



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® AUTOMATIC DOLLAR-COST AVERAGING (DCA) AUTHORIZATION**

Policyowner \_\_\_\_\_ Policy Number **E** \_\_\_\_\_

**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 1<sup>st</sup> – 28<sup>th</sup> 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 anyone 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 **Trillium**, 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

**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%

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

**Note: Total must equal 100%**

**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).

**Signatures on Next Page**

**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 annutization.

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

Dated the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

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

Dated the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year