

Completing the Application

Please read the step-by-step instructions / tips on how to complete the immediate annuity application. If you indicate, "Same as Owner?" or "Same as Annuitant?" then it is not necessary to complete the remainder of that section. **Please be sure to properly complete the entire application as this will enable faster processing.**

- 1. Owner(s) Information:** Identify type of owner. Gender is required for individual owners. Verify name, date of birth, social security number, and all other contact information.
- 2. Annuitant(s) Information:** This section is used for measuring the life of the annuity. Complete only if annuitant is different than owner and/or joint owner. If two annuitants are named, be sure to indicate how payments are to be made in Section 2C.
- 3. Payee(s) Receives Annuity Payments (Referred to as Beneficiary in the Contract):** This information will cover who will receive annuity payments as provided in the contract. Complete only if different from owner and annuitant. Be certain the correct name(s) and address are provided in this section (or designated in the Owner section).
- 4. Contingent Beneficiary:** Receives remaining certain period benefit payments or the appropriate refund (lump sum or installment) upon death of the beneficiary as provided in the contract. If the owner wishes to name more than three beneficiaries, suggest naming the estate. Additional beneficiaries may be listed in Section 8 Additional Information or list the beneficiaries on a separate sheet of paper signed by the owner. Designate specific '% of Annuity Payments' as instructed in the application.
- 5. Premium Information:** Indicate total amount that will be submitted with the application as well as any estimated premium from 1035 exchanges or transfers. Source of premium will determine the contract type issued. Be sure to select all sources, but only within ONE Contract Type. (i.e. Non-Qualified)
- 6. Annuity Payment:** Choose only one payment type that is available in the owner's resident state. Before making a decision, please consult your tax advisor or financial professional regarding tax treatment of funding choice.

For all life contingent payment types:

- Proof of birth date is required for each annuitant:

Primary Proofs of Birth Date (Only 1 is needed)

- Driver's License
- Birth Certificate
- Passport
- Naturalization Record
- Baptismal Record that is signed shortly after birth

Secondary Proofs of Birth Date (Must provide 2)

- Marriage License
- Social Security Records – not card
- Census Records
- Employment Records
- Family Bible Record

- If two annuitants are named, a joint and survivor annuity contract will be issued.

- 7. Annuity Payment Frequency:** Confirm the owner's wishes for frequency of annuity payments. Submit valid illustration quote matching the premium to the annuity payment amount. Be sure to complete the W-4P form included in this kit for all applications. Remember direct deposit is a convenient way to receive automatic annuity payments. If desired, be sure to complete the Electronic Funds Transfer form included in this kit.
- 8. Additional Information/Special Requests:** Open section for information such as:
 - Adding additional contingent beneficiaries
 - Requesting Annual Increase payments (non-qualified contracts only)
 - Adding a Non-assignable endorsement to contract (non-qualified contracts only)
 - To specify if an exact annuity payment is desired * (i.e. \$1,000.00 / month)
* Note: This request may change the first payment date or the premium required.
- 9. Fraud and Disclosure Statements:** Review the state fraud notices that apply to the owner's resident state.
- 10. Owner Signature(s):** Be sure the owner completes the entire section including **questions in bold type**. All owners must sign the application. If a Power of Attorney, officer of a company, or a Trustee signs the application as the owner; the title must be included with the signature. Indicate state in which the application was signed and state where the contract will be delivered.
- 11. Agent Signature:** Be sure to complete the entire section, answer all **questions in bold type**, and sign.
- 12. Where to Mail Application:** Send all documentation to the appropriate address using regular or express mail as listed on the application. The agent is responsible for ensuring all funds are received before the rate scale expires (or within lock-in window for funds transfer).



GE Financial

www.gefinancialpro.com

Single Premium Immediate Annuities

Issued by
General Electric Capital Assurance Company
Lynchburg, VA

Subject to the terms of Policy Form No.19556 et al. and GE-8010 et al.

Single Premium Immediate Annuity (SPIA) Form Requirements		New Business	1035 Exchanges	Qualified Plan Transfers	Annuitizations
Acknowledgment Form No. 19670	Required for all cases. (Note: form includes non-refund annuity acknowledgment and 10% IRS penalty tax disclosure for owners age 59 1/2 or younger.) Must be notarized if the annuitant's age is 85 or older (Age 80 or older in Utah).	✓	✓	✓	✓
Application Form No: 19657--All states except AZ, CT and NJ 19657A--CT and NJ 19657AZ--AZ	Photocopy is acceptable if all signatures on the application are originals.	✓	✓	✓	
Proof of Date of Birth	Required for Life Contingent cases. A driver's license or birth certificate is acceptable.	✓	✓	✓	✓
Withholding Statement Form No. W-4P.ANN	Required for all cases for tax withholding.	✓	✓	✓	✓
Electronic Funds Transfer Form No. GEFA EFT.ANN	Please include a voided check to prevent errors in processing. Required for electronic transfer or direct deposit.	✓	✓	✓	✓
Annuity Wire Transfer Instructions Form No. GECA-AWTI	Provides wire transfer instructions.	✓	✓	✓	
Replacement Form	See state replacement matrix on the back of this form.	✓	✓	✓	
Producer Guide and Application Kit Form No. 19632 et al.	Includes all forms necessary to submit SPIA business. Check for state availability.	✓	✓	✓	
Certificate of Trustee Powers Form No. GEFA-CTP	Required when a Trust is listed on a SPIA application as Owner, Beneficiary or Contingent Beneficiary. Title must be included as part of the trustee's signature.	✓	✓		✓
Copy of the Trust*	A Copy of the Trust will be required instead of a Certification of Trustee Powers Form if the Contract is Qualified & has the Trust as Contingent Beneficiary.	✓		✓	✓
Declaration of Attorney-In-Fact and copy of Power of Attorney* Form No. DAT	Required when a SPIA Application is completed & signed by an Individual using a Power of Attorney. Title should be included as part of Attorney-In-Fact signature. Subject to legal department review.	✓	✓	✓	✓
Transfer Authorization to SPIA Form No. GECA/FCL SPIA-TA1	Required when GE Capital Assurance is to send an acceptance letter or request the funds. Section 2 includes notice regarding minimum required distribution. Original must be received.		✓	✓	
Existing Contract or Lost Policy Statement	Check Section 4 of Transfer Authorization to SPIA Form. Surrendering company may have required forms.		✓	✓	
Notice Regarding Income Taxes Form No. GEFA TAX-N	Required when requesting a partial 1035 exchange from an annuity or life insurance contract.		✓		
Annuitization Request Form Form No. MC-535-ANN	Required for annuitization of GE Capital Assurance deferred annuities.				✓

