



**CLIENT INFORMATION**  
**For**  
**POLICY CHANGES AND REINSTATEMENT**

Policy Number	
Life Insured	
Date of Birth	
Place of Birth	
Insured Social Security Number	
Insured Address	
Insured Phone Number	
Policy Owner	

\_\_\_\_\_

Signature of Insured

\_\_\_\_\_

Date

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

Administrative Services Office  
PO Box 85056, Lincoln, NE 68501-5056  
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