



Genworth Life & Annuity
 Genworth Life
 Genworth Life of New York
 genworth.com

Annuitization request for fixed annuities

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 select income payment options and convert your deferred annuity to irrevocable payments
- Please read and complete the entire form, and **sign and date on page 4**
- If more space is needed, attach a separate sheet of paper with all contract numbers, required signature(s) and date
- **Please print clearly** using blue or black ink **and initial any corrections**, or we may not be able to accept your request

Contract information

The Genworth Financial insurance companies listed above are referred to as “we” and “us” in this request.

The contract owner is referred to as “you” and “your” in this request.

Owner telephone number	Contract number	Contract number
Contract number	Contract number	Contract number
Owner Address		
City	State	Zip
Owner Social Security Number	Owner’s Date of birth	
Annuitant name	Date of birth	<input type="radio"/> Male <input type="radio"/> Female

Payee designation

If you do not designate a payee, payments will be sent to the owner.

On Qualified plans, payee and owner must be the same.

The Social Security/Tax ID number is required for tax reporting purposes.

The owner is always the taxable party unless the payee is irrevocable.

Payee name	<input type="radio"/> Make payee irrevocable
Social Security/Tax ID	DOB/trust date Telephone Number
Address	
City	State Zip

Beneficiary designation

If you do not designate a beneficiary, the designation on your current contract will be used. If multiple contracts are requested and the beneficiaries differ, then each contract will be annuitized separately, unless otherwise designated on this form.

Contingent beneficiaries automatically become Primary beneficiaries once all Primary beneficiaries are deceased.

If additional spaces are needed, please attach and sign and date a separate sheet.

Designation percentages must total 100% for each beneficiary type. If no percentage is provided, proceeds will be divided equally among all surviving beneficiaries.

Name or designation	Beneficiary type
•	<input type="radio"/> Primary <input type="radio"/> Irrevocable
Social Security/Tax ID	Relationship to annuitant
Date of birth/trust date	Designation percentage Beneficiary Telephone Number
Beneficiary Address	
City	State Zip
Name or designation	Beneficiary type
•	<input type="radio"/> Irrevocable <input type="radio"/> Contingent
Social Security/Tax ID	Relationship to annuitant
Date of birth/trust date	Designation percentage Beneficiary Telephone Number
Beneficiary Address	
City	State Zip

Electronic funds transfer authorization

You authorize us to automatically transfer payments into your account, and make any necessary adjustments to your account, with the understanding that you or your agent will be notified.

This authorization will remain in effect until we receive written notification from you to do otherwise.

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.

Account owner name, Institution name for deposit, Routing number, Type of account (Savings/Checking), Account number for deposit

Diagram of a check showing ACH RT routing number and account number. Includes text: 'For checks with an ACH RT... use this number.' and 'The account number is up to 17 characters long...'.

Income payment commencement

*If no selection is made, default to process now and payments will begin 30 days after effective date.

I/we elect to annuitize my contract on: Contract maturity date / Process request now. I/we elect to have my payments begin (mm/dd/yyyy). *If start date elected is prior to date the Annuitization is processed, payments will start the next month on day elected.

Income payment selection

Review this information to learn more about your income payment options. For more assistance or to obtain quotes, contact your agent or us at 888 882.2276.

* 5 years may not be available, if so we will contact you. Lump Sum may not be available, if so we will contact you.

If calculated payment is lower than \$100, a less frequent payment option will be used.

For qualified contracts, the period certain or other refund period cannot exceed the annuitant's life expectancy according to IRS tables.

If you select any of the lifetime income options, proof of the annuitant's date of birth is required (such as a copy of a birth certificate or valid driver's license).

The Joint annuitant must be a spouse. Adding joint annuitant will extend the payments for as long as either annuitant is living. In order to name someone to receive payments upon your death please complete the Beneficiary section on page one.

*Select only one option: Fixed period certain, Certain period (5, 10, 15, 20 years), Lifetime income with fixed period certain, Certain period (5, 10, 15, 20 years), Lifetime income with refund, Refund type at death of annuitant (Lump sum, Installment payments), Lifetime income without refund, Joint and Survivor selection.

Frequency of payments

Select one, monthly if blank. Monthly, Quarterly, Semi-annually, Annually

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 need help calculating your withholding allowances, please contact our customer service department and request IRS Form W-4P.

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.

State withholding

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.

