

GREAT-WEST LIFE & ANNUITY
INSURANCE COMPANY

Great-West® SecureFoundationSM
Individual Deferred Annuity Application

Application Form

Great-West Lifetime Advantage IRASM Solution

Check only one box:

☐ 740501-01 Traditional IRA

☐ 740501-R3 Roth IRA

Owner Information

Last Name		First Name	MI	Social Security Number	
Address – Number & Street				Email Address	
City		State	Zip Code	Mo Day Year <input type="checkbox"/> Female <input type="checkbox"/> Male	
() Home Phone		() Work Phone		Date of Birth	

Required Signature – By signing below, I hereby apply for this Individual Deferred Annuity Contract (“Contract”) for my Individual Retirement Account. I understand that the Contract will be held in the name of my IRA Custodian/Trustee on my behalf.

Great-West® SecureFoundationSM Owner Signature _____ Date _____

Owner forward to Service Provider at:
Great-West Life & Annuity Insurance Company
P.O. Box 1700
Denver, CO 80217
Express Address:
8515 E. Orchard Road, Greenwood Village, CO 80111
Phone#: 1-877-317-6586
Fax#: 1-866-633-5212

FOR MAINE AND WASHINGTON RESIDENTS It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefit.