

FIRST GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY EMPLOYER – TRUSTEE STATEMENT

RE:

Name of Plan

THE UNDERSIGNED AGREE THAT:

- 1. First Great-West may deal with the Trustee(s) of the above mentioned Plan in accordance with the terms of this statement.
- 2. The Trust has been duly executed and is in effect and authorizes those Trustee(s) as indicated below to purchase the type and amount of insurance policies and/or annuity contracts (hereafter referred to as Policies) which will be applied for, and to exercise ownership rights thereunder, First Great-West may rely on the signature of the Trustee(s) indicated below until otherwise notified in writing. The Trustee(s) has consulted with counsel to the extent deemed necessary with respect to the above mentioned Plan.
- 3. First Great-West is not a party to this Plan nor is it the plan administrator or plan sponsor, nor is it a fiduciary with respect thereto, and First Great-West will not be required to provide any administrative services in connection with the Plan or Trust. Nothing in the Trust, or in any other agreement, shall in any way be construed to enlarge, change, vary or in any way effect the obligation of First Great-West as expressly provided herein. First Great-West shall not be responsible for any failure of the Trustee(s) to perform the duties of the Trustee(s) nor for the application of disposition of any monies paid to the Trustee(s). Such payment will fully discharge First Great-West for the amount of so paid.
- 4. First Great-West will deal with the Trustee(s) (or their authorized agents) in accordance with the terms of it Policies without the consent of any other person(s) interested in the Plan and Trust. First Great-West 's responsibility and liability shall be limited to performance under the terms of it Policies issued pursuant to the application herein. Any determination made by First Great-West in accordance with the terms and conditions of Policies issued by it shall be determinative and conclusive of First Great-West's liability.
- 5. First Great-West is not responsible for the initial or continuing qualification of this Plan and is issuing Policies to the Trustee(s) on the assumption that First Great-West will be furnished with a copy of an IRS determination letter for the Plan and that the Trustee(s) will provide such copy promptly upon receipt.
- 6. First Great-West will be promptly advised that (1) if this Plan loses its qualifications; (2) of the changes in the Trustees of the Plan; and (3) of any changes in the data shown on this form.

Authorized Signature – Check one () Any one Trustee	() Majority of Trustees	() All Trustees
() The Trustee(s) indicated on line(s) [Insert (a), (b), (c), (d), and (e) as appropriate]		
Signature(s) is (are) required in the application for Policies and the exercise of ownership rights thereunder.		
(a)		_
(b)		_
(c)		_
(d)		_
(e) (Signature of all Trustees)	(Print name)	_
Date I hereby certify that all of the Trustees of the above named plan have signed above.		
Print Name of Employer		-
Business Address		
Authorized Signature of Employer	Title	