



Genworth®
Financial

Genworth Life & Annuity
Genworth Life
P.O. Box 1572
Lynchburg, VA 24505-1572

For OVERNIGHT purposes ONLY:

Attn: Life & Annuity Claims Department
3100 Albert Lankford Drive
Lynchburg, VA 24501
Tel: 888 325.5433

Deferred annuity claim form

Fixed deferred annuity only

from Genworth Life and Annuity Insurance Company (formerly Federal Home Life Insurance Company and Harvest Life Insurance Company) and Genworth Life Insurance Company (formerly United Pacific Life)

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- Complete this form to request a deferred annuity death benefit
- Submit the following documents so we can process your claim
 - The entire original contract (If the original is lost, a signed Deferred annuity claim form will allow us to begin processing)
 - A separate claim form for each beneficiary
 - An original, raised seal certified death certificate indicating the cause of death
- Other documents may be required depending on the specific circumstances of your claim
- See pages 7 and 8 for frequently asked questions concerning claims (If you have additional questions, please contact us before completing the claim form and sending any information)
- **Please print clearly** using blue or black ink, **cross through any mistakes** (do not use correction fluid) **and initial any corrections**, or processing of your claim may be delayed

Decedent information *The person who has died*

If manner of death was other than "Natural," please describe circumstances on a separate sheet and attach any relevant newspaper clippings.

Name <i>First, Middle, Last</i>			
.			
Maiden name <i>If applicable</i>		Other names by which the deceased was known	
.		.	
Address <i>Residence at time of death</i>			
.			
City	State	Zip	
.	.	.	
Date of birth		Date of death	
.		.	
Manner of death <i>Select one</i>			
<input type="radio"/> Natural	<input type="radio"/> Accidental	<input type="radio"/> Suicide	<input type="radio"/> Homicide

Annuity contract information

List all contracts under which you (the claimant) are making a claim.

Attach a separate sheet if more space is required for additional contract information.

Annuity contract number
.
Annuity contract number
.
Annuity contract number
.

Beneficiary/claimant information

If claimant is not an individual, refer to Special beneficiary/claimant information and signing in capacity instructions on page 4.

If claimant is a trust, complete this section **AND** complete the Trustee information section below.

Name <i>First, Middle, Last</i>		
.		
Maiden name <i>If applicable</i>		Social Security/Tax ID Number
.		.
Address		
.		
City	State	Zip
.	.	.
Date of birth	Age	Relationship to deceased
.	.	.
Citizenship <i>Select one and provide country if "Other"</i>		
<input type="radio"/> US <input type="radio"/> Other		

Payment mailing address

Provide the address to which payment(s) should be sent if different from the claimant address provided above.

Address		
.		
City	State	Zip
.	.	.

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Trustee information

If Beneficiary/claimant is a trust, complete this section AND the Beneficiary/claimant information section. If the beneficiary is not a trust, disregard this section.

List **all** current trustees.

Attach a separate sheet if more space is required for additional trustee names.

Indicate capacity of each trustee:

Sole Current Trustee or Co-Trustee as appropriate and **have each current trustee sign on page 3** unless the trust document confers on one trustee the authority to act alone.

Trust name	Tax Identification Number (TIN)
•	•
Date of trust agreement	Amendment dates <i>If any</i>
•	•
State in which trust was established	
•	
Current trustee name(s) <i>Do not list any former trustees</i>	
•	
•	
•	

Tax withholding information

Withholding notice

Withholding only applies to the taxable portion of the payment you receive, not to the entire payment. In general, the taxable portion equals the extra amount you receive over the total amount you paid (considered your cost basis).

Consult your personal tax advisor regarding the tax status of distributions from your annuity.

