

Regular Mail to:
Great-West Life & Annuity Insurance
Company
Attn: RROC
PO Box 173920
Denver, CO 80217-3920
Phone: (800) 838-0650 option 2
Fax: (866) 442-3887

Overnight Mail to:
Great-West Life & Annuity Insurance
Company
Attn: RROC
8515 E Orchard Road 8T2
Greenwood Village, CO 80111
Phone: (800) 838-0650 option 2
Fax: (866) 442-3887



WITHDRAWAL REQUEST FORM

Owner Name _____ Group _____

Owner _____
Social Security No. _____ Ext _____ Annuity Number _____

Owner Address:
Street _____ City _____ State _____ Zip _____

Owner Phone Numbers:
Daytime _____ Evening _____

1. PERIODIC WITHDRAWAL REQUEST (Not available on Claims) (Minimum withdrawal amount for each payment is \$100)
Complete Sections 1, 4, 5 & 6 to request periodic withdrawals under your annuity.

Allow 10 business days for initial set-up.

Payments to be made every ☐ 1 month ☐ 3 months ☐ 6 months ☐ 12 months Payment Start Date: _____
(Mon/Day/Year)

If the payment start date has passed, the first payment will be processed the date we receive the request in good order. Future payments will be made on the next scheduled payment date based on the requested start date.

Please check one of the following:

☐ Period Certain (Payments continue for a specified period of time.) for _____ months

☐ Payment Certain (Payments of a specific dollar amount.) \$ _____

You may have your distribution withdrawn either on a pro-rata basis among your active sub-accounts or by specific percentages from designated sub-accounts. **Percentages must be whole numbers and must total 100%.**

A. ☐ Pro-rata liquidation OR B. ☐ Liquidate by sub account as shown below

2. PARTIAL WITHDRAWAL REQUEST (Minimum withdrawal amount is \$500)
Complete Sections 2, 4, 5 & 6 to request a partial withdrawal under your annuity.

I, the undersigned, hereby elect to make a partial withdrawal under the Partial Withdrawal Benefit provision of the above referenced Annuity in the amount of:

\$ _____ (OR _____ % of Account Value).

PLEASE NOTE: Whenever a partial withdrawal is elected, the Annuity Account Value may not drop below \$2,000. Therefore, the maximum amount available for a partial withdrawal is the annuity surrender value, as described in the annuity, less \$2,000.

You may have your distribution withdrawn either on a pro-rata basis among your active sub-accounts or by specific percentages or dollar amounts from designated sub-accounts. **Percentages must be whole numbers and must total 100%.**

A. ☐ Pro-rata liquidation OR B. ☐ Liquidate by sub account as shown below. Please check ☐ % or ☐ dollar amount.

3. FULL SURRENDER REQUEST
Complete Sections 3, 4, 5 & 6 to request a full surrender

Please Check One:

☐ I have enclosed the original annuity.

☐ I have not enclosed the original annuity, as it has been lost or misplaced.

4. 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 Courier 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)
- ☐ Deposit to Schwab Brokerage Account (ACH for no charge) _____ – _____

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

I (we) hereby authorize Great-West Life & Annuity Insurance Company, its subsidiaries and third party processor (hereinafter called COMPANY) to initiate credit entries into my (our) **Checking Account or Savings Account (select one below)** indicated on the attached voided check at the depository financial institution named, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

- ☐ **Checking Account**
- ☐ **Savings Account (select one)**

5. NOTICE OF WITHHOLDING AND INCOME TAX WITHHOLDING INFORMATION

The taxable portion of this distribution is subject to Federal Income Tax withholding at a rate of 10% unless you elect to not have withholding apply by checking the appropriate box below. In some states it is required we withhold state tax if we withhold Federal Tax.

If you elect not to have withholding apply to your distribution or if you do not have enough Federal Income Tax withheld from your distribution, you may be responsible for payment of estimated tax. You also may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Your election will remain in effect until you revoke it by written notification to the COMPANY. Amounts withdrawn prior to the date on which the owner (and joint owner) is/are age 59 1/2 years will be subject to premature distribution penalty taxes in addition to ordinary income tax.

Please Note: If you do not check the box "Please do not Withhold Federal Income Tax," Federal Income Tax will be withheld from the taxable portion of your distribution at a rate of 10%. Any required State Income Tax Withholding will also be withheld.

- ☐ Please Do Not Withhold Federal Income Tax
- ☐ Please Withhold Federal Income Tax at a rate of 10%
Plus Additional (\$ or %) _____
- ☐ Please Do Not Withhold State Income Tax (If allowed)
- ☐ Please Withhold State Income Tax at a rate of:
(Indicate \$ or %) _____

6. SIGNATURES

Withdrawals in excess of the guaranteed withdrawal amount, called "excess withdrawals", will result in a permanent reduction in future guaranteed withdrawal amounts. If you would like to make an excess withdrawal and are uncertain how an excess withdrawal will reduce your future guaranteed withdrawal amounts, then you may contact us prior to requesting the withdrawal to obtain a personalized, transaction specific calculation showing the effect of the excess withdrawal.

I understand the withdrawal requested on this form will be processed in accordance with the provisions of the annuity. I have read the section in the annuity titled Surrenders and Partial Withdrawals.

I hereby verify that no judicial proceedings, including bankruptcy proceedings, have been initiated or are pending against the Owner.

SIGNATURE OF POLICYOWNER

DATE

SIGNATURE OF JOINT OWNER (if any)

DATE

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):

HOLDER OF INTEREST

DATE

INTEREST HELD

DATE

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY OF NEW YORK