



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

TELEPHONE TRANSFER AUTHORIZATION

POLICYOWNER _____

POLICY NUMBER _____

I/We hereby authorize First Great-West Life & Annuity Insurance Company (FGWLA) to act on transfer instructions given by telephone by signing this form. I/We understand and agree as follow:

1. This authorization only applies to the policy number shown above and separate authorization must be completed for any other policies.
2. This authorization will continue in effect until FGWLA receives written revocation from me/us or FGWLA discontinues telephone transfers.
3. I/We accept and will comply with the procedures established by FGWLA, from time to time, which include but are not limited to possible recording of telephone calls, obtaining appropriate Personal Security Code and Policy number **before effecting any transfers**, and notification within 48 hours to the Policyowner of transfers not made due to instructions which conflict with the terms of the Policy.
4. FGWLA employs reasonable procedures to confirm that instructions communicated by telephone are genuine. If FGWLA did not employ such reasonable procedures, it may be liable for any losses due to unauthorized or fraudulent instructions. However, as FGWLA employs such reasonable procedures, neither FGWLA nor any person authorized by FGWLA will be responsible for any claims, loss, liability or expense in connection with the following instructions communicated by telephone.

 Signature of Policyowner

 Date

 Signature of Joint Policyowner's (if applicable)

 Date

**TELEPHONE TRANSFER AUTHORIZATION
 FOR AGENT OF RECORD AND/OR OTHER PERSONS**

In addition to any previous authorization of telephone transfer privileges by myself as Policyowner, I hereby authorize the Company to act on the telephone transfer instructions from the Agent of Record and/or the person(s) named below. Neither the Company nor any person authorized by it will be responsible for any claim, loss, liability or expense in connection with a telephone transfer if the Company or such other person acted on telephone transfer instructions in good faith in reliance on this authorization.

Name and Relationship of Authorized Person(s):

Name: _____

Relationship: _____

SSN: _____

Name: _____

Relationship: _____

SSN: _____

 Signature

 Date

 Signature

 Date

For Home Office Use Only

Authorization Effective _____

Received and Recorded by _____