- Federal withholding is generally at a 10% rate, but you may elect not to withhold any taxes
- We will assume that the entire withdrawal from an IRA is taxable, except for non-taxable qualified distributions from a Roth IRA
- If you elect not to have federal and state income tax withheld, you are still liable for payment of federal income tax and, if applicable, state income tax on the taxable portion of the distribution. You may also be subject to tax penalties under the Estimated Tax Payment Rules if any payments of estimated tax and withholding are insufficient (IRS Publication 505 explains federal estimated tax requirements and describes penalties in detail). You may be able to avoid quarterly tax payments by having enough tax withheld from your withdrawals.
- If you do not provide your Social Security or Tax ID number, federal and any applicable state taxes will be withheld
- No state, except AR, requires withholding when federal tax is not withheld. If federal tax is not withheld, all states that otherwise require withholding will permit you to select a dollar amount or percentage of state tax to be withheld.
- **If you want state income tax withheld in AL, CO, CT, DC, GA, ID, IL, IN, KY, LA, MD, MN, MO, MT, ND, NJ, NM, PA, RI, SC, UT, WI and WV you must designate a state withholding amount.**
- **We cannot withhold state income tax in AK, AZ, FL, HI, NH, MI, MS, OH, NV, NY, SD, TN, TX, WA and WY.**
- In DE, IA, KS, ME, MD (eligible rollover distributions only), MA, NE, and VT **state withholding is required at the current state rate or higher amount you choose.**
- **Unless you elect not to have state income tax withheld (except for eligible rollover distributions in AR and NC), in CA, NC, OK, OR, or VA (except for IRAs and SEPs) state withholding is required at the current state rate or higher amount you choose.**
- If applicable, the state withholding certificate may state special rules and conditions for withholding state income tax from your withdrawals.

Income tax withholding election

We will withhold 10% federal and any applicable state taxes if you do not complete this section.

If no state tax amount or percent is specified, no state income tax will be withheld, unless required by the state.

Withhold federal taxes <i>Select one</i>	If yes, specify amount (minimum of 10%) <i>Select one</i>
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> \$..... <input type="radio"/> %
Withhold state taxes <i>Select one</i>	If yes, specify amount <i>Select one</i>
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> \$..... <input type="radio"/> %

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Declaration and signature(s)

Genworth Life & Annuity is referred to as “us,” “our” and “we” in this section.

The claimant is referred to as “you” and “your” in this section.

By signing below, you

- Make claim to the proceeds and declare that you have the authority to claim in the capacity you have indicated
- Declare that all answers recorded in this claim form are true and complete
- Declare the original and any duplicates or certificates of each contract listed in the Annuity contract information section on page 1 to be lost or otherwise unavailable unless sent to us with this claim form
- Agree that our furnishing of this claim form and any supplemental forms is not an admission of liability by us

Current trustee certification

If signing as a current trustee, you additionally

- Declare that the named trust is in full force and effect, without change, except as noted
- Declare that you are a current Trustee of the named trust and have not resigned or been replaced
- Declare that you are acting within the scope of the authority conferred on you by the named trust
- Agree that we have no obligation to verify that the named trust is in effect or that you are acting within the scope of your authority

Please see the “**State fraud notices**” section on pages 5 and 6 for additional information.

If you are signing as a fiduciary or representative, you must **sign in capacity with title in which you are claiming**.

Laws in your state may make it a crime to fill out this form with information you know is false or to omit important facts. Criminal and/or civil penalties can result.

For your protection, the state of **New York** laws require that we provide you with the following statement:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Beneficiary/claimant signature

Date

X

Capacity *Select one*

- | | | | |
|---|------------------------------------|-------------------------------------|--|
| <input type="radio"/> Individual/self | <input type="radio"/> Sole trustee | <input type="radio"/> Co-trustee | <input type="radio"/> Executor/executrix |
| <input type="radio"/> Personal representative | | <input type="radio"/> Administrator | |
| <input type="radio"/> Custodian | | <input type="radio"/> Other | |

Beneficiary/claimant signature

Date

X

Capacity *Select one*

- | | | | |
|---|------------------------------------|-------------------------------------|--|
| <input type="radio"/> Individual/self | <input type="radio"/> Sole trustee | <input type="radio"/> Co-trustee | <input type="radio"/> Executor/executrix |
| <input type="radio"/> Personal representative | | <input type="radio"/> Administrator | |
| <input type="radio"/> Custodian | | <input type="radio"/> Other | |

See **Special beneficiary/claimant information and signing in capacity instructions** on page 4 for details.

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Special beneficiary/claimant information and signing in capacity instructions

The following Special claimant information provides details regarding form completion requirements for certain claimant types, and specific circumstances that require additional documentation. The Signing in capacity sections provide instructions regarding which "capacity" or "title" should be included with the claimant's signature on page 3.

