



8515 East Orchard Road 9T2
Greenwood Village, CO 80111
(888) 353-2654

REQUEST FOR ELECTRONIC FUNDS TRANSFER

I request the privilege of paying premiums or premiums and the policy loan to the Great-West Life & Annuity Insurance Company under its Pre-Authorized Payment Plan and I authorize the Company to draw a draft each month on my account for this purpose on the policies shown on the reverse side of this form.

Subject to the following conditions:

1. Such draft shall be drawn each month to cover premiums falling due in such month.
2. While the Pre-Authorized Payment Plan is in effect, the Company will not mail notices of premiums falling due on such policies and the canceled drafts will constitute receipts for payment of such amounts.
3. The Pre-Authorized Payment Plan will terminate:
 - a. If any such draft is not honored by the bank when presented for payment (there will be a notation on bank statement), or if the Company has refunded the amount of such draft to the bank upon request of the bank for a refund. The termination shall take effect upon the last day of grace unless the Pre-Authorized Payment Plan is reinstated by written notice given by the Company to the undersigned.
 - b. Upon 30 days written notice by the undersigned Company or by the Company to the undersigned.

Dated at _____ this _____ day of _____, Year _____

Depositor's Signature

Depositor's Signature

POLICY NO. OR APPLICATION DATE	NAME OF INSURED	PAYMENT AMOUNT/FREQUENCY

AUTHORIZATION TO HONOR ELECTRONIC DRAFTS BY GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

Name of Depositor

(Please print Name as shown on Bank Records)

To

(Name of Bank)

(Address of Bank Branch)

You are hereby authorized, as a convenience to me, to pay and charge to my account drafts drawn on my account by and payable to the order of GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY for the payment of premiums, provided there are sufficient collected funds in such account to pay the same upon presentation. I agree that your rights in respect to each such draft shall be the same as if it were a draft drawn on you and you signed personally by me. This authority is to remain in effect until revoked by me in writing, and until

you actually receive such notice, I agree that you shall be fully protected in honoring any such draft. I further agree that if any such draft be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Account No.:	Bank Signature of Bank Depositor:
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Date:	Bank Signature of Bank Depositor:
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INDEMNIFICATION AGREEMENT

TO: BANK NAMED ON REVERSE SIDE HEREOF

In consideration of your compliance with the request and authorization of the depositor named on the reverse side hereof, GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY agrees that:

1. It will hold harmless and indemnify you from and against any loss which you may suffer as a consequence of your actions in connection with or resulting from the issuance and execution of any check, draft or order, whether or not genuine, purporting to be executed by Great-West Life & Annuity Insurance Company and received by you in the regular course of business for the purpose of payment.
2. It will, in the event that any such draft is dishonored by you, whether or without cause, and whether intentionally or inadvertently, hold harmless and indemnify you from and against any loss mentioned in paragraph 1, hereof, whether or not such dishonor result in a forfeiture of the policy contract.
3. It will, at your request, defend at its own cost any action or actions which might be brought by any depositor or by any other person or persons against you or anyone else, and which arise in any manner out of the participation by you in the Pre-Authorized Payment Plan of the Great-West Life & Annuity Insurance Company.
4. It will refund to you any amount erroneously paid by you to Great-West Life & Annuity Insurance Company on any draft mentioned in paragraph 1.

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

PLEASE ATTACH VOIDED CHECK																			
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NAME OF DEPOSITOR

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ACCOUNT NUMBER

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