



**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**

**TRILLIUM 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 on any given day 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, or if that date is not a business day, the next business day.
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 **Trillium™**, 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 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

**B. Select a Dollar Amount**

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

**C. Select the Disbursement Sub-Account or 1 year Fixed Account \_\_\_\_\_.**

**D. 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%.

- |  |   |                              |
|--|---|------------------------------|
| _____ % Maxim Money Market Fund                    | _____ % Seligman VA Global Technology Class 1     | _____ % Fixed Account (3yr)  |
| _____ % Seligman VA Common Stock                   | _____ % Seligman VA Smaller Cap Value Class 1     | _____ % Fixed Account (5yr)  |
| _____ % Seligman VA Capital Class 1                | _____ % Seligman VA Large - Cap Value             | _____ % Fixed Account (7yr)  |
| _____ % Seligman VA International Growth           | _____ % Seligman VA Investment Grade Fixed Income | _____ % Fixed Account (10yr) |
| _____ % Seligman VA Communications and Information | _____ % Fixed Account (1yr)                       | _____                        |

**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

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Owner / Trustee	Title
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X

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Joint Owner / Trustee	Title
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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

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Holder of Interest (i.e. irrevocable beneficiaries, collateral assignees, court ordered interest holders)	Interest Held
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Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(city, state) (day) (month) (year)