Trust

- **Claimant information:** Complete this section with the Trust's information, providing the trust's name and date of trust in the "Name" field (e.g., Jane Marie Doe Trust, trust date)
- Complete the "Trustee information" section on page 2 and list **all** current Trustees
- Provide a Tax Identification Number (TIN) for the Trust for tax reporting purposes
- **Signing in capacity:** The trustee(s) must sign and check either the "Sole trustee" or "Co-trustee" selection as appropriate, and have each current trustee sign unless the trust document confers on one trustee the authority to act alone

Estate of insured

- **Claimant information:** Complete this section with the estate's information, providing the estate name in the "Name" field (e.g., Estate of Jane Marie Doe)
- Provide a Tax Identification Number (TIN) for the Estate for tax reporting purposes
- **Signing in capacity:** Sign and check either the "Personal representative," "Administrator" or "Executor/executrix" selection as appropriate
- Submit a copy of the Letters of Administration/Testamentary or other court document appointing the estate's Personal Representative
- **Important Note – Small Estates:** The estate may qualify as a "small estate" under the Small Estate statute or another similar statute of the decedent's state of residence. If the estate qualifies as a "small estate," we require a copy of the properly prepared affidavit or other form required by the state. State laws vary. Please consult your attorney or tax advisor for more information on "small estates"

Corporation

- **Claimant information:** Complete this section with the corporation's information, providing the corporation name in the "Name" field (e.g., ABC Corporation)
- **Signing in capacity:** Sign and check the "Other" selection, and write in the title by which you are authorized to act on behalf of the company (e.g., Name: Jane Marie Doe, Capacity: ABC Corporation President)

Partnership

- **Claimant information:** Complete this section with the partnership's information, providing the partnership name in the "Name" field (e.g., ABC Partnership)
- **Signing in capacity:** All partners must sign, or the general or managing partner must sign, and check the "Other" selection and write in their capacity as Managing Partner or Partner as appropriate

Minor/child

Reminder: the custodian of the minor's "person" is not necessarily the custodian of the minor's estate/property.

- **Claimant information:** Complete this section with the minor's information, providing the minor's name in the "Name" field (e.g., Jane Marie Doe, minor)
- Submit a copy of the court document appointing the custodian of the minor child's property/estate (not required if claiming under the Uniform Transfer/Gifts to Minor's Act (UTMA))
- **Signing in capacity:** Sign and check the "Custodian" selection, and write in the capacity as "Custodian for the property/estate of Jane Doe, minor," or if completing the Proof of loss claimant statement as Custodian under the UTMA, indicate relationship (father, mother, etc.) as "Custodian of (name of child) under the (name of resident state) Uniform Transfers/Gifts to Minor's Act"

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State fraud notices *For your protection, some states' laws require that we provide you with the following statements*

Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	Any person who knowingly presents a false or fraudulent claim or payment of a loss is subject to criminal and civil penalties.
Arkansas, Rhode Island and West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California and Texas	Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the Applicant.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
New Jersey	Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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State fraud notices *For your protection, some states' laws require that we provide you with the following statements*

Ohio and Oregon

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Tennessee, Virginia and Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Deferred annuity claim form

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Frequently asked questions concerning the claims process

Deferred annuity claim form

Q. Who is the "Claimant"?

A. A claimant is the person or entity claiming death proceeds under a contract. Each beneficiary must complete a separate claim form.

Q. After I complete the claim form, can I fax it to you?

A. No. We require the original document with original ink signatures.

Q. May I copy this claim form for other claimants' use?

A. Yes. You may copy the form; however, we require original ink signatures on each form submitted to us.

Q. Does the signature on the claim form need to be notarized?

A. No. The claim form does not have to be notarized, but it must contain original ink signatures.

Q. What is "capacity"?

A. Capacity is the legal authority that entitles you to claim proceeds. If you are claiming on your own behalf, you are an "individual claimant" and should indicate your capacity as Individual. Do not use any other "title" unless you are actually claiming in that capacity. See the Special claimant information and signing in capacity instructions section on page 4 for details.

Q. If I make a mistake, how do I change information on the claim form?

A. Put a line through an incorrect answer and insert the correct information. DO NOT use correction fluid. The claimant must initial all corrections.