*Copy of the Trust and Power of Attorney is subject to the issuing company's legal review.

FOR BROKER/AGENT INFORMATION ONLY. NOT TO BE REPRODUCED OR SHOWN TO THE PUBLIC.

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Single Premium Immediate Annuity Acknowledgment Form

General Electric Capital Assurance Company
6000 Feldwood Road
College Park, GA 30349
New Business Fax: (804) 484-7042

- Form is **REQUIRED** for **ALL APPLICANTS**.
- Complete form prior to purchasing a single premium immediate annuity.
- Form must be signed and submitted with a completed application.

An immediate annuity is designed to provide an immediate guaranteed income.* As such, there are benefits that cannot be changed after the right to examine period. Please complete this form before purchasing a single premium immediate annuity, and submit it with a completed application.

1. Required for All Lifetime Payout Types

If any Lifetime Income Payout is selected, one of the following **MUST** be checked:

- I wish to be considered for impaired risk underwriting and understand that I **MUST** submit medical records on the Annuitant(s) to my agent.
- I do not wish to be considered for the impaired risk feature.

I understand the impaired risk feature is for Annuitants that have a serious medical condition that may reduce life expectancy by 25% or more. (Annuitants must be under age 85.) This feature offers qualified individuals increased income payments or a lower premium cost for a specified life contingent payment amount.

2. Disclosures and Owner(s) Signatures (FORM MUST BE SIGNED)

For all Applicants:

- A.** I understand that I cannot change the Annuity Income Date, Frequency of Payments, the Annuitants, the Guarantee Certain Period if applicable, or the Payment Amount after the right to examine period as stated in the contract.
- B.** I understand that the income paid under this single premium immediate annuity may be subject to income taxation on all or part of each payment and that the use of this income to purchase another insurance contract will not avoid this income tax liability.
- C.** I understand that if I choose the Lifetime Income Only payout, payments will continue for the life of the Annuitant(s) and will end upon the death of the Annuitant(s).

Disclosure when Owner is Age 59½ or Younger, and Certain Only Payment Type:

I understand that because I am younger than age 59 ½, the annuity payments I will receive will generally be reported to me and the Internal Revenue Service (IRS) on Form 1099-R as an "early distribution, no known exception." If an exception applies to my situation, I will need to claim it on my income tax return in order to avoid a **10% penalty** in addition to ordinary income taxes.

By signing below, I acknowledge that I have been strongly advised to consult with a tax professional concerning the taxation of my annuity payments.

I have read and understand the provisions of this form.

_____	X _____	_____
Name of Owner (Please Print)	Signature of Owner (Capacity/Title**)	Date

_____	X _____	_____
Name of Joint Owner, if applicable (Please Print)	Signature of Joint Owner, if applicable	Date

3. If owner is 85 or older (age 80 or older for Utah contracts), NOTARY IS REQUIRED if the Lifetime Income Only Payout is selected.

STATE OF _____

CITY OF _____

On this _____ day of _____ in the year _____, before me _____, a

Notary Public in and for the State of _____ personally appeared _____ known to me to be the person who executed the foregoing and acknowledged to me that he/she executed the same for the purposes therein stated.

* All guarantees are based upon the claims-paying ability of GE Capital Assurance.

**Trustee, Attorney-in-Fact, Guardian, Conservator, Plan Administrator, or Plan Trustee must sign in official capacity (e.g., John Doe, Trustee). Attach appropriate documentation (Certification of Trustee Powers, Declaration of Attorney-In-Fact) or other legal documents.

Single Premium Immediate Annuity Application

General Electric Capital Assurance Company

General Electric Capital Assurance Company (GE Capital Assurance) will provide any additional information you request on the benefits and provisions of the contract. The contract will provide for a period of no less than 20 days after delivery during which you may return it for a return of premium payments. Submit your request to: General Electric Capital Assurance Company, 3100 Albert Lankford Drive, Lynchburg, VA 24501. (For application mailing instructions, see Section 12 - Where to Mail Application.)

1. Owner(s) Information

Individual Partnership Corporation Trust (Attach required Certification of Trustee Powers)

If Owner is not a U.S. citizen, indicate citizenship and residence in Section 8 - Additional Information/Special Requests.

