



Fixed Annuities:
 First Great-West Life & Annuity
 Insurance Company
 Administrative Service Office
 PO Box 989
 Buffalo NY 14240-0989

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

REQUEST FOR ELECTRONIC FUNDS TRANSFER

I request the privilege of paying premiums or premiums and the policy loan to the First Great-West Life & Annuity Insurance Company (referred hereto after as "First Great-West") under its Pre-Authorized Payment Plan and I authorize the Company to draw a draft each month on my account for this purpose on the policies shown on the reverse side of this form.

Subject to the following conditions:

1. Such draft shall be drawn each month to cover premiums falling due in such month and increased on request to apply on policy loan on the noted policies.
2. While the Pre-Authorized Payment Plan is in effect, the Company will not mail notices of premiums falling due on such policies and the canceled drafts will constitute receipts for payment of such amounts.
3. The Pre-Authorized Payment Plan will terminate:
 - a. If any such draft is not honored by the bank when presented for payment (there will be a notation on bank statement), or if the Company has refunded the amount of such draft to the bank upon request of the bank for a refund. The termination shall take effect upon the last day of grace unless the Pre-Authorized Payment Plan is reinstated by written notice given by the Company to the undersigned.
 - b. Upon 30 days written notice by the undersigned Company or by the Company to the undersigned.
4. The Pre-Authorized Payment Plan shall not modify or affect any of the provisions of the policies except that if under any policy the dividend option is to apply dividends in reduction of premium, it is hereby requested that future dividends be paid in accordance with the option checked:

CASH

ACCUMULATE AT INTEREST

PAID-UP ADDITIONS

Dated at _____ this _____ day of _____, Year _____

 Depositor's Signature

 Depositor's Signature

POLICY NO. OR APPLICATION DATE	NAME OF INSURED	POLICY NO. OR APPLICATION DATE	NAME OF INSURED

AUTHORIZATION TO HONOR ELECTRONIC DRAFTS BY FIRST GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

Name of Depositor _____

 (Please print Name as shown on Bank Records)

To _____

 (Name of Bank)

 (Address of Bank Branch)

