GREAT-WEST LIFE & ANNUITY
INSURANCE COMPANY OF NEW YORK

GREAT-WEST FINANCIAL™

LOAN REQUEST

Policy Number _____ Name of Policy Owner _____ Social Security or Tax ID Number _____

Street Address _____ ❑ Check here if new address Phone Number with Area Code _____

Please Select One: (this section must be completed)

❑ U.S. Citizen ❑ U.S. Resident Alien

❑ U.S. Non-Resident Alien or Other: Country of Residence: _____ (required)

❑ Check here if the above address is a new address for the policy owner

I/We request a policy loan under the policy loan provision subject to the policy terms and conditions for:

❑ $ _____ (or the amount available, if less) ❑ The Maximum Amount

❑ Issue Check ❑ Wire ❑ Other _____

NOTE: A $50.00 service fee will be charged for wire transactions. This service fee will be deducted from the amount requested and the balance will be wired. A copy of a void check is required.

The interest rate applicable will be the fixed rate or variable rate depending on the provision contained in the policy contract.

SIGNATURE REQUIREMENTS:

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.

Under penalty of perjury, I certify that the Social Security Number (or Taxpayer Identification Number) as shown on Page 1 of this form is correct, that I am a U.S. person if I marked U.S. Citizen or U.S. resident alien box on Page 1 of this form, and that I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends **(cross out (b) if you have been notified by the IRS that you are currently subject to backup withholding)**, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Policy Owner(s) _____ Date _____ Policy Owner(s) _____ Date _____

Assignee / Irrevocable Beneficiary (if any) _____ Date _____ Other Required Signature (if any) _____ Date _____

LOAN REPAYMENT

If you currently pay your premium by pre-authorized payment you may elect to increase your existing pre-authorized amount by $ _____ each month which will be applied towards the policy loan beginning on your next withdrawal date.

If you currently pay your premium by direct billing you will receive a bill for the loan interest due on the policy anniversary.

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 _____

Great-West Life & Annuity Insurance Company of New York
Administrative Service Office
PO Box 174392
Denver, CO 80217-4392

INSTRUCTIONS:

- Mark the box for each change or service you are requesting.
- This form and all signatures MUST be in ink. Any correction to the information presented must be crossed out and initialed.
- SIGNATURE REQUIREMENTS:
  - The owner's signature is required for all requests.
  - If a Corporation is Owner, signatures and titles of two officers as well as a corporate resolution is required, or of one officer under Corporate Seal.
  - If the Owner is a Trust, the Trustee(s) must sign the form. The Trustee(s) is/are signing in a representative capacity and warrants that he or she has the legal authority to bind the entity on whose behalf the document is being executed. The name of the entity must also appear over the signature. A completed Affidavit of Existence of Trust must accompany this request.
  - If the policy has a total death benefit of $1,000,000.00 or more, or the requested loan is $100,000.000 or more, signatures on the form must be notarized or guaranteed and the original documents must be received. We cannot accept faxes or requests via email.
  - The signatures of Irrevocable Beneficiary(ies) and Assignee(s), if applicable, are required for all requests. If the assignee is a Corporation, signatures and titles of two officers as well as a corporate resolution is required, or of one officer under Corporate Seal.
- 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.