



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

VARIFUND AUTOMATIC DOLLAR-COST AVERAGING (DCA) AUTHORIZATION

Owner Name _____ Date: _____

Owner Social Security No. _____ Annuity Number _____

Owner Address: Street _____ City _____ State _____ Zip _____

Owner Phone Numbers: Daytime _____ Evening _____

PLEASE READ BEFORE COMPLETING THIS FORM - NOTE "I", "YOU" MEANS THE POLICYOWNER/TRUSTEE(S)

1. A transfer under this Automatic Dollar-Cost Averaging Program (the "Program") may be from the 1st—28th of the month, once this form is received and accepted by the Company. To allow adequate time for delivery and processing, the start date you choose should be at least one month from the date you complete and mail this form. Subsequent transfers will occur on the same day of the month as the selected start date.
2. To qualify for the Program, a minimum of \$5,000 must be allocated to **any one of the variable sub-accounts or the one year guarantee period of the fixed account (known as the "Disbursement Sub-Account") AND A MINIMUM OF \$250 MUST BE TRANSFERRED AT EACH PERIODIC INTERVAL.** (The company reserves the right to amend its administrative procedures.)
3. If you are submitting this form at the same time you apply for a 1035 exchange to **VariFund™**, we must receive the check from the other insurance company before we can begin the Program.

INSTRUCTIONS:

To initiate or modify the Program, complete sections A, B, C, D, E and G below. To terminate an existing program, complete sections F and G. Please complete and sign below.

A. Select a Dollar Amount

Transfer a total dollar amount of \$ _____ (Minimum of \$250 per transactions).

B. Select the Disbursement Sub-Account or 1 year Fixed Account _____.

C. Select the Destination Sub-Account(s). This section must be completed before the DCA can be set up.

Please select the sub-accounts to which you would like the funds transferred. Total must equal 100%.

- | | | |
|---|---|---|
| _____ % Alger American LargeCap Growth Portfolio O | _____ % Fidelity VIP High Income Portfolio | _____ % Seligman VA Smaller Cap Value Class 2 |
| _____ % Alger American Capital Appreciation Portfolio O | _____ % Fidelity VIP II Index 500 Portfolio | _____ % Van Eck VIP Multi-Manager Alternatives Fund |
| _____ % Alger American MidCap Growth Portfolio O | _____ % Fidelity VIP II Investment Grade Bond | _____ % Van Eck VIP Emerging Markets Fund |
| _____ % Alger American SmallCap Growth O | _____ % Fidelity VIP Money Market Portfolio | _____ % Van Eck VIP Global Hard Assets Fund |
| _____ % Dreyfus VIF Appreciation Portfolio Init | _____ % Goldman Sachs VIT Core US Equity | _____ % Fixed Account (1yr) |
| _____ % Dreyfus VIF Growth & Income Init | _____ % Goldman Sachs VIT Capital Growth | _____ % Fixed Account (3yr) |
| _____ % Dreyfus Socially Responsible Growth Init | _____ % Goldman Sachs VIT Growth & Income | _____ % Fixed Account (5yr) |
| _____ % Fidelity VIP II Asset Manager Portfolio | _____ % NVIT Developing Markets II | _____ % Fixed Account (7yr) |
| _____ % Fidelity VIP II ContraFund Portfolio | _____ % Janus Aspen International Growth – I | _____ % Fixed Account (10yr) |
| _____ % Fidelity VIP Growth Portfolio | _____ % Seligman Communications & Information Class 1 | |
| _____ % Fidelity VIP III Growth Opportunities | _____ % Seligman VA Global Technology Class 2 | |

D. Select a Periodic Interval and Start Date

I would like funds transferred: (Check One) Monthly Quarterly Semi-Annually Annually

I would like the first transfer on _____.
Month/Day/Year

E. Stop Date or Number of Transfers _____. (If left blank, Dollar Cost Averaging will continue until we receive notification to stop this program.)

F. To Terminate an Existing Program

I would like to terminate the Program. (Please sign and date form below.)

G. Please Sign and Date Below

I accept the terms and conditions contained in this form. I understand that the Program will be terminated at Annuitization.

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)