

Plan Member/Spouse Section

If your Great-West group life insurance has been terminated or reduced, you may be entitled to purchase a conversion life insurance policy, without providing medical evidence of insurability if:

- > it is within the provisions of your group insurance contract, and
- > your completed application for conversion individual insurance and the first premium in full is received by Great-West or Freedom 55 Financial within **31 days** after your group insurance terminates or reduces.

You can also apply for an individual insurance policy, which provides more flexible and personalized coverage; however, you will be required to provide medical evidence of insurability satisfactory to the insurer. If you apply for a Great-West or Freedom 55 individual life insurance policy within 31 days of your group insurance reduction/termination, and you do not qualify medically, we will automatically proceed with a conversion life insurance policy that does not require medical evidence.

To convert your group life insurance to a Great-West or Freedom 55 conversion or individual life insurance policy, you must contact a Great-West or Freedom 55 Financial security advisor and provide him/her with this form. If your current advisor is licensed to sell Great-West or Freedom 55 products, he/she can assist you in the conversion process. Otherwise, please contact the advisor listed below, or visit our Web sites at www.greatwestlife.com and click on *Contact Us - Contact someone* or www.freedom55financial.com and click on *Contact Us* to find The Resource Centre or Freedom 55 Financial office in your area.

Plan Administrator Section

Complete the fields below, give one copy of this form to the plan member upon termination or reduction of coverage, and keep one copy for your files.

1. Financial Security Advisor Information (if applicable)

Conversion Contact	Telephone No. ()	Fax No. ()
Address		

2. Plan Member/Spouse Information

Plan Member's Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Month Day Year
Spouse's Name (if eligible for spousal conversion)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Month Day Year
Address		Telephone No. ()

3. Group Life Insurance Information

Group Policy Name:					
		Policy No.:	Reduced/Terminated Amount:	Combined Conversion Maximum:	Date Insurance Reduced/Terminated (Month/Day/Year)
Plan Member	Basic		\$	\$	(Month/Day/Year)
	Optional		\$		(Month/Day/Year)
	Supplementary		\$		(Month/Day/Year)
Spouse	Basic		\$	\$	(Month/Day/Year)
	Optional		\$		(Month/Day/Year)

4. Plan Administrator Information

Date (Month/Day/Year)	Name of Plan Administrator (Please print)
Telephone No. ()	Plan Administrator signature