



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

VARIFUND AUTOMATIC DOLLAR-COST AVERAGING (DCA) AUTHORIZATION

Policyowner _____ Policy Number _____

PLEASE READ BEFORE COMPLETING THIS FORM - NOTE "I", "YOU" MEANS THE POLICYOWNER/TRUSTEE(S)

1. A transfer under this Automatic Dollar-Cost Averaging Program (the "Program") may be from the 1st—28th of the month, once this form is received and accepted by the Company. To allow adequate time for delivery and processing, the start date you choose should be at least one month from the date you complete and mail this form. Subsequent transfers will occur on the same day of the month as the selected start date.
2. To qualify for the Program, a minimum of \$5,000 must be allocated to **any one of the variable sub-accounts or the one year guarantee period of the fixed account (known as the "Disbursement Sub-Account") AND A MINIMUM OF \$250 MUST BE TRANSFERRED AT EACH PERIODIC INTERVAL.** (The company reserves the right to amend its administrative procedures.)
3. If you are submitting this form at the same time you apply for a 1035 exchange to **VariFund™**, we must receive the check from the other insurance company before we can begin the Program.

INSTRUCTIONS:

To initiate or modify the Program, complete sections A, B, C, D, E and G below. To terminate an existing program, complete sections F and G. Please complete and sign below.

A. Select a Periodic Interval and Start Date

I would like funds transferred: (Check One)

Monthly Quarterly Semi-Annually Annually I would like the first transfer on _____
Month/Day/Yr—Available Dates are 1st – 28th

_____ or _____
Stop Date Number of Transfers

B. Select a Dollar Amount

Transfer a total dollar amount of \$ _____ (Minimum of \$250 per transactions).

C. Select the Disbursement Sub-Account or 1 year Fixed Account _____.

D. Select the Destination Sub-Account(s). This section must be completed before the DCA can be set up.

Please select the sub-accounts to which you would like the funds transferred. Total must equal 100%.

- | | | |
|---|---|------------------------------|
| _____ % Alger American Growth | _____ % Fidelity VIP High Income | _____ % Fixed Account (1yr) |
| _____ % Alger American Leverage AllCap | _____ % Fidelity VIP Index 500 | _____ % Fixed Account (3yr) |
| _____ % Alger American MidCap Growth | _____ % Fidelity VIP Investment Grade Bond | _____ % Fixed Account (5yr) |
| _____ % Alger American Small Capitalization | _____ % Fidelity VIP Money Market | _____ % Fixed Account (7yr) |
| _____ % Dreyfus VIF Appreciation | _____ % Gartmore GVIT Developing Markets Fund | _____ % Fixed Account (10yr) |
| _____ % Dreyfus VIF Growth & Income | _____ % Janus Aspen International Growth | _____ % _____ |
| _____ % Dreyfus Socially Responsible Growth | _____ % Seligman Communications & Information | _____ % _____ |
| _____ % Fidelity VIP Asset Manager | | _____ % _____ |
| _____ % Fidelity VIP ContraFund | | _____ % _____ |
| _____ % Fidelity VIP Growth | | _____ % _____ |
| _____ % Fidelity VIP Growth Opportunities | | _____ % _____ |

Note: Total must equal 100%

Signatures on Next Page

E. Stop Date or Number of Transfers _____. (If left blank, Dollar Cost Averaging will continue until all funds are liquidated from the disbursement account or we receive notification to stop this program.)

F. To Terminate an Existing Program

I would like to terminate the Program. (Please sign and date form below.)

G. Please Sign and Date Below

I accept the terms and conditions contained in this form. I understand that the Program will be terminated at annuitization.

Signature Policyowner/Trustee(s) _____

Dated the _____ day of _____, _____
Month Year

Signature of Joint Policyowner (if applicable) _____

Dated the _____ day of _____, _____
Month Year