



**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**

**AUTOMATIC BANK DRAFT AUTHORIZATION**

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

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

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

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

By completing this automatic bank draft authorization, you give Great-West Life & Annuity Insurance Company permission to make a deduction from your bank account each month and have those amounts automatically contributed into your annuity contract.

I (we) herby authorize Great-West Life & Annuity Insurance Company (hereinafter called COMPANY) to initiate credit entries into my (our)      **Checking Account/**      **Savings Account (select one)** indicated below at the depository financial institution names below (hereinafter called DEPOSITORY), and to debit the same to such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

_____	_____	_____
<b>Depository Name</b>	<b>Routing Number</b>	<b>Account Number</b>
_____	_____	_____
<b>Branch</b>	<b>City</b>	<b>State/Zip</b>

This authorization is to remain in full force and effect until COMPANY has received 30 days written notification from me (or either of us) of its termination or change to bank/account information in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

**Autopay Instructions**

Withdrawal Date: \_\_\_\_\_ (Withdrawal will be effective the 1<sup>st</sup> of each month, unless otherwise specified.)

Monthly Premium to be withdrawn: \$ \_\_\_\_\_

- I (we) have attached a copy of a voided check for the above referenced account

**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** **Interest Held**

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  

(city, state)
(day)
(month)
(year)