



**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**

**Non-Financial Service Request Form**

Owner Name \_\_\_\_\_ Date: \_\_\_\_\_

Owner Social Security No. \_\_\_\_\_ Annuity Number \_\_\_\_\_

Owner Address:  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Phone Numbers:  
 Daytime \_\_\_\_\_ Evening \_\_\_\_\_

**1.  Change of Address  Change Annuitant Name  Name change of Owner** (Ownership Change see below)  
 From: \_\_\_\_\_

Name and Address

To: \_\_\_\_\_

Name and Address

Reason For Change: \_\_\_\_\_ Effective Date of Change \_\_\_\_\_

**Supporting Documentation**

- a legible certified or notarized copy of valid Government issued photo ID is attached.
- legal documentation for any name changes is attached (i.e. copy of marriage license, divorce decree, trust extract, etc)

**2. (Non-qualified Contracts Only)  Add Joint Annuitant\*  Remove Joint Annuitant\*  Change of Annuitant\***

I (we), the present Owner(s) of the above numbered policy, hereby revoke any previous designation of annuitant and hereby designate as the annuitant of the said policy effective in accordance with the policy provision, the following:

Annuitant Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

Full Name: \_\_\_\_\_

Address : \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**3. (Non-qualified Contracts Only)  Add Joint Owner\*  Remove Joint Owner\*  Change of Ownership\***

I (we), the present Owner(s) of the above numbered policy, hereby revoke any previous designation of owner and hereby designate as the owner of the said policy effective in accordance with the policy provision, the following:

Owner Social Security or Taxpayer ID Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Owner \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Supporting Documentation:**

- If ownership is changing to a trust a notarized copy of either the Trust or an Affidavit of Trust form is attached.
- If ownership is changing to an individual a legible certified or notarized copy of valid Government issued photo Identification is attached.

**Notes:**

- If you transfer ownership of this policy to a minor, you should be aware that no changes can be made to the policy until the minor attains the age at which he or she acquires the capacity to contract for such annuity.
- This change of ownership is not a change of beneficiary or annuitant. The present designation of beneficiary, annuitant and method of payment will remain in effect unless changed by the new owner during the lifetime of the annuitant.
- This transfer of ownership shall take effect immediately and shall automatically revoke any previous designation.

**4. Q Change of Beneficiary\***

I (we), the present Owner(s) of the above numbered policy, hereby revoke any previous designation of beneficiaries and herewith change the beneficiary to:

|                               | Name and Address | Social Security # | Birthdate | Relationship | % of Benefits |
|-------------------------------|------------------|-------------------|-----------|--------------|---------------|
| <b>Primary Beneficiary</b>    |                  |                   |           |              |               |
|                               |                  |                   |           |              |               |
|                               |                  |                   |           |              |               |
| <b>Contingent Beneficiary</b> |                  |                   |           |              |               |
|                               |                  |                   |           |              |               |
|                               |                  |                   |           |              |               |

\*The company assumes no responsibility for validity or effect of listed changes.

**% of Benefits must total 100%**

**5. Q Change of Annuity Date** (Change must be received at least 30 days prior to current annuity date. Please see prospectus for limitations)

To the first day of \_\_\_\_\_  
Month Year

**Signatures**

X \_\_\_\_\_  
**Owner / Trustee** **Title**

X \_\_\_\_\_  
**Joint Owner / Trustee** **Title**

**Complete this section if requesting a Change of Ownership Only**

X \_\_\_\_\_  
**New Owner / Trustee** **Title**

X \_\_\_\_\_  
**New 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)