



Genworth Life & Annuity
 Genworth Life
 Genworth Life of New York
 P.O. Box 6158
 Lynchburg, VA 24505
 genworth.com

Single Premium Immediate Annuity Commutation Form

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 exercise the commutation feature on a single premium immediate annuity.

Owner information

Contract/certificate number	Telephone Number	
.....	
Contract owner/Certificate holder name	Social Security/Tax ID Number	
.....	
Address		
.....		
City	State	Zip
.....
Contract owner date of birth		
.....		

Commutation Request

**Not available unless selected at the time of issue. Not available on any contract issued with a Restrictions Endorsement. Not available in all states.

- Once the certain period is over, the owner cannot commute.
- A full commutation will end all future benefits and terminate the contract.

For contracts issued prior to 11/15/2010:

You have the right to receive a lump sum payout (commuted value):

- There is a 9% surrender charge for commuting the contract. This charge is taken from the lump sum payout, therefore reducing payment.
- You may select a partial commutation between 30% - 70% of the commuted value which will reduce the remainder of the benefit payments by the same percentage.
- If taking a partial and the commutation results in the payment reducing below \$100.00, the modal period will be changed to bring payments to no less than \$100.00.
- Only two partial commutations allowed during the life of the contract.

For contracts issued on or after 11/15/2010:

You have the right to receive a lump sum payout (commuted value):

- There is no surrender charge for commuting the contract.
- You may select one partial commutation between 20% - 80% of the commuted value which will reduce the remainder of the guaranteed benefit payments by the same percentage. If the annuitant is living when the payments reach life portion, the benefits will return to the full amount during the life portion until the annuitant dies.
- A partial commutation cannot be taken if it results in the benefit payment being reduced below \$100.00.
- Only one partial and one full commutation are allowed during the life of the contract.



Choose one:

- Partial Commutation requested:%
- Full Commutation

†Only Genworth Life Insurance Company of New York is admitted in and conducts business in New York.

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Payee

For qualified contract the owner must be the payee.

If you leave this section blank, payment will be sent to the Payee on file.

Select one: Payee and payment method on file Contract owner shown above
Alternate payee Enter information below

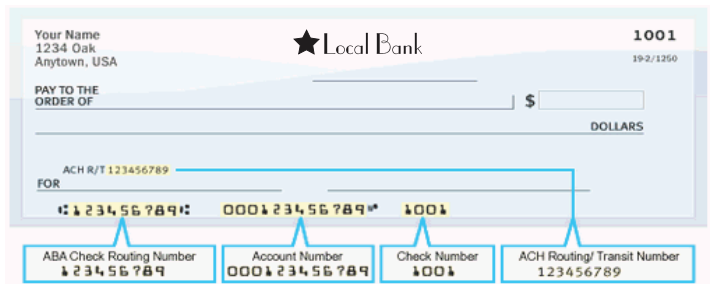
Payee Name
Address City State Zip
Date of birth Social security number Telephone number

Electronic funds transfer (EFT)

If you would like to have your payment advance electronically deposited to your bank account, please complete this section. Please be advised that these electronic deposit instructions apply to this payment advance only. The bank account name for deposit must match the payee selected above. If you would like to have your regular distributions electronically deposited, please contact our office for the applicable form.

Electronic Funds Transfer (EFT) instructions or this payment advance only
Account owner name Institution name for deposit
Routing number Type of account Select one
Savings Checking
Account number for deposit

A pre-printed, voided check or other bank documentation showing the account information MUST be included with your request in order for it to be processed.



Substitute Form W-9 (an official IRS Form W-9 with instructions is available by download at IRS.gov)

If you do not complete the form W-9, we are required to withhold 30% of the taxable amount and remit it to the IRS.

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 U.S. and unidentified account holders.

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

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

- Special withholding rules and forms apply to payments delivered overseas or to non-residents of the United States. If you are a non-resident alien a W-8Ben must be completed to claim tax treaty benefits, otherwise we must withhold 30% of the taxable amount for U.S. federal income tax.
It is important you provide us with the proper Social Security or Taxpayer Identification Number and Name. If you do not supply this number we will proceed with automatic withholding of Federal, and of any applicable required state income tax.

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
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 as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
I am a U.S. citizen or other U.S. person (defined in the instructions).
The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

SIGN HERE X

Signature of U.S. person

Date of signature

Income tax withholding

Federal withholding

If you leave this section blank, we will withhold federal income tax at the rate for "Married" with 3 withholding allowances.

If you do not provide us with your Social Security number, we will withhold federal income tax at the rate for "Single" with no withholding allowances.

Do you want federal income tax withheld?

Yes No

If yes, answer IRS Form **W-4P** questions below.

W-4P questions:

1. Marital status Single Married Married, but withhold at higher "Single" rate

2. Number of withholding allowances

3. Additional withholding

Enter additional amount, if any, you would like withheld from each annuity payment.

\$

State withholding

Please indicate your Residence State for tax withholding*

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**If not provided, we will default to the mailing address on file.*

Please review the guidelines for your tax state below before completing this section.

