



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

**TRILLIUM<sup>®</sup> FINANCIAL SERVICE FORM**

The OWNER hereby REQUESTS and DIRECTS THE COMPANY to make the following changes on:

Policyowner \_\_\_\_\_ Policy Number \_\_\_\_\_

**1.  Change in PAC Premium**

From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_ (Minimum PAC premium is \$100, \$50 if IRA)

**2.  Automatic Rebalancing**

Unless indicated will commence on the earliest possible business day. Please complete Section 3 if you would like to change your current allocations.

I/We hereby authorize the Company to provide portfolio rebalancing services as indicated below:

Frequency of Rebalancing:  Monthly  Quarterly  Semi-Annually  Annually

**3.  Allocation of  A) Current and/or  B) Future Net Premiums**

The amount of net premium to be applied to each elected sub-account and/or Fixed Account. The allocations will apply to all net premiums received until the owner changes the allocation by written notice as specified in policy.

**Key to Sub accounts**

- |  |                           |                             |
|--|---------------------------|-----------------------------|
| _____ % Cash Management                | _____ % Global Technology | _____ % Fixed Account (1yr) |
| _____ % Common Stock                   | _____ % Small-Cap Value   | _____ % _____               |
| _____ % Capital                        | _____ % Large-Cap Value   | _____ % _____               |
| _____ % International                  | _____ % Fixed Income      | _____ % _____               |
| _____ % Communications and Information | _____ % _____             | _____ % _____               |

**4.  Transfer Among Sub-Accounts and/or Fixed Accounts** Note: See Policy for Restrictions

		From	Amount			To	Amount
<b>Dollars Or Percent FROM</b>	<input type="checkbox"/>	_____	<input type="checkbox"/> _____	<b>Dollars Or Percent TO (Total must equal 100% of Transfer)</b>	<input type="checkbox"/>	_____	<input type="checkbox"/> _____
	<input type="checkbox"/>	_____	<input type="checkbox"/> _____		<input type="checkbox"/>	_____	<input type="checkbox"/> _____
	<input type="checkbox"/>	_____	<input type="checkbox"/> _____		<input type="checkbox"/>	_____	<input type="checkbox"/> _____
	<input type="checkbox"/>	_____	<input type="checkbox"/> _____		<input type="checkbox"/>	_____	<input type="checkbox"/> _____
	<input type="checkbox"/>	_____	<input type="checkbox"/> _____		<input type="checkbox"/>	_____	<input type="checkbox"/> _____
	<input type="checkbox"/>	_____	<input type="checkbox"/> _____		<input type="checkbox"/>	_____	<input type="checkbox"/> _____
	<input type="checkbox"/>	_____	<input type="checkbox"/> _____		<input type="checkbox"/>	_____	<input type="checkbox"/> _____

**5.  Cash Surrender (Be Sure to Complete Important Notice Below)**

I hereby request cash surrender of the above numbered policy, in accordance with the policy provisions.

Contract:  Original enclosed  Original lost or destroyed. If Lost or Destroyed: I certify that the contract is lost or destroyed. In addition, I certify that the contract has not been assigned or pledged as collateral.

Make Check Payable To:  Owner  Other \_\_\_\_\_

**For full transfer please submit new carrier's direct transfer form or absolute assignment form and letter of acceptance.**

**6.  Partial Withdrawal (Be sure to Complete Important Notice Below)** Note: See Policy for Restrictions

Amount:  \$ \_\_\_\_\_  10% Free Amount  10% Free Amount+Gain  
 Gross  Net

Note: If left unmarked, amount requested will be considered the Gross Amount  
 Overnight Fee \$25.00 (Fee will be deducted from your policy).  
 Wire Transfer Fee \$40.00. Include void check. (Fee will be deducted from your policy).

Make Check Payable To:  Owner  Other \_\_\_\_\_

**For partial transfer please submit new carrier's direct transfer form or absolute assignment form and letter of acceptance.**

Please withdraw funds from:  All sub-accounts equally  As designated below:

		From	Amount			To	Amount
Dollars Or Percent FROM	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____	Dollars Or Percent TO	<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	_____
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____		<input type="checkbox"/>	_____

*Withdrawals from Fixed Accounts will be subject to Market Value Adjustments*

**IMPORTANT: NOTICE OF WITHHOLDING READ CAREFULLY MUST BE COMPLETED FOR SECTION 5 OR 6**

As a result of the Tax Equity and Fiscal Responsibility Act of 1982, any taxable portion of the payment you are requesting is subject to Federal Income Tax withholding. However, you may elect not to have withholding apply. Please indicate below whether you want any Federal Income Tax withheld from your withdrawal. Even if you elect not to have Federal Income Tax withheld, you are liable for payment of Federal Income Tax on the taxable portion of your withdrawal and we are obligated to report this information both to you and to the Internal Revenue Service. In some states it is required we withhold state tax if we withhold Federal tax.

**Federal 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 Income Tax.**

**TAX EFFECT** In accordance with IRS tax codes, FGWLA is required by law to report to the IRS any disbursement transaction. Advice as to the legal or tax effects of this transaction should be obtained from your attorney, accountant or tax advisor.

**PART B – SIGNATURES**

\_\_\_\_\_  
Signature of Policyowner (Trustee/Custodian if applicable)

\_\_\_\_\_  
Social Security or Taxpayer ID Number

\_\_\_\_\_  
Signature of Joint Policyowner

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Assignee (if applicable)

\_\_\_\_\_  
Witness

Note: Signature Guarantee is required for withdrawals of \$100,000.00 or more