A. Owner Name (First, M.I., Last) Gender M F (Required for individual applicants)

Date of birth or trust date (mm-dd-yyyy)

Social Security no. or EIN

Telephone no.

Address

City

State

Zip code

B. Joint Owner (Optional) Name(First, M.I., Last) There can be only one Owner for an IRA or other Qualified contract.

Gender M F

Spouse Non-Spouse

Date of birth (mm-dd-yyyy)

Social Security no. or EIN

Telephone no.

Address or Same as Owner

City

State

Zip code

2. Annuitant(s) Information

Annuitant is a person on whose life expectancy any life contingent Annuity Payments are based.

A. Annuitant Name (First, M.I., Last) or Same as Owner? Gender M F

Date of birth (mm-dd-yyyy)

Social Security no.

State of Residency

B. Joint Annuitant (Optional) Name(First, M.I., Last) or Same as Joint Owner? Gender M F Relationship to Owner Spouse Non-Spouse

Date of birth (mm-dd-yyyy)

Social Security no.

State of Residency

C. If two Annuitants are named, Annuity Payments will continue to surviving Annuitant as selected below:

Payments will not reduce

Payments will reduce to _____% at the death of Annuitant only

Payments will reduce to _____% at the death of either Annuitant

3. Payee(s) Receives Annuity Payments; referred to as Beneficiary in Contract

Payee is an individual or entity designated by the Owner(s) to receive Annuity Payment(s). Indicate the payee name(s) that should appear on the payment in the space below. If there are additional payees or multiple payee addresses, please indicate in Section 8 - Additional Information/Special Requests. All allocations must equal 100%. No payee can be a minor. Any irrevocable payee designations may be made in Section 8.

A. Payee Name (First, M.I., Last) Must be same as Owner for IRA contracts. Same as Owner? Same as Annuitant?

Date of birth or trust date (mm-dd-yyyy)

Social Security no. or EIN

Telephone no.

B. Payee (Optional) Name(First, M.I., Last) Same as Joint Owner? Same as Joint Annuitant?

Date of birth or trust date (mm-dd-yyyy)

Social Security no. or EIN

Telephone no.

C. Payee(s) Address or Same as Owner?

City

State

Zip code

Single Premium Immediate Annuity Application

General Electric Capital Assurance Company

4. Contingent Beneficiary

Contingent Beneficiary is a person or entity designated to receive Annuity Payments only after all Beneficiaries (listed in Section 3) have died or ceased to exist. A Successor Contingent Beneficiary would receive Annuity Payments in the event all Beneficiaries (listed in Section 3) and all Contingent Beneficiaries have died or ceased to exist. If multiple beneficiaries are named, Annuity Payment designations must total 100% for all Contingent Beneficiaries, and 100% for all Successor Contingent Beneficiaries. Additional beneficiaries and any irrevocable beneficiary designations can be specified in Section 8—Additional Information/Special Requests. If you wish to name more than three beneficiaries, consider naming your estate.

A. Contingent Beneficiary (First, M.I., Last)

Date of birth or trust date (mm-dd-yyyy)	<input type="radio"/> Social Security no. or <input type="radio"/> EIN	% of Annuity Payments
____ - ____ - ____	_____	____ %
Address		

City	State	Zip code
_____	____	_____

B. Contingent Beneficiary (First, M.I., Last) or Successor Contingent (Receives benefits in the event of death of all Contingent Beneficiary(ies))

Date of birth or trust date (mm-dd-yyyy)	<input type="radio"/> Social Security no. or <input type="radio"/> EIN	% of Annuity Payments
____ - ____ - ____	_____	____ %
Address		

City	State	Zip code
_____	____	_____

C. Contingent Beneficiary (First, M.I., Last) or Successor Contingent (Receives benefits in the event of death of all Contingent Beneficiary(ies))

Date of birth or trust date (mm-dd-yyyy)	<input type="radio"/> Social Security no. or <input type="radio"/> EIN	% of Annuity Payments
____ - ____ - ____	_____	____ %
Address		

City	State	Zip code
_____	____	_____

5. Premium Information

GE Capital Assurance reserves the right to only accept premiums within our minimum and maximum premium guidelines.

Total Amount	and/or estimated premium from
Submitted With Application: \$ _____	1035 Exchange(s) or Transfer(s) \$ _____
	(attach Transfer Authorization form)

Annuity to be issued as contract type indicated below based upon source of premium selected within A, B, C or D.

A. Contract Type: Non-Qualified Single Premium Immediate Annuity

Source of premium: Check or Wire Transfer 1035 Exchange from Life Insurance
(Check all that apply) 1035 Exchange from Annuity 1035 Exchange from Endowment

B. Contract Type: Single Premium Immediate Individual Retirement Annuity (Other Than Roth IRA)

Source of premium: Transfer from IRA – By Owner? By Owner's beneficiary?
(Check all that apply) Customer Rollover
 Direct Rollover from Qualified Retirement Plan, 401(k), TSA 403(b), Government 457 Plan
 Other _____

C. Contract Type: Single Premium Immediate Roth Individual Retirement Annuity

Source of premium: Transfer from Roth IRA
(Check all that apply) Customer Rollover of Roth IRA Distribution

D. Contract Type: Single Premium Immediate Qualified Plan Annuity

If Contract is owned by a Plan, then Plan Administrator or Plan Trustee must sign on behalf of Owner in Section 10.

