be used to fund the issue of another annuity or life insurance product?  YES  NO

- I elect to surrender the policy for its cash value. The entire liability of the First Great-West Life & Annuity Insurance Company except for the net cash value is hereby discharged and terminated.
- I request a partial surrender in accordance with the policy provisions.
- Issue check for: \$   Maximum Amount  Apply to Loan

**NOTE: From the partial surrender we will deduct a \$25.00 service fee. A partial surrender on a policy with a level death benefit option will reduce the specified amount.**

I/We understand that:

- ♦ If the named beneficiary has irrevocable status, he/she must also sign below to consent to the surrender.
- ♦ If the policy has been assigned, the assignee must first release his/her interest if the cash surrender value is to be applied to another policy. If the cash surrender value is to be paid in cash, the check will be payable jointly to the policy owner(s) and the assignee(s).
- ♦ The policy to be surrendered should be enclosed.

The undersigned certifies that the policy is not subject to any lien, assignment or legal claim and that they are not currently involved in pending bankruptcy proceedings.

**3C. NOTICE OF WITHHOLDING**

**NOTE: You must complete this section if Section 3A or 3B is completed. If this section is left blank we will automatically withhold the applicable amount.**

- I DO NOT want to have Federal/State Income Tax withheld from my Withdrawal/Surrender.
- I DO want to have Federal/State Income Tax withheld from my Withdrawal/Surrender.

Even if you elect not to have Federal/State Income Tax withheld, you are liable for payment of Federal/State Income Tax on the taxable portion of your surrender. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not sufficient.

**3D. SIGNATURES (REQUIRED FOR COMPLETION OF SECTION 3A, 3B AND 3C)**

Policy Owner Signature	Date	Witness
Assignee/Irrevocable Beneficiary (if any)	Date	Witness
Other Required Signature	Date	Witness

**4. REQUEST FOR CONVERSION OF TERM INSURANCE**

RE: Policy Number  On The Life Of

I/We, the undersigned, hereby request that  all, or  \$  of the term insurance provided under the above numbered policy or  the  provision of the above-numbered policy be converted into insurance under a new policy of life insurance on the life of the above-named person.

Any remaining term insurance under the Policy is to be:  cancelled as of date of conversion  
 continued under original policy

**NEW POLICY HEREBY APPLIED FOR**

New Plan:  Face Amount (\$):   
 Date of Policy:

This date will be equivalent to the most current monthly premium due date under the original policy(ies), or the date of conversion which is only available for (a) special PAC/EFT withdrawal date or (b) backdating to save age.

Smoker?  Yes  No

**NOTE: To request a change from Smoker/Tobacco to Non-Tobacco rates, please complete Part B of Form 26NY along with a HIPAA and Physicians Information form.**

Continue Waiver of Premium?  Yes  No Automatic Premium Loan, if available?  Yes  No

Continue Accidental Death Benefit?  Yes  No

Premiums To  Annually  New PAC/EFT Form Attached  
 Be Paid:  Monthly PAC/EFT  Add to existing PAC/EFT under Policy No.

**NOTE: If electing Monthly PAC/EFT, the first premium must be paid by check.**

Remarks: (Not Applicable in West Virginia)

**IT IS HEREBY AGREED THAT:**

This application and such other material as may be required herewith will form the basis of the contract evidenced by the new policy.

Signed at:  this  day of ,

Policy Owner Signature	SS# or Tax I.D.# of Policy Owner	Witness
Insured Signature		Witness
Other Required Signature		Witness
Other Required Signature		Witness

**5. DEATH BENEFIT OPTION CHANGE ON UNIVERSAL LIFE POLICIES**

- Please change the death benefit option from Increasing to Level
- Please change the death benefit option from Level to Increasing

**NOTE: The Specified Amount will be reduced by the total amount of the cash value on the effective date of the change.**

I/WE, THE UNDERSIGNED, HEREBY AGREE THAT THIS REQUEST FORM WILL BE THE BASIS FOR THE CHANGE REQUESTED AND WILL FORM A PART OF THE POLICY.

Policy Owner Signature	Date	Witness
Assignee/Irrevocable Beneficiary (if any)	Date	Witness
Other Required Signature	Date	Witness

**6. MISCELLANEOUS NON-EVIDENCE POLICY CHANGES**

- Please reduce the base coverage to: \$  Please change billed amount to: \$

**NOTE: A fee may be applicable for this change. We will advise you of the fee amount.**

- Please change the premium frequency to:  Annual  Semi-Annual  Quarterly  Monthly PAC/EFT

If Monthly PAC/EFT:  Add to existing PAC/EFT under Policy No.:   New PAC/EFT Form Attached

- Please cancel the following benefits/riders:
  - Waiver of Premium
  - Other Insured Rider
  - Child Rider
  - Accidental Death Benefit
  - Term Rider
  - Guaranteed Insurability Rider
  - Other:

- Please change to Extended Term Insurance

- Please change to a Reduced Paid-Up policy for \$ , or maximum if different

- Please change the Annual Premium PUA to paid-up

- Other:

I/WE, THE UNDERSIGNED, HEREBY AGREE THAT THIS REQUEST FORM WILL BE THE BASIS FOR THE CHANGE REQUESTED AND WILL FORM A PART OF THE POLICY.

Policy Owner Signature	Date	Witness
Assignee/Irrevocable Beneficiary (if any)	Date	Witness
Other Required Signature	Date	Witness