



Administrative Service Office
P.O. Box 989
Buffalo, NY 14240-0989

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...
3. First Great-West is not a party to this Plan nor is it the plan administrator or plan sponsor...
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.
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 _____