



Overnight Mail To:
 First Great-West Life & Annuity Insurance Company
 Attn: Annuity Administration 8T2
 8515 East Orchard Road
 Greenwood Village, CO 80111
 (800) 905-1959

Regular Mail To:
 First Great-West Life & Annuity Insurance Company
 Attn: Annuity Administration 8T2
 P.O. Box 173921
 Denver, CO 80217
 (800) 905-1959

REQUEST FOR PRE-AUTHORIZED CHECK PLAN

TO: First Great-West Life & Annuity Insurance Company

I hereby request and authorize First Great-West Life & Annuity Insurance Company (FGWLA) to collect monthly premiums from my checking account by means of their Pre-Authorized Check Plan (hereinafter referred to as "the PAC PLAN"). It is understood that the use of the PAC PLAN does not change any policy provisions and that:

1. The effective date of the PAC PLAN will be determined by FGWLA. For a new policy, it may be effective only after the initial premium is paid in cash.
2. Each month after the effective date of the PAC PLAN, on a date based on FGWLA's procedures, a premium will be credited to the policy identified below, subject to a debit to my account. Information as to each premium payment will be provided either by a cancelled check, entry on my bank statement or by other advice from the bank.
3. FGWLA requires at least 30 days advance notice of a bank or account change.
4. The PAC PLAN may be terminated by the policyowner or FGWLA upon 30 days written notice to the other party. It may also be terminated by FGWLA any time a payment is not paid by the bank.
5. If the PAC PLAN is terminated:
 - a. FOR SCHEDULED PREMIUM POLICIES, premiums will become payable directly to FGWLA as requested by policyowner and permitted by FGWLA.
 - b. FOR FLEXIBLE PREMIUM POLICIES, policyowner may make payments at any time within the limits described in the policy.
6. **Attach a sample voided check.**

REASON FOR REQUEST (Check One):

- New Application
 Change to Pre-Authorized Check Plan \$ _____ Bank or Account Change
Amount
- Other (Explain) _____

Policy Number(s)	AND	Signature of Policyowner(s) (Trustee/Custodian, if applicable)
Date		Signature of Bank Depositor (if other than Policyowner)
Select One: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Start Date	MO/DAY/YR (available dates are the 1st through the 28th)

**A SAMPLE VOIDED CHECK IS REQUIRED
 PLEASE ATTACH SAMPLE VOIDED CHECK HERE**

ADDITIONAL PREMIUM PAYMENT FORM

OWNER'S NAME: _____ POLICY NUMBER: _____

CHANGE OF ADDRESS / CORRECTIONS

OWNER'S SIGNATURE _____ DATE: _____

JOINT OWNER'S SIGNATURE _____ DATE: _____
(If Applicable)

All changes to this policy must be authorized by Owner's Signature(s).

Variable products are issued by First Great-West Life & Annuity Insurance Company and distributed by its affiliate, GWFS Equities, Inc., 8515 East Orchard Road, Greenwood Village, CO 80111 (800) 567-5487.