Source of premium: Defined Benefit Plan – Specify retirement benefit \$ _____
(Check all that apply) Defined Contribution Plan

Single Premium Immediate Annuity Application

General Electric Capital Assurance Company

10. Owner Signature(s) QUESTIONS IN BOLD MUST BE ANSWERED.

The undersigned hereby apply to GE Capital Assurance for an Annuity Contract in accordance with the information contained in this application. The undersigned understand that upon acceptance of this application by GE Capital Assurance, they will be bound by the provisions and entitled to the benefits of the Annuity. The undersigned represent to the best of their knowledge and belief that all statements set forth in this application are full, complete, and true as written and are correctly recorded. **The undersigned has read and understand the appropriate fraud and disclosure statement in Section 9 - Fraud and Disclosure Statements, on the previous page.**

Will the proposed annuity replace and/or change any existing annuity or insurance contract? Yes No

Does the proposed annuitant have any existing life insurance policy or annuity contract? Yes No

Owner Signature

Capacity/Title *

____ - ____ - ____
Date of signature (mm-dd-yyyy)

State in which application was signed ____ **State in which contract is to be delivered** ____

Joint Owner Signature (if applicable)

Capacity/Title (if applicable) *

____ - ____ - ____
Date of signature (mm-dd-yyyy)

* Trustee, Attorney-in-Fact, Guardian, Conservator, Plan Administrator or Plan Trustee must sign in official capacity (e.g., John Doe, Trustee). Attach appropriate documentation (Certification of Trustee Powers, Declaration of Attorney-In-Fact) or other legal documents.

11. Agent Signature QUESTIONS IN BOLD MUST BE ANSWERED.

By signing, you certify that the above signature(s) are genuine and that all information contained in this application is true to the best of your knowledge and belief.

Do you have reason to believe that the proposed annuity will replace any existing annuity or insurance contract? Yes No

Does the proposed annuitant have any existing life insurance policy or annuity contract? Yes No

If the answer to any question above is yes, replacement forms and/or additional forms may be required. Check for specific state requirements.

Print Agent/Broker Name(First, M.I., Last)

Social Security no.

State License no.

GE Capital Assurance Agent/Broker no.

____ - ____ - ____
Telephone no.

____ - ____ - ____
Fax no.

Address

City

State

Zip code

Agency Name (Firm appointed by GE Capital Assurance)

Agency Telephone no.

e-mail address

Agent/Broker Signature _____

____ - ____ - ____
Date of signature (mm-dd-yyyy)

12. Where To Mail Application

Send all completed paperwork and required documentation as follows:

Overnight/Express Mail:

General Electric Capital Assurance Company
6000 Feldwood Road
Lockbox # 281001
College Park, GA 30349

Regular/First Class Mail:

General Electric Capital Assurance Company
P.O. Box 281001
Atlanta, GA 30384-1001

Please make check payable to **General Electric Capital Assurance Company.**



W-4P Withholding Form For Annuity Payments

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First Colony Life Assurance Company • General Electric Capital Assurance Company
GE Life and Annuity Assurance Company

If completed at time of application, send to:

REGULAR/FIRST CLASS MAIL: P.O. Box 281001, Atlanta, GA 30384-1001
OVERNIGHT/EXPRESS MAIL: 6000 Feldwood Road, Lockbox # 281001, College Park, GA 30349
TOLLFREE NUMBER: 888 322-4629

If completed after contract is issued, send to:

REGULAR/FIRST CLASS MAIL: P.O. Box 10716, Lynchburg, VA 24506-0716
OVERNIGHT/EXPRESS MAIL: 3100 Albert Lankford Drive, Lynchburg, VA 24501

I. Tax Withholding Information

Your payments are subject to Federal income tax withholding unless you elect not to have withholding apply. You make this election on form W-4P, and your election stays in effect until you change or revoke it. You may revoke your election at any time by providing a signed and dated revocation (Form W-4P) to the Company. Form W-4P can be obtained by calling the Company at the toll free number listed above. Withholding applies to the taxable portion of your payments.

If you elect not to have withholding apply to your payments or if you do not have enough Federal income tax withheld from your payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

NOTICE: If you need assistance in figuring your personal exemptions, A Personal Allowance Worksheet is available by contacting the above toll free number and asking for a government issued Form W-4P.

NO, I do not want any tax withheld. *Proceed to Section II.*

YES, I do want tax withheld. *Complete the following required information:*

Please indicate your marital status and the number of withholding exemptions you want:

Marital Status: Single Married Married, but withhold at higher Single rate

Number of withholding exemptions: _____

IN ADDITION TO THE WITHHOLDING INDICATED ABOVE, I want the following amount withheld from each annuity payment.

\$ _____

II. Agreement

By signing below, I certify under penalties of perjury that:

The number shown below is my correct taxpayer identification number (or I am waiting for one to be issued to me); and

Signature of Owner	Taxpayer ID Number	Date	Contract Number
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Electronic Funds Transfer Form

GE Financial family of companies

First Colony Life Insurance Company • General Electric Capital Assurance Company • GE Life and Annuity Assurance Company

If completed at time of application, send to —

REGULAR/FIRST CLASS MAIL: P.O. Box 281001 • Atlanta, GA 30384-1001

EXPRESS MAIL: Lockbox 281001 • 6000 Feldwood Road • College Park, GA 30349

If completed after contract is issued, send to —

REGULAR/FIRST CLASS MAIL: P.O. Box 6158 • Lynchburg, VA 24505-6158

EXPRESS MAIL: 3100 Albert Lankford Drive • Lynchburg, VA 24501

- Bank/brokerage information required to process request
- Attach voided check, deposit slip, or copy of bank account agreement for account referenced

1. Payee Information

Annuity contract payee must be one of the signatories on the bank account. If contract payee is a trust, the signatory on the bank account must be the trust.

