

ADVANCE PAYMENT REQUEST

EMPLOYER'S STATEMENT

Group Policy No.: _____ Certificate No.: _____ Div.: _____

Name of Insured: _____

Address: _____
Street City Province Postal Code

Total Basic Life Insurance Coverage: \$ _____

The amount available will be equal to 50% of the above amount or \$50,000.00, whichever is less.

Date of Employment: _____ Date Last Worked: _____

Salary or Wages as of Date Last Worked: _____

Reason for Leaving: _____

Occupation: _____

I authorize the release of an advance payment of basic life insurance proceeds outside of the terms of this group policy.

Date: _____
Signature and Official Title

Protecting your Personal Information

At The Great-West Life Assurance Company (Great-West Life), we recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. This file is kept in the offices of Great-West Life or the offices of an organization authorized by Great-West Life. You may exercise certain rights of access and rectification with respect to the personal information in your file by sending a request in writing to Great-West Life. Great-West Life may use service providers located within or outside Canada. We limit access to personal information in your file to Great-West Life staff or persons authorized by Great-West Life who require it to perform their duties, to persons to whom you have granted access, and to persons authorized by law. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Personal information that we collect will be used for the purposes of determining your eligibility for coverage and administering the group benefits plan. This includes investigating and assessing claims, and creating and maintaining records concerning our relationship. For a copy of our Privacy Guidelines, or if you have questions about our personal information policies and practices (including with respect to service providers), write to Great-West Life's Chief Compliance Officer or refer to www.greatwestlife.com.

INSURED'S STATEMENT

To be eligible for this benefit, you must be suffering from a terminal illness and have a life expectancy of 24 months or less. After you have signed this statement below, your physician should complete the attending physician's statement on the next page.

I expressly consent, authorize and direct any physician, surgeon or any other person who has examined me, and every hospital or other institution where I have received treatment to disclose to the Company or its duly authorized representative any knowledge or information thereby required. A photocopy of this authorization shall be as valid as the original.

Date: _____
Signature