



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

Policyowner:

Policy Number:

SUBSTANTIALLY EQUAL PERIODIC PAYMENTS UNDER SECTIONS 72(Q) AND 72(T) I.R.C.

Sections 72(q) and 72(t) of the Internal Revenue Code impose a 10% penalty tax on premature distributions made from tax deferred annuity policies. A premature distribution is one made to a recipient who is less than age 59-½. Section 72(q) imposes the tax on "nonqualified" annuities while section 72(t) imposes the tax on "qualified" annuities, which includes 403(b) and Individual Retirement Annuities (IRAs).

However, both 72(q) and 72(t) allow for a number of exceptions under which the 10% penalty tax will not be imposed. Among those exceptions are distributions which are part of a series of "substantially equal periodic payments".

There are several requirements to meet in the establishment of a "substantially equal periodic payment plan. You should know that the Internal Revenue Service (IRS) has published a private letter ruling which holds, under the facts presented in that particular situation, that certain payments did not qualify as an exception under section (72)q and would, in fact, be subject to the 10% penalty tax. Generally speaking, though, "substantially equal periodic payments" must:

1. Be made NO LESS FREQUENTLY THAN ANNUALLY;
2. Continue for THE LONGER OF (A) 5 YEARS, OR (B) UNTIL THE RECIPIENT REACHES AGE 59-½.
3. Be based on the life or life expectancy of the recipient (scheduled payments must be calculated in a way allowing for continuation of payments for the duration of the recipient's life expectancy under "reasonable" mortality assumptions);
4. Be calculated in a manner which assumes NO MORE THAN A "REASONABLE" LEVEL OF INVESTMENT RETURN OR INTEREST.

First Great-West Life & Annuity Insurance Company (FGWLA) offers you a service whereby it will perform the calculations which will establish a schedule of periodic (monthly, quarterly, semi-annual or annual) payments which are intended to meet the requirements, above. If you would like FGWLA to make these calculations for you, please provide the information requested on the following page. Whether FGWLA makes these calculations or if you provide the payment amount based on you or your advisor's calculations, please read the following statements, provide your signature as agreement to these statements and complete the rest of the form.

I have consulted a tax or investment adviser, pursuant to which I am requesting that calculations be made in order to establish a series of "substantially equal periodic payments", to be paid to me, as contemplated under section 72(q) or 72(t) of the I.R.C. In making this request, I understand and agree with the following statements:

- A. FGWLA **does not** provide legal or tax advice, and makes no guarantee that any interest rate (which will not exceed 120% of the long term applicable federal rate) or mortality assumption will be reviewed as "reasonable" by the IRS.
- B. My failure to observe any requirement associated with "substantially equal periodic payments" will result in the 10% penalty tax being imposed on all payments previously received, plus interest.
- C. FGWLA **will not** be held liable for any unfavorable tax consequences arising as a result of my election to take "substantially equal periodic payments" and I understand that changes to the amount I receive prior to age 59-½ or before the end of 5 years may also result in the 10% penalty tax being imposed.
- D. Surrender charges, if applicable, may be deducted from my variable annuity policy when distributions are made. I will consult the prospectus or policy form for further information regarding surrender and other charges.

IF YOU ARE PROVIDING THE DISTRIBUTION AMOUNT, PLEASE COMPLETE SECTIONS 1, 3, 4 AND 5. IF YOU WANT FIRST GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY (FGWLA) TO PERFORM THE CALCULATION, PLEASE COMPLETE SECTIONS 2, 3, 4 AND 5.

SECTION 1

I wish to make a withdrawal of the following amount _____ each (circle one)

MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY

This amount is based on 72(q)/(t) calculations performed by my tax adviser/accountant, and has been determined to be consistent with IRS requirements. Attached is a copy of those calculations.

SECTION 2

Please calculate and pay a withdrawal amount under the amortization method described in IRS Notice 89-25, using my age and interest rate as determined in A, on page 1.

Frequency, please circle one: MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY

SECTION 3

I DO _____ DO NOT _____ (select one) wish to have Federal taxes withheld.

I DO _____ DO NOT _____ (select one) wish to have State taxes withheld if applicable.

SECTION 4

I authorize FGWLA to begin processing these payment instructions on _____
(month/date/year)

The check will be mailed to the policyowner's address, unless otherwise provided here:

I/We hereby authorize the Company to initiate withdrawals from my Policy, via Electronic Funds Transfer, as indicated below.
Select One: Checking (attach voided check) Savings (attach deposit slip)

SECTION 5

Policyowner Name: _____	Policy Number: _____
Address: _____	SSN/TIN: _____
_____	Date of Birth: _____
_____	Phone #: () _____

Under penalties of perjury, I verify by my signature that the SSN or TIN, above, is valid.

Policyowner Signature: _____ Date: _____

Joint Policyowner Signature (if applicable): _____ Date: _____

Broker (Please Print): _____ Broker's Phone #: () _____