



Regular Mail to:
Great-West Life & Annuity Insurance Company
Attn: Annuity Administration
PO Box 173920
Denver, CO 80217-3920
(800) 905-1959

Overnight Mail to:
Great-West Life & Annuity Insurance Company
Attn: Annuity Administration
8515 E Orchard Road 8T2
Greenwood Village, CO 80111
(800) 905-1959

MINIMUM DISTRIBUTION FORM

Owner Name _____ Date: _____
Owner Social Security No. _____ Annuity Number _____
Owner Address: Street _____ City _____ State _____ Zip _____
Owner Phone Numbers: Daytime _____ Evening _____

I elect to receive the following automatic withdrawal from my Great-West Life & Annuity Insurance Company (GWLA) annuity policy. A distribution based on GWLA's analysis of the IRS rules regarding Required Minimum Distributions.

Single Life Joint Life

If you wish to designate your spouse as beneficiary, please complete the following:

Joint Life Information

Name _____ SS No. _____
Date of Birth _____ Relationship _____

Life Expectancy Calculations for Required Minimum Distribution

Life expectancy will be recalculated annually for the policy owner and, if joint life was selected above, the oldest beneficiary.

Frequency of Withdrawal

Annually Semi-annually Quarterly Monthly One time minimum distribution

I would like the first withdrawal on ____/____/____.

We hereby authorize the Company to initiate withdrawals from my Policy, via Electronic Funds Transfer, as indicated below.

Select One: Checking (attach voided check) Savings (attach deposit slip)

** Please note: for all one time minimum distribution requests the fees are as follows, Electronic Funds Transfer \$15.00, Wire \$40.00**

If check is to be forwarded to an address other than the address listed above, please provide the information below.

Street _____
City _____ State _____ Zip Code _____

Please allow up to 10 business days for receipt of payment by check and 3 to 5 business days for electronic funds transfer.

IMPORTANT NOTICE REGARDING TAX WITHHOLDING: Read carefully before completing Section E

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.

E. Federal Tax Withholding (If this section is not completed, Federal Income Tax will be withheld at 10%. State Income Tax may also be withheld if required.)

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, GWLA 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.

Signatures

X _____
Owner / Trustee **Title**

X _____
Joint Owner / Trustee **Title**

All other parties holding a legally enforceable interest under the annuity must sign here (i.e. irrevocable beneficiaries, collateral assignees, security interest holders, court ordered interest holders)

X _____
Holder of Interest (i.e. irrevocable beneficiaries, collateral assignees, court ordered interest holders) **Interest Held**

Signed at _____ this _____ day of _____, _____
(city, state) (day) (month) (year)