

**Plan Member/Spouse Section**

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

- Your completed application for the individual policy 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.

To convert your group life insurance, you'll need to:

- Contact a Great-West or Freedom 55 financial security advisor;
- Provide your Advisor with this Group Life Conversion Privilege Notification form, completed in full.

If your current advisor is licensed to sell Great-West or Freedom 55 financial products, he or she can assist you in the conversion process. Otherwise, please visit [greatwestlife.com](http://greatwestlife.com) - **Contact an advisor**, or go to [freedom55financial.com](http://freedom55financial.com) - **Find an Advisor**.

**Plan Administrator Section**

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

**1. Group insurance policy - Financial security advisor information (if applicable)**

Advisor	Telephone no. ( )	Fax no. ( )
Address		Email address

**2. Plan member/spouse information**

Plan member's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Month	Date of birth Day	Year
Spouse's name (if eligible for spousal conversion)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Month	Date of birth Day	Year
Address			Telephone no. ( )	

**3. Group life insurance information**

Group policy name:					
		Policy no.:	Reduced/terminated amount:	Combined (max \$200,000 per person) conversion maximum	Date insurance reduced/terminated
<b>Plan member</b>	Basic		\$	\$	(month/day/year)
	Optional		\$		(month/day/year)
	Supplementary		\$		(month/day/year)
<b>Spouse</b>	Basic		\$	\$	(month/day/year)
	Optional		\$		(month/day/year)

**4. Plan administrator information**

Date (month/day/year)	Plan administrator's name (Please print)
Telephone no. ( )	Plan administrator's signature