



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

MINIMUM DISTRIBUTION FORM

Policy Number

Policyowner

Address

City, State, Zip

Owner's SS No.

Date of Birth

I elect to receive the following automatic withdrawal from my First Great-West Life & Annuity Insurance Company (FGWLA) annuity policy. A distribution based on FGWLA's analysis of the IRS rules regarding Required Minimum Distributions.

If you wish to designate your spouse as beneficiary, please complete the following:

Joint Life Information

Name

SS No.

Date of Birth

Relationship

Life Expectancy Calculations for Required Minimum Distribution

- Life expectancy will be recalculated annually for the policyowner and, if joint life was selected above, the oldest beneficiary.
- Life expectancy will not be recalculated annually, but will be reduced each year by one year.
(May not be selected if participant is less than age 59 ½.)

Frequency of Withdrawal

- Annually Semi-annually Quarterly Monthly

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)

I would like the first withdrawal on ____/____/____.
 (Available dates are the 1st through the 28th.)

Federal Tax Withholding (If a box is not checked, Federal Income Tax will automatically be withheld at 10%)

- Do NOT withhold Federal Income Tax.**
- Please withhold \$ _____ (amount) Federal Income Tax or _____ % Federal Income Tax.
- Please withhold \$ _____ (amount) State Tax or _____ % State Tax.

Policyowner's Signature (Trustee/Custodian, if applicable)

Date

Joint Policyowner's Signature (if applicable)

Date

Witness Signature

Date