



Change of Joint/Contingent Owner

(Before completing this form, see guide chart on reverse side. Return the forms for recording.)

With respect to policy number _____ issued by The Canada Life Assurance Company("Company") on the life of _____

Current Policy Owner Marital Status: Single Married Divorced Widowed

(If Married, Divorced or Widowed - see Community Property section, Page 2 - #4)

Joint Owner	Contingent Owner
<input type="checkbox"/> Remove <input type="checkbox"/> Add/Change	<input type="checkbox"/> Remove <input type="checkbox"/> Add/Change

New Joint or Contingent Owner's Name in Full

Street Address City, Province/State Postal/Zip Code

Social Security No. or Federal Identification No. Phone Number

NOTES:

- This change of ownership is not a change of beneficiary. The present designation of beneficiary and method of payment will remain in effect unless changed by the new owner during the lifetime of the insured.
- If designating a Contingent Owner, this request shall take effect upon the death of the Owner if the Contingent Owner is then living.
- This transfer of ownership shall take effect immediately and shall automatically revoke any previous designation of a Joint/Contingent Owner.

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

NEW Policy Owner(s) Date NEW Policy Owner(s) Date

Irrevocable or Preferred Beneficiary (if any) Date Irrevocable or Preferred Beneficiary (if any) Date

INSTRUCTIONS

1. **TRANSFER OF OWNERSHIP RIGHTS** - This form can be used to transfer ownership rights under an individual policy issued in the United States. The form should be signed by the current owner(s) of the policy, the new owner(s) of the policy and by any irrevocable or "preferred" beneficiary.
2. **ABSOLUTE ASSIGNMENT** - This form can also be used by an irrevocable or "preferred" beneficiary to assign his/her interest in the policy to the Policy Owner. The form should be signed only by the irrevocable or "preferred" beneficiary(ies).

NOTE - If you are unsure whether the beneficiary under your policy is irrevocable or "preferred", please check with the Head Office of the Company or with your local field office.

3. **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) **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.
 - (D) **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.

ADDRESS

Individual Life:

The Canada Life Assurance Company
PO Box 174392
Denver, CO 80217-4392

Phone: 1-800-526-2295
Email: Lifeadmin@Greatwest.com