



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

TO: FIRST GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

DISCLAIMER FOR LIFE ONLY AND JOINT LIFE ONLY ANNUITIES

\_\_\_\_\_  
Application Number

\_\_\_\_\_  
Policy Number

RE: THE PURCHASE OF A LIFE ONLY OR A JOINT LIFE ONLY ANNUITY IN  
ACCORDANCE WITH THE ABOVE NUMBERED APPLICATION OR POLICY.

I have given full consideration to all factors involved in this transaction and have consulted with my own advisors. I fully understand that the annuity payments under the contract will be payable during my/and my spouse's life times ONLY and that after my/our deaths, no further payments will be made.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Annuitant

\_\_\_\_\_  
Witness