



Genworth Life & Annuity  
Genworth Life  
Genworth Life of New York

# Certification of trustee powers for existing contracts and policies

from Genworth Life and Annuity Insurance Company, Genworth Life Insurance Company and Genworth Life Insurance Company of New York†

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- Use this form to provide information about a trust.
- Please read this entire form and complete all required fields before signing.
- If more space is needed, attach a separate sheet of paper.

## Contract or policy information

This form is being completed for an

- Existing life insurance policy
- Existing annuity

Contract or policy number(s)

.....  
 Insured/insured/annuitant name(s) Date(s) of birth  
 .....

## Trust information

This section must be completed. In addition, if the trust is a Grantor Trust, please complete the section below.

If the trust is foreign, a completed IRS Form W-8BEN-E must be attached (regardless of whether the trust is a Grantor Trust.)

Trust title, example: "Jones Family Trust"

.....  
 Place of organization, example "Ohio"  Foreign Trust  
 .....

Trustee name(s) and address(es) *Printed*

.....  
 .....

Trust date Latest amendment date *If any*

.....

Transaction requests must be authorized by *Select one*

- Any one trustee
- All trustees
- A majority

## Grantor Trust information

If a domestic Grantor Trust (IRC §§ 671-679), please provide the Grantor name.

For additional grantors, provide names and Social Security numbers on an additional sheet of paper and attach to this form.

If TIN provided in the Substitute Form W-9 section is not the grantor's Social Security Number, we will not treat the trust as a Grantor Trust for tax reporting purposes.

Is this trust a Grantor Trust?

- Yes
- No

If yes, provide the following:

Grantor name Date of birth (mm/dd/yyyy)  
 .....

Grantor name Date of birth (mm/dd/yyyy)  
 .....

Address .....

City State Zip code  
 .....

Insured/annuitant name(s) Date(s) of birth  
 .....

Contract or policy number(s) .....



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Substitute Form W-9 (an official Form W-9 with instructions is available upon request)

If you are not a U.S. citizen or other U.S. person, do not complete this section. You must provide an IRS Form W-8BEN (individual), W-8BEN-E (non-individual), or another applicable IRS form to document your foreign status.

You must cross out item 2, if you have been notified by the IRS that you are currently subject to backup withholding because of a failure to report all interest and dividends on your tax return.

The Foreign Account Tax Compliance Act (FATCA) is a Federal tax regulation that extends existing reporting requirements to require Foreign Financial Institutions to comply with IRS request of withholding and reporting on US and unidentified account holders.

IRS regulations require certification of FATCA exemption. FATCA codes apply to certain entities, not individuals.

To be completed by the trustee for the trust using its employer identification number, if any. A grantor trust may alternatively complete the W-9 as an individual using Social Security Number of the first named/ sole grantor.

Check appropriate box for federal tax classification:

- Individual/sole proprietor, C Corporation, S Corporation, Partnership, Trust/estate, Limited liability company

Enter the tax classification (C=C Corporation, S= S Corporation, P=Partnership)

Other (see instructions)

Social security number or Employer identification number

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number...
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding...
3. I am a U.S. citizen or other U.S. person (defined in the instructions).
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Signature of U.S. person

Date

X

Trust information Continued

Control of Trust and Trustee

These questions must be answered.

1. Is the trust identified above, or are you as trustee, acting under the control or direction of another person or entity with respect to the application, policy or contract identified above?

- Yes, No

2. If the answer to the previous question is "Yes,"

(a) Identify the person(s) or entity under whose control or direction the trust is or you are acting.

.

(b) Describe the nature and extent of such control or direction.

.

(c) Provide an explanation of the source of funds used to pay premiums for the policy or contract.

.

3. Please identify:

(a) The person or entity, if any, who or which has the power to remove you as trustee

.

(b) The person or entity, if any, who or which has the power to change the beneficiary(ies) of the trust.

.

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Certification and signatures

The Genworth Financial companies listed above are referred to as "we" and "us" in this document. The trustee(s) is referred to as "you" in this document.

By signing below, you

- certify that you have the power under the Trust Agreement to exercise the rights, privileges, options and benefits granted to the Trust pursuant to the terms of the contract(s)/policy(ies) listed above, as issued; and you understand and agree that we are not obligated to verify the trust is in effect or that you are acting within your approved authority when you exercise these rights;
- jointly and severally indemnify and hold us harmless from any liability for acting according to your instructions under the referenced Trust Agreement; and
- agree to inform us in writing of any change in the trustee(s) or any change of information provided in this form.

For new life insurance policies and for existing policies in states requiring that an insurable interest exist on transfer of issued policies, you

- agree that only those who have an insurable interest in the life of the Insured/Proposed Insured are now, can or will be beneficiaries of the trust; and
- have not, and will not, transfer for consideration any interest in the policy to any party who has no insurable interest in the Insured/Proposed Insured.

Trustee signature

X ,Trustee

Date

Trustee signature

X ,Trustee

Date

Trustee signature

X ,Trustee

Date

Mail completed form to:

Regular First Class Mail:

Genworth Financial  
P.O. Box 40012  
Lynchburg, VA 24506

Fax completed form to:

Contact Information:

Variable annuities  
Toll free: 800 352.9910  
Fax: 804 281.6178

Fixed annuities  
Toll free: 800 221.9501  
Fax: 434 522.2904

Immediate annuities  
Toll free: 888 322.4629  
Fax: 434 948.5440