



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

NON-FINANCIAL SERVICE FORM

The OWNER hereby REQUESTS and DIRECTS THE COMPANY to change the policy number: _____ as follows

PART A - NON-FINANCIAL CHANGES

1. Change of Name and/or Change of Address/Phone Annuitant Owner Beneficiary

From: _____
 Name and/or Address

To: _____
 Name and/or Address

Reason for Change: _____
 Effective Date of Change

Note: If the reason for the change of name is other than a correction of a mistake, a certified copy of the court order is required. Note: Please include legal documentation for any name changes (i.e. copy of marriage license, divorce decree, trust extract, etc.).

2. Add Change of Annuitant*

I, the present Owner of the above numbered policy, hereby revoke any previous designation of annuitant and hereby designate as the annuitant of the said policy effective in accordance with the policy provision, the following:

Annuitant: Social Security Number: _____ D-O-B _____
 Relationship to owner

Full Name: _____
 First Middle Last

Address: _____
 Street City State Zip

3. Add Change of Ownership - Non-qualified Contracts Only*

I, the present Owner of the above numbered policy, hereby revoke any previous designation of owner and hereby designate as the owner of the said policy effective in accordance with the policy provision, the following:

Owner: Social Security or Taxpayer ID Number: _____ D-O-B _____
 Relationship to owner

Full Name: _____
 First Middle Last

Address: _____
 Street City State Zip

4. Change of Beneficiary*

I, the present Owner of the above numbered policy, hereby revoke any previous designation of beneficiaries and herewith change beneficiary to:

	Social Security No	Birthdate	Relationship to Annuitant	% of Benefits
Primary	_____	_____	_____	_____
Contingent	_____	_____	_____	_____

Must total 100%

*The Company assumes no responsibility for validity or effect of listed changes.

5. Change of Annuity Date (Change must be received at least 30 days prior to current annuity date. Please see prospectus for limitations)

To the first day of _____
 Month Year

PART B - SIGNATURES

Signature of Current Policyowner (Trustee/Custodian, if applicable) Date Signature of New Policyowner (if applicable) (Trustee/Custodian, if applicable)

Signature of Current Joint Policyowner Date Signature of New Joint Policyowner (if applicable)

Signature of Assignee (If applicable) Date Witness Date