Name: _____ Contract/Policy Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

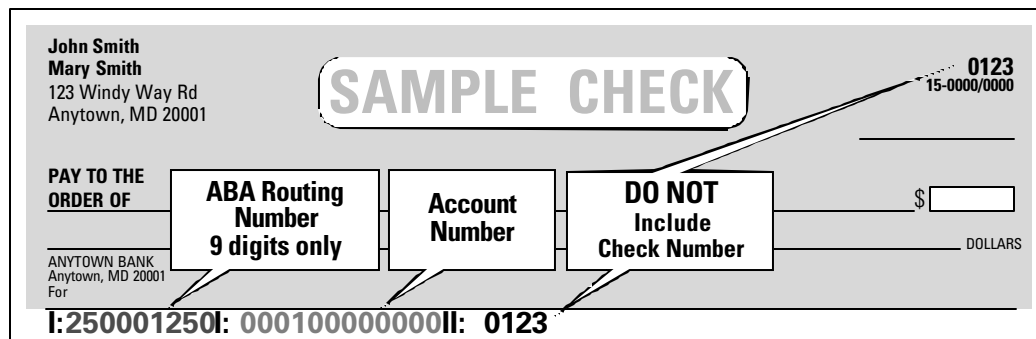
2. Payee Bank Information – REQUIRED

Bank Name: _____ Bank Phone Number: _____

Bank Address: _____ City: _____ State: _____ Zip: _____

My ABA Routing Number: _____ My Account Number: _____

(See sample check below for routing/account number explanation) Checking Savings Money Market (Complete Section 3)



Note: The routing and account numbers may be in different places on your check. To verify routing number for savings accounts, call your financial institution.

3. Payee Brokerage Information – REQUIRED ONLY IF FUNDS ARE TRANSFERRED TO A BROKERAGE ACCOUNT

Brokerage Firm: _____ My Brokerage Account Number: _____

Broker Name: _____ Broker Phone Number: _____

4. Authorization

I request that the insurer ("Company") which issued the contract identified above make future contract payments by electronic funds transfer to the account number at the financial institution ("Bank" or "Brokerage") identified above ("my account"). I authorize Company and Financial Institution to deposit (credit) contract payments to my account and to charge (debit) against my account any payment deposited by Company to my account in error. I represent and warrant that I am an owner of my account and have the power and authority to execute the above request and grant of authority. I represent and warrant that neither this request nor the electronic transfer of funds to my account will contravene any statute, regulation, court order, contract or other law. I represent and acknowledge that multiple parties may have the power to withdraw funds from my account and that once funds are deposited to my account Company shall have no control over, or responsibility or liability for, the disposition of such funds. I represent and warrant that this request is made solely for my convenience and is revocable by delivery of my written revocation to Company. Company may accept or reject this request without cause or explanation in its sole discretion and, if Company accepts this request, Company may rescind (withdraw) its acceptance at any time without cause or explanation. On behalf of myself, my heirs and my assigns, I hereby release, hold harmless and agree to indemnify Company from any liability, and the costs associated therewith, arising from Company's acceptance of this request and, if accepted, Company's subsequent rescission of such acceptance.

Payee's Signature

Fiduciary Capacity Title*

Month/Day/Year

Second Payee's Signature (if applicable)

Fiduciary Capacity Title*

Month/Day/Year

* Trustee, Attorney-in-Fact, Guardian or Conservator must sign in official capacity (e.g. John Doe, Trustee).

If signing as Attorney-In-Fact (POA), must send Declaration of Attorney-In-Fact Form.

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Certification of Trustee Powers

First Colony Life Insurance Company • General Electric Capital Assurance Company • GE Life and Annuity Assurance Company

If completed at time of application, send to —

REGULAR/FIRST CLASS MAIL: P.O. Box 281001 • Atlanta, GA 30384-1001

EXPRESS MAIL: Lockbox 281001 • 6000 Feldwood Road • College Park, GA 30349

If completed after contract is issued, send to —

REGULAR/FIRST CLASS MAIL: P.O. Box 6158 • Lynchburg, VA 24505-6158

EXPRESS MAIL: 3100 Albert Lankford Drive • Lynchburg, VA 24501

Policy/Contract No: _____

Trust Information

1. The full title of the trust to which this Certification applies is:

Example: "Jones Family Trust"

2. The date of the trust is: _____

The date of the latest Trust Amendment, if any, is: _____

3. The Grantor(s) of the Trust is/are: _____

4. Type of Trust: Irrevocable Revocable Charitable Remainder Trust (CRT)

5. Employer Identification Number (EIN): _____

or

Grantor's Social Security Number (SSN): _____

(Grantor Trust defined by Section 671 of the Internal Revenue Code)

Authorized Individuals/Transactions

6. The Trust Agreement authorizes you to accept orders and other instructions from: (please check one)

a. any one Trustee independently

b. both co-trustees must authorize

c. multiple Trustees all must authorize

Authorized Transactions

7. I/we certify that I/we have the power under the Trust Agreement and applicable law to purchase and exercise all ownership rights, privileges, options and benefits under the annuity contract, including but not limited to the following: withdrawals, surrenders, transfers, and the ability to change the Beneficiary. I/we understand and agree that when the Trust, as Owner, exercises ownership rights under the contract or the Trust, as Beneficiary, claims benefits under the contract, the Company will have no obligation to verify that a Trust is in effect or that the Trustee is acting within his/her authority.

