



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® FINANCIAL SERVICE FORM

Owner Name _____ Date: _____

Owner Social Security No. _____ Annuity Number _____

Owner Address: Street _____ City _____ State _____ Zip _____

Owner Phone Numbers: Daytime _____ Evening _____

The OWNER hereby REQUESTS and DIRECTS THE COMPANY to make the following changes:

1. Change in PAC Premium

From: \$ _____ To: \$ _____ (Minimum PAC premium is \$100, \$50 if IRA)

2. Automatic Rebalancing (Please complete Section 3 if you would like to change your current allocations)

I/We hereby authorize the Company to provide portfolio rebalancing services as indicated below:

Frequency of Rebalancing: Monthly Quarterly Semi-Annually Annually

Start Date: _____ (Unless indicated will commence on the earliest possible business day)

3. Allocation of A) Current and/or B) Future Net Premiums

The amount of net premium to be applied to each elected sub-account and/or Fixed Account. The allocations will apply to all net premiums received until the owner changes the allocation by written notice as specified in policy.

Key to Sub accounts

- | | | |
|--|---|------------------------------|
| _____ % 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) | |

4. Transfer Among Sub-Accounts and/or Fixed Accounts Note: See Policy for Restrictions

From		Amount	To		Amount
<input type="radio"/>	_____	<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____	<input type="radio"/>	_____
<input type="radio"/>	_____	<input type="radio"/>	_____	<input type="radio"/>	_____

Dollars Or Percent FROM **Dollars Or Percent TO (Total must equal 100% of Transfer)**

5. Cash Surrender (Be Sure to Complete Important Notice Below)

I hereby request cash surrender of the above numbered policy, in accordance with the policy provisions.

Contract: Original enclosed Original lost or destroyed. If Lost or Destroyed: I certify that the contract is lost or destroyed. In addition, I certify that the contract has not been assigned or pledged as collateral.

Make Check Payable To: Owner Other _____

For full transfer please submit new carrier's direct transfer form or absolute assignment form and letter of acceptance.

6. Partial Withdrawal (Be sure to Complete Important Notice Below) Note: See Policy for Restrictions

Amount: \$ _____ 10% Free Amount 10% Free Amount + Gain
 Gross Net

Note: If left unmarked, amount requested will be considered the Gross Amount

Make Check Payable To: Owner Other _____

For partial transfer please submit new carrier's direct transfer form or absolute assignment form and letter of acceptance.

Please withdraw funds from: Pro-rata Liquidation As designated below:

	Sub-Account	Amount or %		Sub-Account	Amount or %
	<input type="radio"/> _____	<input type="radio"/> _____		<input type="radio"/> _____	<input type="radio"/> _____
Dollars	<input type="radio"/> _____	<input type="radio"/> _____		<input type="radio"/> _____	<input type="radio"/> _____
Or	<input type="radio"/> _____	<input type="radio"/> _____		<input type="radio"/> _____	<input type="radio"/> _____
Percent	<input type="radio"/> _____	<input type="radio"/> _____		<input type="radio"/> _____	<input type="radio"/> _____
FROM	<input type="radio"/> _____	<input type="radio"/> _____		<input type="radio"/> _____	<input type="radio"/> _____
	<input type="radio"/> _____	<input type="radio"/> _____		<input type="radio"/> _____	<input type="radio"/> _____

Withdrawals from Fixed Accounts may be subject to Market Value Adjustments.

7. Mailing/Deposit Instructions (If nothing else is indicated in this section, your payment will be sent via regular mail.)

- Electronic Funds Transfer (ACH) Fee \$15.00. Include void check (Fee will be deducted from your policy).
- Overnight Fee \$25.00 (Fee will be deducted from your policy).
- Wire Transfer Fee \$40.00. Include void check. (Fee will be deducted from your policy).

Allow 1-3 business days for wire transfers and 3-5 business days for electronic funds transfer (ACH). Allow 7-10 mailing days for receipt of funds via regular mail.

Complete the following if the payment is to be mailed to a mailing address other than the one specified on the first page of this form:

_____	_____	_____
Address	City	State/Zip Code

IMPORTANT: NOTICE OF WITHHOLDING READ CAREFULLY MUST BE COMPLETED FOR SECTION 5 OR 6

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.

Tax Withholding: (If a box is not checked, Federal Income Tax will automatically 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.

PART B – 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)

Note: Signature Guarantee is required for withdrawals of \$100,000.00 or more