

# Change of Joint/Contingent Owner

(Before completing this form, see guide chart on reverse side. Return the forms for recording.)



With respect to policy number \_\_\_\_\_ issued by The Great-West Life Assurance Company and/or Great-West Life & Annuity Insurance Company ("Company") on the life of \_\_\_\_\_

Current Policy Owner Marital Status:  Single  Married  Divorced  Widowed  
 (If Married, Divorced or Widowed - see Community Property section, Page 2 - #4)

<b>Joint Owner</b>	<b>Contingent Owner</b>
<input type="checkbox"/> Remove <input type="checkbox"/> Add/Change	<input type="checkbox"/> Remove <input type="checkbox"/> Add/Change

\_\_\_\_\_  
New Joint or Contingent Owner's Name in Full

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\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, Province/State

\_\_\_\_\_  
Postal/Zip Code

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\_\_\_\_\_  
Social Security No. or Federal Identification No.

\_\_\_\_\_  
Phone Number

**NOTES:**

- This change of ownership is not a change of beneficiary. The present designation of beneficiary and method of payment will remain in effect unless changed by the new owner during the lifetime of the insured.
- If designating a Contingent Owner, this request shall take effect upon the death of the Owner if the Contingent Owner is then living.
- This transfer of ownership shall take effect immediately and shall automatically revoke any previous designation of a Joint/Contingent Owner.

If the undersigned is signing in a representative capacity, the undersigned warrants that he or she has the authority to bind the entity on whose behalf this document is being executed.

Policy Owner(s)	Date	Policy Owner(s)	Date
NEW Policy Owner(s)	Date	NEW Policy Owner(s)	Date
Irrevocable or Preferred Beneficiary (if any)	Date	Irrevocable or Preferred Beneficiary (if any)	Date

**GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY**  
**THE GREAT-WEST LIFE ASSURANCE COMPANY**  
 PO Box 85056  
 Lincoln, NE 68501-5056

## INSTRUCTIONS

1. **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

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## 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

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