

BENEFICIARY DESIGNATION FORM



Policy Number _____

Name of Policy Owner _____

The policy owner revokes any previous beneficiary designations and instructions. The policy owner designates revocably the following beneficiaries to receive any policy proceeds payable on and after the death of the life insured:

Policy Owner Marital Status: Married Single Divorced Widowed
 (If Married, Divorced or Widowed, see Instructions - page 2, section 2D)

PRIMARY BENEFICIARY(IES) - in equal shares, unless otherwise provided below: (Indicate % for each beneficiary = 100%)

Full Name _____	Address _____	Relationship _____
Social Security Number _____	Date of Birth _____	Phone Number _____
Percentage _____		

Full Name _____	Address _____	Relationship _____
Social Security Number _____	Date of Birth _____	Phone Number _____
Percentage _____		

Full Name _____	Address _____	Relationship _____
Social Security Number _____	Date of Birth _____	Phone Number _____
Percentage _____		

If no Primary Beneficiary survives the life insured, then the proceeds will be paid to:

CONTINGENT BENEFICIARY(IES) - in equal shares, unless otherwise provided below: (Indicate % for each beneficiary = 100%)

Full Name _____	Address _____	Relationship _____
Social Security Number _____	Date of Birth _____	Phone Number _____
Percentage _____		

Full Name _____	Address _____	Relationship _____
Social Security Number _____	Date of Birth _____	Phone Number _____
Percentage _____		

Full Name _____	Address _____	Relationship _____
Social Security Number _____	Date of Birth _____	Phone Number _____
Percentage _____		

MINOR CLAUSE - TRUSTEE FOR CHILDREN:

Full Name _____	Address _____	Relationship _____
Social Security Number _____	Date of Birth _____	Phone Number _____
Percentage _____		

is hereby appointed as Trustee to receive any payment due on or after the life insured's death to any beneficiary designated in this form who is a minor child on the date such payment falls due.

If the undersigned is signing in a representative capacity, the undersigned warrants that he or she has the authority to bind the entity on whose behalf this document is being executed.

Policy Owner(s) _____ Date _____ Policy Owner(s) _____ Date _____

Irrevocable or Preferred Beneficiary (if any) _____ Date _____ Other Required Signature (if any) _____ Date _____

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY
THE GREAT-WEST LIFE ASSURANCE COMPANY
 PO Box 85056
 Lincoln, NE 68501-5056

This designation is subject to the provisions on Page 2. The Company assumes no responsibility for the validity or effect of this designation. Designation is not valid until received and recorded by the Company.

PROVISIONS

1. **DECEASED BENEFICIARIES** - Unless otherwise provided in this form, the interest of any deceased beneficiary shall be shared by the surviving beneficiaries then entitled, in equal shares, or shall fall to the last surviving beneficiary. All payments which fall due on and after the death of the last survivor of the beneficiaries shall be payable to the estate of that last survivor, except that if no beneficiary survives the life insured, such payments shall be payable to the policy owner, if living, otherwise to the policy owner's estate.
2. **OPTIONAL SETTLEMENT ELECTION BY BENEFICIARY** - If any beneficiary appointed herein becomes entitled to any policy proceeds and elects to have such proceeds paid under one of the Optional Settlements in the policy, then any benefits payable under the Optional Settlement so elected shall be payable to that beneficiary, if living, otherwise to the beneficiary's estate.
3. **ASSIGNEE** - Payment of policy proceeds to any beneficiary is subject to the interest of any assignee.
4. **CHILD OR CHILDREN** - The terms "child" or "children" used in this form shall include any legally adopted child or children unless otherwise indicated in this form by the policy owner.
5. **TRUST AGREEMENT IN EFFECT** - If the Trustee(s) under a written Trust Agreement (other than the "Minor Clause" in this form) are appointed as beneficiary, The Company reserves the right to require proof satisfactory to it of the existence of the Trust, prior to payment of any policy proceeds to such Trustee(s). If the trust is not in effect at the time such payment falls due, then payment shall be made to the succeeding entitled beneficiary(ies) as provided in this form.
6. **TRUSTEE DISCHARGE** - The Company shall not be responsible for the application, disposition or use of any policy proceeds paid to any Trustee(s) designated herein. The receipt of the Trustee(s) shall be a full discharge to the Company for the amount of the payment.

INSTRUCTIONS

1. **USE THIS FORM** for a change of beneficiary under an individual policy issued in the United States. The form should be dated and signed by the current owner(s) of the policy with the signatures witnessed as indicated. A separate form should be used for each policy.
2. **SIGNATURES** - when this form is signed by:
 - (A) A Corporation - The full name of the Corporation must be signed, with the signatures of two signing officers and a corporate resolution or one signing officer under corporate seal. The titles of the officers signing the form should also be shown.
 - (B) A Firm or Partnership - The full name of the Firm or Partnership must be signed, with the signatures of all the partners.
 - (C) A Trustee - The Trustee is signing in a representative capacity and warrants that he or she has the legal authority to bind the entity on whose behalf this document is being executed. The name of the entity must also appear above the signature.
 - (D) If state residence is covered under the Community Property provision, the signature of the owner's spouse is required under 'Other Required Signature'. If the owner is divorced or widowed, please provide a copy of the divorce decree or death certificate. Community Property laws are applicable in: AZ, CA, ID, LA, NV, NM, TX, WA, WI.

Note - If the policy has a total death benefit of \$1,000,000.00 or more, signatures on the form(s) must be notarized. The Company reserves the right to require that a notarial declaration be completed to certify the validity and authority of any signatures. Any forms which require a notarial declaration cannot be sent in via facsimile; the originals must be received at the office of the Company.

We have the right to ask for additional information or documentation.

3. **RELATIONSHIP** - The relationship of the beneficiary to the life insured is requested for the purposes of identification. If no relationship to the life insured exists, indicate "no relation" and show any other information which would help to identify the beneficiary.
4. **ABSOLUTE ASSIGNMENT FOR IRREVOCABLE OR "PREFERRED" BENEFICIARIES** - This form can also be used by an irrevocable or "preferred" beneficiary to release their interest in the policy. This form should be signed by the irrevocable or "preferred" beneficiary if they wish to release their interest in the policy.
5. If this form is to be used to change the beneficiary in a Family Plan Policy, or a policy with a Spousal and/or Child Term Rider, please indicate that the Designation of Beneficiary is for the Rider.

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