



Canada Life

ABBREVIATED PREMIUM REQUEST FORM

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

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

Insured Name _____ Date of Birth _____ Place of Birth _____

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

In the following sections, "Company" means Great-West Life and "Owner" means the legal Owner of the Policy

Disclosure

The term "abbreviated premiums" refers to the process of having dividends and/or cash value of existing dividend credits applied to the payment of both current and future premiums as they come due on the anniversary date of a policy. This method of managing policy premiums should NOT be confused with "Paid-Up" which means no further premiums are due and which guarantees the continuation of coverage regardless of future dividends.

The policy owner, when requesting abbreviated premiums, should be aware that dividends and dividend credits may NOT be sufficient to pay premiums at some point in the future. If paid in sufficient amounts, dividends WILL reduce the number of annual payments that must be paid in cash. HOWEVER, if the annual dividends paid in the future are reduced or eliminated, CASH PAYMENTS MAY BE REQUIRED TO CONTINUE COVERAGE, according to the terms of the policy. If at any time the dividends are insufficient to pay the annual premium in full, the dividend option will be changed to Premium Reduction and the policy owner will be billed for the balance due.

Dividends and any figures depending on them, reflect investment, mortality, expense and federal income tax experience. Any policy illustration or other written or verbal communication of the status of past or current dividends should not be construed as guarantees nor estimates for the future.

Dividends paid will reflect actual experience and are subject to changes in the rate of return on the Company's new investments and may differ from any past or current dividend illustrated.

This change will take effect on the next policy anniversary. If the policy is not already paid to the next anniversary date, a withdrawal for the amount needed will be made from the dividends on the policy to pay the premium to the next policy anniversary.

I hereby acknowledge that I have read the above disclosure. I understand that future dividends and dividend credits, if any, may not be sufficient to pay premiums as they come due, and that additional cash premium payments may be required to continue coverage, according to the terms of the above policy.

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

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

Mailing Address:
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, 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.