



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 calling our Client Services department at 1-800-526-2295.

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

Mailing Address:
PO Box 174392
Denver, CO 80217-4392

Phone Number:
1-800-526-2295
Fax Number:
1-888-588-3888
Email:
Lifeadmin@Greatwest.com

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.
 - ◆ Spousal Consent: If you reside in or established this policy in a community or marital property state such as Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington or Wisconsin, your spouse may be required to consent to the changes requested. It is your responsibility to determine whether spousal consent is required and failure to secure the necessary spousal consent may invalidate all or a portion of your change request. If you have any questions about this potential requirement, the Company strongly advises that you consult with your tax and/or legal advisor. By signing this form, you represent and warrant that your spouse has consented to this change request as applicable. Further, you agree to indemnify and hold the Company harmless from the consequences of making the changes requested in this form.