



Genworth Life and Annuity
 Genworth Life
 Genworth Life of New York
 Administrative Office:
 3100 Albert Lankford Drive
 Lynchburg, VA 24501
 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 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
Social Security/Tax ID	<input type="radio"/> Primary <input type="radio"/> Irrevocable
Date of birth/trust date	Relationship to annuitant
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	Beneficiary Telephone Number
Designation percentage	
City	State Zip

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

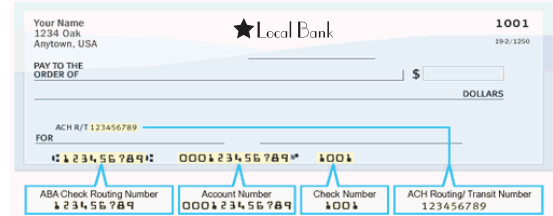
Electronic funds transfer authorization

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.

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

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.



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, Income payments continue for a guaranteed period of 5 to 50 years. Certain period (5, 10, 15, 20 years)

Lifetime income with fixed period certain, Income payments continue for a guaranteed period of 5 to 50 years minimum, to continue as long as the annuitant remains alive. Certain period (5, 10, 15, 20 years)

Lifetime income with refund, Income payments continue for the life of the annuitant. Refund type at death of annuitant (Lump sum, Installment payments)

Lifetime income without refund, Income payments continue for the life of the annuitant and end upon the annuitant's death. Joint and survivor is only available with lifetime income options.

Check here for Joint and Survivor and complete the following (spousal only), Joint annuitant name, Date of birth, Percentage

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.

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

Please indicate your Residence State for tax withholding. *We will report to the resident state on record if blank.*

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- If you live in **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 Connecticut, 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:
 - **CA:** You may complete the Federal W-4P questions above, provide a designated dollar amount, or provide a percentage of the Federally Withheld amount.
 - **ID or WV:** 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.
 - **DE:** Withholding must be at least 5%, or complete the Federal W-4P questions above.
 - **MD, NY or WI:** The withheld amount must be at least \$5.
 - **MO, NM or OR:** the withheld amount must be at least \$10.
 - **KS:** If you request a flat percentage for Federal withholding, then the state withheld amount must be 4.5%.
 - **KY:** Withholding may be based on the wage withholding tables or a flat rate of 6%.
 - We cannot withhold state income tax in **AK, FL, HI, NH, NV, SD, TN, TX, WA and WY.**
- If you live in these states you may specify any dollar amount or percentage to withhold: **CO, IL, LA, MS, ND, OH, PA, RI, SC, UT.**

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 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, Partnership, Limited liability company, Other, 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

- 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:

- 1. 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
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 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
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.

SIGN HERE X

Declaration and signature(s)

Signature of U.S. person

Date of signature

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

- Your signature indicates that you have read and understand all sections of this form and understand the income payment options and selections made.
You understand that you cannot change the annuity income date, the frequency of payments, the annuitants, or the payment amount after this form is submitted.
You understand that the income paid under this annuity may be subject to income taxation on all or part of each payment and that the use of this income to purchase another insurance contract will not avoid this income tax liability.
You certify under penalty of perjury that the statements and answers given on this form are true, complete and correct to the best of your knowledge and belief. The penalty of perjury does not apply to income tax withholding.
You declare that no bankruptcy proceedings are now pending against you and you are not subject to back-up withholding

SIGN HERE X

Owner Signature

Date

Capacity if applicable: Trustee, Guardian, Attorney-in-fact POA, Title/Office

SIGN HERE X

Joint Owner Signature

Date

Capacity if applicable: Trustee, Guardian, Attorney-in-fact POA, Title/Office

SIGN HERE X

Other Required Signature If applicable

Date

Capacity if applicable: Trustee, Guardian, Attorney-in-fact POA, Title/Office

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.

SIGN HERE X

Agent printed name

Agent ID or SSN

Firm name

Agent Signature

Date

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

Form submission

Send completed form to:

Regular First Class Mail:

Genworth
P.O. Box 10716
Lynchburg, VA 24506

Overnight Delivery:

Genworth
3100 Albert Lankford Drive
Lynchburg, VA 24501

For Inquiries and questions:

Toll free: 800 221.9501

Fax: 434 522.2904