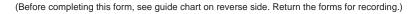
Change of Joint/Contingent Owner





With respect to policy number			issued by The Great-West Life Assurance Company and/or			
Great-West Life & Annuity Insurance Con	npany ("Company	") on the life of _				
Current Policy Owner Marital Status: 🔲 S	Single 🔲	Married \Box	Divorced \Box	Widowed		
(If Married,	Divorced or Widow	ed - see Communi	ty Property section,	Page 2 - #4)		
Joint Owner			Contingent Owner			
☐ Remove ☐ Add/Cha	nge			Remove	☐ Add/	/Change
New Joint or Contingent Owner's Name in Full						
Street Address	S City, Province/State					Postal/Zip Code
Social Security No. or Federal Identification No.			P	hone Number		
 NOTES: This change of ownership is not a in effect unless changed by the ne If designating a Contingent Owner This transfer of ownership shall take Owner. 	ew owner during the r, this request shall t	e lifetime of the insutake effect upon the	red. e death of the Owner	r if the Conting	ent Owner is t	then living.
If the undersigned is signing in a rep whose behalf this document is being		y, the undersigned	warrants that he or s	he has the au	thority to bind	the entity on
Policy Owner(s)	Date	Polic	/ Owner(s)			Date
NEW Policy Owner(s)	Date	NEW	Policy Owner(s)			Date
Irrevocable or Preferred Beneficiary (if any)	Date	Irrevo	ocable or Preferred Ben	eficiary (if any)		Date

PO Box 85056 Lincoln, NE 68501-5056

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INSTRUCTIONS

- TRANSFER OF OWNERSHIP RIGHTS This form can be used to change or remove a joint or contingent owner on an individual policy issued in the United States. The form should be signed by the current owner(s) of the policy, the new owner(s) of the policy (if any) and by any irrevocable or "preferred" beneficiary.
 - NOTE If you are unsure whether the beneficiary under your policy is irrevocable or "preferred", please check with the Head Office of the Company or with your local field office.
- 3. SIGNATURES when this form is signed by:
 - (A) A Corporation The full name of the Corporation must be signed, with the signatures of two signing officers and a corporate resolution or one signing officer under corporate seal. The titles of the officers signing the form should also be shown.
 - (B) A Firm or Partnership The full name of the Firm or Partnership must be signed, with the signatures of all the partners.
 - (C) Note If the policy has a total death benefit of \$1,000,000.00 or more, signatures on the form(s) must be notarized. The Company reserves the right to require that a notarial declaration be completed to certify the validity and authority of any signatures. Any forms which require a notarial declaration cannot be sent in via facsimile; the originals must be received at the office of the Company.
- 4. If state of residence is covered under the Community Property provision, the signature of the owner's spouse is required under "Other Required Signature". If the owner is divorced or widowed, please provide a copy of the divorce decree or death certificate.

 Community Property laws are applicable in: AZ, CA, ID, LA, NV, NM, TX, WA, WI

ADDRESS

Individual Life:

The Great-West Life Assurance Company PO Box 85056 Lincoln, NE 68501-5056 Great-West Life & Annuity Insurance Company PO Box 85056 Lincoln, NE 68501-5056

GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY THE GREAT-WEST LIFE ASSURANCE COMPANY

PO Box 85056 Lincoln, NE 68501-5056

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