8. I/we, the Trustee(s), jointly and severally indemnify and hold the Company harmless from any liability for effecting transactions of the types specified in item 7 above, as long as the Company acts pursuant to my instructions. Further, the undersigned Trustee(s) agree that the Company shall not be responsible for the application or disposition of the proceeds of the said contract by the Trustee, and payment to the Trustee of the proceeds shall fully discharge the Company from all liability under the contract to the extent of such payment.

9. I/we agree to inform you in writing of any change in the composition of the Trustees, or any other event which could materially alter the Certifications made above.

Trustees

10. I/we hereby certify the information provided and that the undersigned are all of the Trustees:

(ALL TRUSTEES MUST SIGN IN FIDUCIARY CAPACITY; ATTACH EXTRA PAGE IF NECESSARY.) Example: "John Jones, Trustee"

Trustee Name, Fiduciary Capacity, and Address (Print)

Signature / Date Signed

(1) _____, Trustee
(mm/dd/yy)

(2) _____, Trustee
(mm/dd/yy)

(3) _____, Trustee
(mm/dd/yy)



Declaration of Attorney-in-Fact

Affiliated Life Insurance Companies of GE Financial Assurance
First Colony Life Insurance Company • General Electric Capital Assurance Company
GE Life and Annuity Assurance Company • Union Fidelity Life Insurance Company
Federal Home Life Insurance Company

REGULAR/FIRST CLASS MAIL: Administrative offices of GE Life and Annuity Assurance Company • General Electric Capital Assurance Company
First Colony Life Insurance Company • P.O. Box 281001 • Atlanta, GA 30384-9893

OVERNIGHT/EXPRESS MAIL: Administrative offices of GE Life and Annuity Assurance Company • General Electric Capital Assurance Company
First Colony Life Insurance Company • 6000 Feldwood Road • Lockbox # 281001 • College Park, GA 30349

TOLLFREE NUMBER: 888 322-4629

Important - Read Before Signing

This document asks you to declare under penalty of perjury that the power of attorney upon which you are acting is still effective. The power of attorney you are operating under may or may not include durable provisions, if it does not include durable provisions the powers cease if the principal becomes incompetent, disabled or otherwise unable to manage his or her own affairs. "Durable provisions" generally refers to a statement in the power of attorney that continues the powers even in the event the principal becomes incompetent or disabled. Without durable provisions, a general power of attorney becomes ineffective in the event of disability or incompetence, and a guardianship or conservatorship may then be necessary.

A new declaration must be completed for each transaction.

Declaration of Attorney-in-Fact

_____, hereby declares as follows:

- I am acting as the attorney-in-fact for _____ (the "Principal"), under the power of attorney dated, _____. Such power of attorney is currently in full force and effect.
- Please check one of the circles below:
 - Principal is alive and is competent
 - Principal is alive and is not competent
- I agree to hold all affiliated Life Insurance Companies of GE Financial Assurance harmless for honoring any transaction requested by me under the referenced power of attorney. I affirm that I have been authorized by the Principal under the power of attorney document provided to the Company to perform the annuity transaction(s) requested.
- I certify that, to the best of my knowledge and belief, the principal has not revoked the power of attorney.

I declare under penalty of perjury under the laws of the state where this Declaration is executed that the foregoing is true and correct.

Date

Signature of attorney-in-fact

City and State

Transfer Authorization to Single Premium Immediate Annuity

General Electric Capital Assurance Company
 A GE Financial company
 Attn: Immediate Annuity Department • Mail Drop CSC 2-025
 3100 Albert Lankford Drive • P.O. Box 6158 • Lynchburg, VA 24505-6158

First Colony Life Insurance Company
 A GE Financial company
 Attn: Immediate Annuity Department • Mail Drop CSC 2-025
 3100 Albert Lankford Drive • P.O. Box 6158 • Lynchburg, VA 24505-6158

1. Information on Existing Contract

Name of Institution			Owner
Street Address			Social Security Number
City	State	Zip	Joint Owner
Phone Number			Social Security Number
Plan/Account Type (Annuity, Life Account, or Other)			Insured/Annuitant
Policy/Contract(s)			

If this annuity will replace, end, or change any existing life insurance or annuity contracts, additional forms may be required. If you have any questions, please refer to the Multi-Company Replacement Forms matrix found in our Immediate Annuity Producer Guide & Application Kit.

2. Direct Transfer or Rollover Requested for Qualified Funds

Please note: Minimum distributions from qualified plans or 403(b) annuities are not eligible for rollover.

IRA Direct Transfer Full Liquidation Partial Liquidation of \$ _____

I hereby direct you to liquidate my IRA and remit the proceeds to General Electric Capital Assurance Company (GE Capital Assurance) / First Colony Life Insurance Company (First Colony Life). Subject to minimum premium requirements, the insurer will accept IRA Direct Transfer funds from your company as allowed under the Internal Revenue Code and will then issue to the Owner an Individual Retirement Annuity.

Qualified Plan or 403(b) Annuity Direct Rollover Full Liquidation Partial Liquidation of \$ _____

I hereby direct you to liquidate my Qualified Plan or 403(b) Annuity and remit the proceeds to GE Capital Assurance / First Colony Life. This amount represents all or part of my eligible rollover distribution. These funds will be accepted by the insurer which will issue to the Owner an Individual Retirement Annuity, as defined under section 408(b) of the Internal Revenue Code.