- If you live in CT, DC, GA, KS, KY, LA, ME, MN, NE, OK, OR, VA, or VT, **you must complete the Federal W-4P questions above**, even if you mark No to Federal Withholding. State income tax will be calculated based on your answers based on the state's requirements and guidelines.
- If you live in the following states, **you must complete, sign, date, and return the listed State Tax form in order to make your state withholding election**; Alabama: A-4, Arkansas: AR4P, Arizona: A-4P, Iowa: IA W-4P, North Carolina: NC-4P, Virginia: VA-4P. *Otherwise, state income tax will be updated based on the state's default guidelines.*
- If you live in the following states, **you must complete, sign, date, and return the listed State Tax form in order to opt out of state withholding**; Maine: W-ME, Massachusetts: M-4P, Michigan: MI-W4P.
- If you live in Indiana, Montana, or New Jersey **you must provide a whole dollar amount greater than \$10**. If you request a percentage it will be rounded up to the nearest whole dollar amount. If this amount is less than \$10 we will not withhold.
- If you live in these states, please note the following:
 - California: You may complete the Federal W-4P questions above, provide a designated dollar amount, or provide a percentage of the Federally Withheld amount.
 - Idaho or West Virginia: you must state a whole dollar amount to withhold. If you request a percentage it will be rounded up to the nearest whole dollar amount.
 - Delaware: Withholding must be at least 5%, or complete the Federal W-4P questions above.
 - Maryland, New York, or Wisconsin: The withheld amount must be at least \$5.
 - Missouri, New Mexico, or Oregon: the withheld amount must be at least \$10.
 - Kansas: If you request a flat percentage for Federal withholding, then the state withheld amount must be 4.5%.
 - Kentucky: Withholding may be based on the wage withholding tables or a flat rate of 6%.
- **We cannot withhold state income tax** in Alaska, Florida, Hawaii, New Hampshire, Nevada, South Dakota, Tennessee, Texas, Washington, and Wyoming.

If you live in these states you may specify any dollar amount or percentage to withhold. Colorado, Illinois, Louisiana, Mississippi, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, and Utah.

Income tax withholding *Continued*

State income tax withholding amount. *Select one*

- Withhold state income tax from this payment.
 - \$.....
 -%
- Do not withhold income tax from this payment.

Tax information

- Withholding will only apply to the portion of each annuity payment that is subject to Federal Income Tax. For Qualified contracts this is generally the entire payment. For Non-Qualified contracts, the original investment has generally been taxed and is therefore not subject to Federal Income Tax.
- Even if you elect not to have State Income Tax withheld from your annuity payments, you are liable for the payment of any applicable state income tax on the taxable portion. You may also be subject to tax penalties under the estimated tax payments rules if your payments of estimated tax and withholding, if any, are not adequate. You may be able to avoid quarterly tax payments by having enough tax withheld from your annuity payments.
- It is important you provide us with the proper Social Security or Taxpayer Identification Number and Name. If you do not supply this number we will proceed with automatic withholding of Federal, and of any applicable required state income tax.
- If you leave any part of this section blank we will withhold all Federal Income tax at the rate for "Married with 3 withholding allowances."
- Consult your personal tax advisor regarding the tax status of distributions from your annuity.
- If you are not a United States Citizen and you live outside the US, you must complete a W-8BEN rather than this form.

Signature

If there is an irrevocable payee on the contract/certificate, the irrevocable payee must sign if they are not the payee to receive the commutation requested on this form.

Your signature indicates you have read and understand all sections of this form. **If you are a Trustee, Attorney-in-Fact, Guardian, Conservator or other Fiduciary, you must sign in your capacity (e.g. Jane Smith, Trustee) and attach relevant legal documentation.**

Signature of joint owner, if any, is required.

By signing you:

- Are aware that the entire amount of the payment advance may be fully taxable.
- Understand that a commutation taken before age 59 1/2 may be subject to a 10% penalty tax in addition to ordinary income taxes if your commutation impacts payments from two calendar years.
- If electronic funds transfer information was provided, you authorize us to automatically transfer your commutation into your account, and make any necessary adjustments to your account, with the understanding that you or your agent will be notified.

Contract owner/Certificate holder signature *Sign in capacity, if applicable* _____ Date _____

SIGN HERE

X
 Trustee Attorney-in-fact *POA* Guardian Title/office: _____

Joint contract owner/Certificate holder signature *Sign in capacity, if applicable* _____ Date _____

SIGN HERE

X
 Trustee Attorney-in-fact *POA* Guardian Title/office: _____

Irrevocable payee signature *If any* _____ Date _____

SIGN HERE

X

Other required signature *If applicable* _____ Date _____

SIGN HERE

X

Form submission

Send completed form to:

Regular mail:

P.O. Box 6158
 Lynchburg, VA 24505

For Inquiries and questions
 Toll free: 888 322.4629

Overnight delivery:

3100 Albert Lankford Drive
 Lynchburg, VA 24501

Fax: 434 948.5440