Certified death certificate

Q. Will you accept a copy or fax of the original certified death certificate?

A. No. We must have an original certified death certificate.

Q. What makes it a certified death certificate?

A. Certified death certificates have either a raised seal or a multicolored signature seal from the county, city or state that issued the certificate. In addition, the original death certificate should contain the signature of an appropriate officer of the county, city or state.

Q. Will you accept a certified death certificate with a pending death cause?

A. No. We must have a certified death certificate with a final cause of death. We are happy to return this certificate to you upon request.

Q. Are there any special requirements if the Insured died in a foreign country, i.e., outside the United States or its territories.

A. We require an original certified death certificate, **and**, if appropriate, a Death of an American Citizen Abroad document. A Death of an American Citizen Abroad document is **not** an acceptable substitute for an original certified death certificate. In addition, we may require a cancelled passport, a copy of airline tickets, funeral/cremation bills, remains transport information/bills, or any other information we deem necessary based on the specific circumstances of your claim. To avoid delays, you should contact us immediately for detailed instructions.

Deceased primary beneficiary

Q. If the primary beneficiary is deceased, can I send a copy of the certified death certificate for the deceased primary beneficiary?

A. Yes. We only require a copy of the certified death certificate for any deceased beneficiary.

The original contract

Q. Will you accept a copy of the original contract?

A. No. We require the complete original contract, if available. You may make a copy of the original contract for your records.

Q. What if the original contract is lost or otherwise unavailable?

A. Simply complete and sign the claim form. By signing the claim form, you are declaring that all original contract and any duplicates and certificates are lost or otherwise unavailable unless sent in with the claim form.

Deferred annuity claim form

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Frequently asked questions concerning the claims process *Continued*

Trust claimant

Q. What claimant information for a trust do I include on the claim form?

A. You need to indicate the name of the trust under "Claimant's Name." The trust name should include the date of the trust. For "Claimant's Address," indicate a trustee's address where the death proceeds should be delivered.

Q. If there are multiple trustees, how many need to sign the claim form?

A. Each current trustee must sign the claim form in his/her capacity as Co-Trustee unless the Trust document confers on one trustee the authority to act alone.

Q. Why do we require a trust to provide a Tax Identification Number (TIN)?

A. A person who is not an individual is required by Federal income tax regulations to furnish a TIN to a payor of income. Thus, a trust must submit its TIN. Some trusts are grantor trusts under Federal income tax law. The trustee of the grantor trust may provide the social security number of a living grantor (a person treated as the owner of the trust under Federal income tax law) instead of the trust's TIN. In the typical case in which there is a single grantor of the grantor trust and that Grantor is the insured who has died, the trustee must furnish the trust's TIN, not the social security number of the grantor/trustee.

Name change of the beneficiary

Q. If the beneficiary's name has changed since the last beneficiary designation, what do I provide to validate the name change?

A. If a beneficiary's name has changed because of marriage or divorce, we require a copy of the marriage certificate or divorce decree. If the beneficiary's name has changed because of personal preference, we will require a court document indicating the name change from the birth name to the requested name.

Funeral home assignment

Q. Can the death claim proceeds from the contract be assigned to a funeral home?

A. Yes. All designated beneficiaries must complete an appropriate assignment form provided by the funeral home and that form must be submitted to us prior to the payment of the claim along with a claim form for each beneficiary.

Power of attorney

Q. If I am signing as the Power of Attorney for the claimant, what do I need to send in as proof?

A. Submit a copy of the executed Power of Attorney (POA) papers which give you the power to collect proceeds. You must sign the claim form and indicate your capacity as "Power of Attorney for the Beneficiary." Example of a proper signature: Jane Doe by John W. Doe, Attorney-in-fact under POA dated MM/DD/YYYY.

"Surviving" beneficiary designations

Q. If the beneficiary designation stipulates "surviving" children or siblings or other similar grouping, why do you require a notarized statement from each beneficiary indicating the name of each survivor?

A. To validate all applicable beneficiaries and avoid potential disagreements over payment amounts. An agreement among all survivors insures that we pay the proper amounts to the proper parties and greatly reduces the risk of legal action to restore improper or misdirected payments.