



Canada Life

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POLICY SERVICE REQUEST

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 a disbursement of \$100,000.00 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.
- ◆ If you are completing Section 7 Partial Withdrawal/Surrender of Funds or Section 8 Full Surrender, Section 9 Notice of withholding must be completed. If Section 9 is left blank, we will automatically withhold the applicable amount.
- ◆ If the owner of this policy is a non-resident alien, please include a completed W-8BEN form.

OWNER INFORMATION

POLICY NUMBER: (Required)		
NAME:		
ADDRESS <input type="checkbox"/> Check here if new address		
SOC. SECURITY OR TAX ID NUMBER:		
PHONE NUMBER:		
PREFERRED CONTACT METHOD: (E-MAIL, PHONE, FAX)		
PLEASE SELECT ONE: (This section must be completed)	<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> U.S. Non-Resident Alien or Other Country of Residence: (required) _____
	<input type="checkbox"/> U.S. Resident Alien	
INSURED INFORMATION		
NAME:		
DATE OF BIRTH:		
SOC. SECURITY OR TAX ID NUMBER:		

1. DIVIDEND CHANGE

CHANGE the dividend option to:

- Cash
- Accumulate at Interest
- Repay Policy Loan
- Reduce Premium (Annual Billing Only)
- Paid-Up Addition

NOTE: If changing to PAID-UP ADDITION, evidence of insurability will be required.

2. CHANGE METHOD OF PREMIUM PAYMENT

- Annual
 - Semi-Annual
 - Quarterly
- For Monthly Pre-Authorized Payment, complete Authorization for Pre-Arranged Credits/Debits form

For Universal Life Policies Only:

Amount of Periodic Universal Life payment to be billed: _____

3. REQUEST FOR CONVERSION OF TERM INSURANCE

- Convert Base
- Convert Rider (specify Rider):

Convert All OR \$ _____

- Any remaining term insurance under the Policy is to be:
- cancelled as of date of conversion
 - continued under original policy

NEW POLICY HEREBY APPLIED FOR

Face Amount: _____

Smoker? Yes No

NOTE: To request a change from Smoker/Tobacco to Non-Tobacco rates, please complete Part B of Form 26US along with a HIPAA and Physicians Information form.

Continue Waiver of Premium? Yes No Automatic Premium Loan, if available? Yes No

Continue Accidental Death Benefit? Yes No

Premiums Annually

To Be Paid: Monthly Pre-Authorized Payment Pre-Authorized Payment Form Attached

Add to Pre-Authorized Payment under Policy: _____

NOTE: If electing Monthly Pre-Authorized Payment, the first premium must be paid by check.

4. MISCELLANEOUS POLICY CHANGE

Reduce the base coverage to: \$

NOTE: A \$50 fee may be applicable for this change.

- Cancel the following benefits/riders:
- Waiver of Premium
 - Accidental Death Benefit
 - Other Insured/Spousal Rider
 - Term Rider
 - Child Rider
 - Guaranteed Insurability Rider
 - Paid-Up Addition Rider
 - Other:

Change to a Reduced Paid-Up Policy For \$, or maximum if different.

- Change to Extended Term Insurance
- Change the Annual Premium PUA to paid-up
- Change X Rider to Paid-Up Insurance
- Change Plus rider to Paid-Up Insurance
- Other:

5. ELECTION OF NON-FORFEITURE OPTION

The Owner elects the following Non-Forfeiture option to take effect on the due date of the premium in default:

- Automatic Premium Loan Extended Term Insurance Reduced Paid-up Life Insurance

Amount of Reduced Paid-up Life / Extended Term Insurance will be determined at the time the premium is in default. A taxable gain may occur at the time the Non-Forfeiture option takes effect.

6. CHANGE ON UNIVERSAL LIFE POLICIES

- Change the death benefit option from Increasing to Level
- Change the death benefit option from Level to Increasing

NOTE: The Death Benefit will be reduced by the total amount of the cash value on the effective date of the change.

A fee may be applicable for this change.

7. PARTIAL WITHDRAWAL/SURRENDER OF FUNDS (Select one item from each column below)

Column A	Column B	Column C	Column D
Withdraw/Surrender: <input type="checkbox"/> <input style="width: 150px; height: 20px;" type="text"/> <input type="checkbox"/> The Maximum Amount	From: <input type="checkbox"/> UL Cash Value <input type="checkbox"/> Dividend Accumulation <input type="checkbox"/> Paid-Up Additions <input type="checkbox"/> Single Premium PUA <input type="checkbox"/> Annual Premium PUA <input type="checkbox"/> Plus Rider <input type="checkbox"/> X Rider <input type="checkbox"/> X Rider PUA <input type="checkbox"/> EZ Rider PUA <input type="checkbox"/> Other: <input style="width: 150px; height: 20px;" type="text"/>	<input type="checkbox"/> Issue Check Apply Towards: <input type="checkbox"/> Premium Due <input type="checkbox"/> Loan Interest Due <input type="checkbox"/> Policy Loan <input type="checkbox"/> Premium & Loan Interest Due	<input type="checkbox"/> On This Policy <input type="checkbox"/> On Policy Numbers: <input style="width: 150px; height: 20px;" type="text"/> <input style="width: 150px; height: 20px;" type="text"/> <input style="width: 150px; height: 20px;" type="text"/>

NOTE: Withdrawing cash value from your policy may result in a reduction in your death benefit and/or taxable benefit. From the partial surrender we will deduct a service fee, as specified in your contract. A partial surrender on a policy with a level death benefit option will reduce the specified amount.

If Section 7 is completed, you must complete Section 9 as well.

8. FULL SURRENDER

NOTE: Full surrender will cancel the Policy and the insurance it provides. Applicable surrender charges may reduce the value received upon the termination of this life insurance policy. Surrender may also trigger a taxable gain.

If Section 8 is completed, Section 9 must also be completed.

Will this surrender be used to fund the issue of another annuity or life insurance product? YES NO

- I elect to surrender the policy for its cash value. The entire liability of Canada Life Assurance Company of America except for the net cash value is hereby discharged and terminated as of the date they receive the request. On that date, the surrendered insurance ends.

The policy to be surrendered should be enclosed. Check one:

- I have enclosed the original policy. I have not enclosed the original policy, as it has been lost or misplaced.

9. NOTICE OF WITHHOLDING

NOTE: You must complete this section if Section 7 or 8 is completed. If this section is left blank we will automatically withhold the applicable amount.

- I DO NOT want to have Federal/State Income Tax withheld from my Withdrawal/Surrender.
 I DO want to have Federal/State Income Tax withheld from my Withdrawal/Surrender.

Even if you elect not to have Federal/State Income Tax withheld, you are liable for payment of Federal/State Income Tax on the taxable portion of your surrender. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not sufficient.

SIGNATURES

I/We understand that:

- ♦ If the named beneficiary has irrevocable status, he/she must also sign below to consent to the surrender.
- ♦ If the policy has been assigned, the assignee must first release his/her interest if the cash surrender value is to be applied to another policy. If the cash surrender value is to be paid in cash, the check will be payable jointly to the policy owner(s) and the assignee(s).

The undersigned certifies that the policy is not subject to any lien, assignment or legal claim and that they are not currently involved in pending bankruptcy proceedings.

IT IS HEREBY AGREED THAT:

This application and such other material as may be required herewith will form the basis of the contract evidenced by the new policy.

I/we, the undersigned, hereby agree that this request form will be the basis for the change requested and will form a part of the policy.

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 2 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 2 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

Notary / Other Required Signature (if any)

Date