\$

- If you live in AR or GA, **you must complete the federal W-4P questions above** regardless of whether you want federal income tax to be withheld from your annuity payments. State income tax will be withheld based on your answers.
 - AZ withholding is a percentage you elect on Form A-4P.
 - **If you want state income tax withheld** in AL, CO, CT, DC, DE, ID, IL, IN, KY, LA, MD, MI, MN, MO, MT, ND, NJ, NM, NY, OH, PA, RI, SC, UT, VA (IRAs & SEPs), WI and WV **you must designate a state withholding amount.**
 - **We cannot withhold state income tax** in AK, FL, HI, NH, MS, NV, SD, TN, TX, WA and WY.
 - Unless you elect below to not have state income tax withheld, if you live in CA, MI (retirement benefits only - attach MI-4P to claim exemptions), NC, OR or VA (except for IRAs and SEPs; attach VA-4P to claim exemptions) and have federal income tax withheld, state withholding is required at the current state rate or higher amount you choose, based on your responses to the IRS Form W-4P questions above.
 - If you live in IA, KS, MA, ME, NE, OK or VT and you have federal income tax withheld, you must complete your state’s withholding election form or the IRS Form W-4P questions above. State income tax will be withheld based on your answers.
- CT, IN, MO, MT and NJ have a minimum of \$10/state withholding per payment

State income tax withholding amount. Select one

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

Tax information

- Withholding will apply only to the portion of each annuity payment that is 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 payment 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. If you do not supply this number, we will proceed with automatic withholding of federal, and of any required state income tax.
- If applicable, the state withholding certificate may state special rules and conditions for withholding state income tax from your annuity payments.
- Consult your personal tax advisor regarding the tax status of distributions from your annuity.

Annuitization request for fixed annuities

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.

Declaration and signature(s)

If you are signing as a fiduciary or representative, you must indicate capacity or title and provide documentation of authority (see signing instructions below).

Other signatures that may be required include: spouse (if community property state), irrevocable beneficiary (must sign with title), and collateral assignee (if contract is collaterally assigned).

An agent is not required to proceed with annuitization, but if agent did assist, please ensure information is complete.

Check appropriate box for federal tax classification:

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

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... 3. I am a U.S. citizen or other U.S. person... 4. The FATCA code(s) entered on this form...

Signature of U.S. person

Date

X

- Your signature indicates that you have read and understand all sections of this form... You understand that you cannot change the annuity income date... You understand that the income paid under this annuity may be subject to income taxation... You certify under penalty of perjury that the statements and answers given on this form are true... You declare that no bankruptcy proceedings are now pending against you...

Owner signature

Date of signature

X

Trustee, Attorney-in-fact POA, Guardian, Title/office

Joint owner signature

Date of signature

X

Trustee, Attorney-in-fact POA, Guardian, Title/office

Other required signature If applicable

Date of signature

X

Trustee, Attorney-in-fact POA, Guardian, Title/office

Agent printed name

Agent ID or SSN

Firm name

Agent signature

Date of signature

X

Signing instructions

Attorney-in-Fact

The attorney-in-fact must indicate capacity as "attorney-in-fact;" provide a copy of the entire power of attorney document, if not previously submitted; and complete a Genworth Declaration of attorney-in-fact form, if the power of attorney was not signed in the past 12 months (e.g. John Doe, Attorney-in-Fact).

Corporation or Limited Liability Corporation (LLC)

One officer of the company or managing member of the LLC must sign and indicate title and provide either a corporate or board of director's resolution, a copy of the Articles of Incorporation or operating agreement (for LLC's). If the signing officer or managing member is also the annuitant, a second officer or member must also sign (e.g. Jane Doe, President).

Guardian

The guardian must indicate capacity and provide a copy of the current guardianship documents (e.g. John Doe, guardian).

Partnership

All partners must sign and indicate title, or the general or managing partner must sign and indicate title. If the general or managing partner is also the annuitant, another partner must also sign, (e.g. John Doe, Senior Partner).

Spouse

A spouse in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI) must sign. Failure to include a spouse's signature may delay processing at claims time.

Trust

The trustee(s) must sign and indicate the title "Trustee;" according to the terms of the Trust Agreement, and submit a completed Genworth Certification of trustee powers form (e.g. Jane Doe, Trustee).

Proof of birth requirements

We must be provided with proof of birth if you are electing an annuity payment option which involves your lifetime.

Proof of birth *Please send a copy - only one is needed*

- Birth Certificate
 - Driver's License
 - Naturalization Record
 - Passport
-

Send completed form to:

Regular First Class Mail:

Genworth Financial
P.O. Box 10716
Lynchburg, VA 24506

Overnight Delivery:

Genworth Financial
3100 Albert Lankford Drive
Lynchburg, VA 24501

For Inquiries and questions
Toll free: 800 221.9501
Fax: 434 522.2904