Required Minimum Distribution Notice for Owners Age 70 1/2 or Older

I understand that required minimum distributions must be met and that GE Capital Assurance/First Colony Life accepts no responsibility for the sufficiency of my required minimum distribution payments. Additionally, if I do not check this circle and my scheduled SPIA payments are insufficient to satisfy the minimum required distribution, GE Capital Assurance/First Colony Life will not be able to issue the SPIA contract to me.

If I have other IRA investments, I may satisfy the minimum required distribution rules by taking a sufficient distribution to cover all of my IRA investments (including GE Capital Assurance/First Colony Life SPIA) from one or more of them. I understand that IRS Publication 590 included with my Disclosure Statement includes the applicable rules and life expectancy tables. I am also aware that my tax professional may help guide me through the required minimum distribution process.

3. 1035 Tax-Free Exchange Requested for Non-Qualified Funds

I am assigning all rights, title, and interest in my contract to: **GE Capital Assurance** **First Colony Life**

I am exchanging my interest in the contract listed in Section 1 for a GE Capital Assurance/First Colony Life contract. Please transfer this contract to the insurer indicated who will accept the funds from this exchange, and will issue a new annuity contract to me as owner. It is my intent to effect a tax-free exchange under Section 1035 of the Internal Revenue Code. I am also aware that the amount transferred under my existing contract may be subject to surrender charges.

Total Transfer Partial Transfer \$ _____
 Remaining Amount With Original Insurer
 Other _____
 (must specify)

Please Note: The surrendering company is required to provide the cost basis in accordance with the Tax Equity and Fiscal Responsibility Act of 1982, please furnish GE Capital Assurance / First Colony Life a statement of cost basis for the above contract with funds check.

4. Lost Policy Statement

I/we certify that the above listed policy/contract has been lost or destroyed and, to the best of my/our knowledge and belief, is not in anyone's possession.

5. Liquidate

- | | | |
|---|--|---|
| <input type="radio"/> Mutual Fund Contract | <input type="radio"/> Full Liquidation | <input type="radio"/> Partial Liquidation of \$ _____ |
| <input type="radio"/> Money Market Account | <input type="radio"/> Full Liquidation | <input type="radio"/> Partial Liquidation of \$ _____ |
| <input type="radio"/> Certificate of Deposit | <input type="radio"/> Full Liquidation | <input type="radio"/> Partial Liquidation of \$ _____ |
| <input type="radio"/> Annuity | <input type="radio"/> Full Liquidation | <input type="radio"/> Partial Liquidation of \$ _____ |
| <input type="radio"/> Other _____
(Please Specify) | <input type="radio"/> Full Liquidation | <input type="radio"/> Partial Liquidation of \$ _____
(Please Specify) |

6. Maturity or Liquidation Date

Please process this transaction:

- Immediately Before Maturity Date of _____ (MM/DD/YY) After Maturity Date of _____ (MM/DD/YY)

7. Conservation

- I request that no conservation efforts be made to retain the contract on the prior page with your company. Please confirm other forms and requirements needed to process this transaction with existing company.

8. Signatures of Owner / Joint Owner

I/we authorize the transaction described above and agree that GE Capital Assurance / First Colony Life is participating in this transaction at my/our request.

Owner's Signature _____	Date _____
Joint Owner's Signature _____	Date _____
Irrevocable Contingent Beneficiary's Signature _____	Date _____

The authorized signature below certifies GE Capital Assurance's / First Colony Life's acceptance of the above requested funds as instructed by the Owner of the above-listed contract. GE Capital Assurance / First Colony Life is a duly licensed insurance company and has received a favorable determination letter from the IRS.

GE Capital Assurance / First Colony Life Authorized Signature _____	Date _____
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9. Instructions for Current Carrier (Required for Qualified Funds)

CERTIFICATION: I certify that the funds are being directly rolled over or transferred from a qualified plan or TSA.

Plan Trustee/Annuity Issuer _____ Date _____

By: Signature and Title _____

Make check payable to: _____

FBO _____ **/SSN** _____ **Contract/Policy Number** _____

General Electric Capital Assurance Company
 Lockbox Processing
 4 Chase Metrotech Center 7th Floor
 Lockbox #26345
 Brooklyn, NY 11245

First Colony Life Insurance Company
 Lockbox Processing
 4 Chase Metrotech Center 7th Floor
 Lockbox #26343
 Brooklyn, NY 11245



Annuity Wire Transfer Instructions

Regular/First Class Mail:
General Electric Capital Assurance Company
P.O. Box 281001 • Atlanta, GA 30384-1001
Fax: 434-948-5856

Please wire Single Premium Immediate Annuity Premiums to:

Chase Manhattan Bank
New York, NY
ABA # 021000021
Credit: General Electric Capital Assurance Company
Bank Acct. # 323887023
Reference: Agency _____

Agent _____

Annuitant's Name _____

Amount of Premium _____

Upon complete execution of wire, please FAX this form to:
SPIA Premium Verification
FAX: 434-948-5856

Please include the Fed Reference # _____

Date Sent _____

Time Sent _____

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Important Notice Regarding Income Taxes

Members of the GE Financial family of companies

First Colony Life Insurance Company • General Electric Capital Assurance Company

3100 Albert Lankford Drive

Lynchburg, VA 24501

Owner's Name	Current Date
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We have received your request to process a partial 1035 exchange. Pursuant to your request, we will treat as your investment in the contract for income tax purposes the amount furnished by your current carrier. If this amount is less than the single premium, you will receive more taxable income when you receive annuity payments than you would have received if the single premium represented your investment.

