



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

LIFE POLICY SURRENDER REQUEST

INSURED

REGISTERED REPRESENTATIVE

SURRENDER POLICY FOR SURRENDER VALUE (Separate request for each policy-complete Section 2 below if applicable)

1. I/We, the undersigned, hereby surrender this Policy No.: _____ for its surrender value. It is understood that the Company's liability for death benefits ends on the date of this request and liability will be restricted to the payment of surrender value, if any. The undersigned hereby authorizes that the interest of any revocable beneficiary be changed to the undersigned. Unless indicated Section 3 below, payment of the surrender value is to be made to the owner and any irrevocable beneficiary jointly, or if the policy is collaterally assigned, payment is to be made to the collateral assignee.

The undersigned declares that no proceedings or insolvency have ever been commenced that affects the title to the policy.

IMPORTANT: THIS TRANSACTION MAY BE TAXABLE.

If the surrender value is greater than the total premiums paid, you will incur a taxable gain. In accordance with current Federal tax laws, the Company must provide you this notice and report all gains to the IRS. Also, unless you direct otherwise, the Company must withhold 10% of the gain. If you elect not to have withholding apply, you may be subject to penalties if your withholding and estimated payments are not sufficient.

Make your Federal Income Tax withholding election below.

- DO NOT WITHHOLD ANY FEDERAL INCOME TAX FROM THIS SURRENDER.
- DO NOT WITHHOLD (IF THERE IS A GAIN)

2. FOR CORPORATE OWNED POLICIES - BOARD AUTHORIZATION

The undersigned certifies that a meeting of the Board of Directors was held which authorized the surrender of the above policy and authorized the officer who signed below to take action on behalf of the corporation.

3. PAYEE FOR SURRENDER IF OTHER THAN OWNER

Name: _____
 Address: _____

 _____ ZIP _____

ISSUE SEPARATE CHECKS
 \$ _____ Payable to _____
 \$ _____ Payable to _____
 \$ _____ Payable to _____

4. SPECIAL INSTRUCTIONS

POLICY OWNER'S SIGNATURE	SOCIAL SECURITY NUMBER	DATE SIGNED
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COLLATERAL ASSIGNEE'S SIGNATURE (if applicable)	DATE SIGNED
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IRREVOCABLE BENEFICIARY'S SIGNATURE(if applicable)	DATE SIGNED
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IF CORPORATE OWNED, MUST BE SIGNED BY EXECUTIVE OFFICER. PLEASE INDICATE CORPORATE NAME AND TITLE. IF OWNED BY PARTNERSHIP, MUST BE SIGNED BY INSURED AND PARTNER OTHER THAN INSURED.

Great-West Life & Annuity Insurance Company's Variable Products (formerly Canada Life Insurance Company of America) are underwritten by GWFS Equities, Inc., 8515 East Orchard Road, Greenwood Village, CO 80111.

GWFS Equities, Inc. is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.