



BENEFICIARY DESIGNATION

| | |
|---------------------|---|
| Policy Number _____ | Name of Life Insured or Annuitant _____ |
|---------------------|---|

The policy owner revokes any previous beneficiary designations and instructions. The policy owner designates revocably the following beneficiaries to receive any policy proceeds payable on and after the death of the life insured:

Policy Owner Marital Status: Married Single Divorced Widowed
 (If Married, Divorced or Widowed, see Instructions - page 2, section 2D)

PRIMARY BENEFICIARY(IES) - in equal shares, unless otherwise provided below: (Indicate % for each beneficiary = 100%)

| | | |
|------------------------------|---------------------|--------------------|
| Full Name _____ | Address _____ | Relationship _____ |
| Social Security Number _____ | Date of Birth _____ | Phone Number _____ |
| Percentage _____ | | |

| | | |
|------------------------------|---------------------|--------------------|
| Full Name _____ | Address _____ | Relationship _____ |
| Social Security Number _____ | Date of Birth _____ | Phone Number _____ |
| Percentage _____ | | |

| | | |
|------------------------------|---------------------|--------------------|
| Full Name _____ | Address _____ | Relationship _____ |
| Social Security Number _____ | Date of Birth _____ | Phone Number _____ |
| Percentage _____ | | |

| | | |
|------------------------------|---------------------|--------------------|
| Full Name _____ | Address _____ | Relationship _____ |
| Social Security Number _____ | Date of Birth _____ | Phone Number _____ |
| Percentage _____ | | |

If no Primary Beneficiary survives the life insured, then the proceeds will be paid to:

CONTINGENT BENEFICIARY(IES) - in equal shares, unless otherwise provided below: (Indicate % for each beneficiary = 100%)

| | | |
|------------------------------|---------------------|--------------------|
| Full Name _____ | Address _____ | Relationship _____ |
| Social Security Number _____ | Date of Birth _____ | Phone Number _____ |
| Percentage _____ | | |

| | | |
|------------------------------|---------------------|--------------------|
| Full Name _____ | Address _____ | Relationship _____ |
| Social Security Number _____ | Date of Birth _____ | Phone Number _____ |
| Percentage _____ | | |

| | | |
|------------------------------|---------------------|--------------------|
| Full Name _____ | Address _____ | Relationship _____ |
| Social Security Number _____ | Date of Birth _____ | Phone Number _____ |
| Percentage _____ | | |

MINOR CLAUSE - TRUSTEE FOR CHILDREN:

| | | |
|------------------------------|---------------------|--------------------|
| Full Name _____ | Address _____ | Relationship _____ |
| Social Security Number _____ | Date of Birth _____ | Phone Number _____ |

is hereby appointed as Trustee to receive any payment due on or after the life insured's death to any beneficiary designated in this form who is a minor child on the date such payment falls due.

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 _____ |
|-----------------------|------------|-----------------------|------------|

| | | | |
|---|------------|---|------------|
| Irrevocable or Preferred Beneficiary (if any) _____ | Date _____ | Other Required Signature (if any) _____ | Date _____ |
|---|------------|---|------------|

This designation is subject to the provisions on Page 2. The Company assumes no responsibility for the validity or effect of this designation. Designation is not valid until received and recorded by the Company.

PROVISIONS

1. **DECEASED BENEFICIARIES** - Unless otherwise provided in this form, the interest of any deceased beneficiary shall be shared by the surviving beneficiaries then entitled, in equal shares, or shall fall to the last surviving beneficiary. All payments which fall due on and after the death of the last survivor of the beneficiaries shall be payable to the estate of that last survivor, except that if no beneficiary survives the life insured, such payments shall be payable to the policy owner, if living, otherwise to the policy owner's estate.
2. **OPTIONAL SETTLEMENT ELECTION BY BENEFICIARY** - If any beneficiary appointed herein becomes entitled to any policy proceeds and elects to have such proceeds paid under one of the Optional Settlements in the policy, then any benefits payable under the Optional Settlement so elected shall be payable to that beneficiary, if living, otherwise to the beneficiary's estate.
3. **ASSIGNEE** - Payment of policy proceeds to any beneficiary is subject to the interest of any assignee.
4. **CHILD OR CHILDREN** - The terms "child" or "children" used in this form shall include any legally adopted child or children unless otherwise indicated in this form by the policy owner.
5. **TRUST AGREEMENT IN EFFECT** - If the Trustee(s) under a written Trust Agreement (other than the "Minor Clause" in this form) are appointed as beneficiary, The Company reserves the right to require proof satisfactory to it of the existence of the Trust, prior to payment of any policy proceeds to such Trustee(s). If the trust is not in effect at the time such payment falls due, then payment shall be made to the succeeding entitled beneficiary(ies) as provided in this form.
6. **TRUSTEE DISCHARGE** - The Company shall not be responsible for the application, disposition or use of any policy proceeds paid to any Trustee(s) designated herein. The receipt of the Trustee(s) shall be a full discharge to the Company for the amount of the payment.

INSTRUCTIONS

1. **USE THIS FORM** for a change of beneficiary under an individual policy issued in the United States. The form should be dated and signed by the current owner(s) of the policy. A separate form should be used for each policy.
2. **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) **A Trustee** - The Trustee is signing in a representative capacity and warrants that he or she has the legal authority to bind the entity on whose behalf this document is being executed. The name of the entity must also appear above the signature.

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.

We have the right to ask for additional information or documentation.

3. **ABSOLUTE ASSIGNMENT FOR IRREVOCABLE OR "PREFERRED" BENEFICIARIES** - This form can also be used by an irrevocable or "preferred" beneficiary to release their interest in the policy. This form should be signed by the irrevocable or "preferred" beneficiary if they wish to release their interest in the policy.
4. If this form is to be used to change the beneficiary in a Family Plan Policy, or a policy with a Spousal and/or Child Term Rider, please indicate that the Designation of Beneficiary is for the Rider.
5. **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, and did not designate your spouse as primary beneficiary, your spouse may be required to consent to such designation.

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 beneficiary designation. 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 such designation as applicable. Further, you agree to indemnify and hold the Company harmless from the consequences of making the changes requested in this form.

ADDRESSES

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