We will request investment information (also known as cost basis) from _____ at the same time that we request the funds to be exchanged. Your current carrier is responsible for providing us with the correct cost basis. If this amount is not provided, we will be unable to determine for tax purposes which portion of each annuity payment you receive is income and which portion is a return of your investment in the contract, and would report your annuity payments as "taxable amount not determined."

We currently intend to report annuity payments to be made under the immediate annuity contract we expect to issue to you as "amounts received as an annuity" within the meaning of Section 72(b) of the Internal Revenue Code and related regulations. This anticipated reporting is based solely on the form of the transaction and is subject to change in response to any Internal Revenue Service guidance or instructions directing that annuity tax treatment of the amounts to be received is inappropriate. By reporting your payments in this manner, we express no opinion whether the exchange of a portion of your existing deferred annuity contract for our single premium immediate annuity contract qualifies as a partial 1035 exchange. You are strongly advised to consult with your qualified tax advisor concerning the tax consequences of this exchange transaction.

By signing below, you acknowledge that you understand how we will report your payments and cost basis to the IRS and that we are rendering no opinion as to the qualification of this transaction as a Section 1035 exchange.

Owner's Signature	Date
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Single Premium Immediate Annuity– Agent Overview

Saving for retirement is crucial, and helping to make sure your clients' resources last throughout their lifetime is just as important. At General Electric Capital Assurance Company (GE Capital Assurance), we understand your clients' retirement income challenges.

Guaranteed Income:* An immediate annuity provides guaranteed retirement income for life or a certain period of time in return for a single premium. This product allows your clients to turn a portion of their savings into guaranteed income payments. The income guarantee and variety of payouts can help your clients maintain their standard of living during retirement.

Dependable: Immediate annuity income payments are stable and guaranteed for life or a certain period of time.

Tax Advantaged: Receiving income from an immediate annuity may offer significant tax advantages. Not only is income guaranteed, but the tax liability is also spread out over time. Non-qualified immediate annuities are made up of both interest and principal. Only the interest portion of each benefit payment your client receives is taxable. Immediate annuities purchased with qualified funds are fully taxable, but the transfer from your client's qualified account is a tax-free transfer.

Flexible: Immediate annuity income payments can be

- Guaranteed for life or a certain period of time, from 5 to 50 years
- Sent monthly, quarterly, semi-annually or annually
- Owned singly or jointly (Joint and Survivor)
- Left to beneficiaries

**All guarantees are based on the claims-paying ability of GE Capital Assurance.*

Product Highlights

Minimum Premium:	\$5,000
Maximum Premium:	\$2,500,000 (\$2,500,000+ requires home office approval)
Maximum Deferral Period:	Up to one year and one payment mode, provided there are no restrictions due to required minimum distributions. Not available in all states.
Annual Increases:	Simple and Compound, up to 6% annually (available ONLY on non-qualified funds)
Method of Payment:	Electronic Funds Transfer (EFT) or check

Payout Types

There are several different types of payouts available with a GE Capital Assurance immediate annuity. The type of payout your client chooses determines his or her monthly payment amount and flexibility to leave payments to heirs. Product not available in all states or markets. Features and benefits may vary by state. Check for availability.

Certain Income

Benefits will continue for a guaranteed certain period from 5 to 50 years. If the annuitant (usually the owner of the annuity) dies before the certain period is over, the remainder of the payments for the period of time will be made to a beneficiary. If the annuity contains after-tax dollars, the specified period of time plus the annuitant's age cannot exceed the age of 100. If the annuity contains pre-tax dollars, the time period cannot exceed the annuitant's life expectancy.

If the Owner is age 59 1/2 or younger, with qualified funds and 1035 exchange or modified endowment, the annuity payments will be reported to the Owner and the IRS as an "early distribution, no known exception." If an exception applies to the owner's situation, the owner will need to claim it on his/her income tax return in order to avoid a 10% IRS penalty tax.

✓ **Lifetime Income with Certain Period**

Benefits can continue for a certain period of time or a lifetime, whichever is greater. If the annuitant dies before the certain period has ended, the remainder of the payments for the selected time period will be made to a beneficiary.

✓ **Lifetime Income**

This payout allows for the highest lifetime benefit payments or lowest premium for specific lifetime payments since there is no guaranteed number of payments. Payments continue for life and end upon the death of the annuitant.

✓ **Lifetime Income with Cash Refund**

Benefits can continue for life. If the annuitant dies before the premium amount is recovered, the remainder of the premium, as a lump sum, will be paid to a beneficiary.

✓ **Lifetime Income with Installment Refund**

Benefits can continue for life. If the annuitant dies before the initial premium is recovered, the annuity payments will continue to be made to the beneficiary in installments until the balance of the premium has been refunded.

✓ **Joint and Survivor**

Any payment can be made for the lives of you and another individual, such as your spouse.

✓ **Annual Increaser**

Immediate annuity payments on non-qualified funds can gradually increase each year to help protect against inflation, up to 6% each year.

✓ *Indicates client may apply for impaired risk feature.*



GE Financial

General Electric Capital Assurance Company

*700 Main Street
Lynchburg, VA 24504*

Immediate annuities are issued by General Electric Capital Assurance Company, Lynchburg, Virginia, policy form 19556 et al. and GE 8010 et al.

Not available in all states or markets. Features and benefits may vary by state.

