



First Great-West Life & Annuity Insurance Company
Served at:
Administrative Service Office
P.O. Box 1209
Buffalo, New York 14240-1209
800-526-2295

Part A - Annuitants Authorization for Prearranged Credits/Debits

To: First Great-West Life & Annuity Insurance Company ('the Company')
From: The Depository Named Below ('the depository')

I Authorize the Company to:

- 1) Initiate credits to my bank account indicated in Part B as payments fall due. Each credit initiate will discharge the Company from its obligation.
2) Initiate debits to the same account for any overpayments made in error or after my lifetime.

I authorize the Depository to credit, or debit, my account for any amounts initiated by the Company. I understand that this authorization will be in effect until the Company has received written notice from me that I no longer desire this service, or that I wish to change my Depository, Branch, Account number or mailing address, and the Company and the Depository have had reasonable time to act on my notification.

Policy Number

Group Certificate No.(if applicable)

Part B - Banking Details

Name of Bank, Trust or other Depository Institution

Bank Address, Street and Number/Box Number

Bank City/Town and State

Zip Code

Account Number

Account Type: Checking or Savings

Account Holders Name

Witness Signature

Annuitants Signature

Date

Annuitant's Phone Number

Part C – Bank Confirmation

Verification of Banking Details ONLY if your account does NOT have checking privileges. Authorized Bank Signature: _____ Date: _____