



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†

Page 1 of 5

- 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 on page 3**
- 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 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
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"/> Primary <input type="radio"/> Contingent
Social Security/Tax ID	Relationship to annuitant
Date of birth/trust date	Designation percentage Beneficiary Telephone Number
•	• %
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.

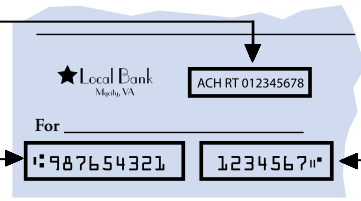
This authorization will remain in effect until we receive written notification from you to do otherwise.

 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 <i>Select one</i> <input type="radio"/> Savings <input type="radio"/> Checking
Account number for deposit .	

For checks with an ACH RT (Automated Clearing House Routing) number, please use this number.

For all other checks, use the nine-character bank routing number, which appears between the @ symbols, usually at the bottom left corner of the check.



The account number is up to 17 characters long and appears next to the @ symbol at the bottom of the check and usually to the right of the bank routing number.

**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)  
**(Up to one modal period, ex: If you elect monthly payments you may request to start your payments up to one month in the future.)**

**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.

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. *If the annuitant dies before the guaranteed period is over, the remaining payments will be made to the designated payee or beneficiary.*

**Certain period** *Select one*  
 5 years\*       10 years       15 years       20 years       .....

**Frequency of payments** *Select one, monthly if blank*  
 Monthly       Quarterly       Semi-annually       Annually

**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. *If the annuitant dies before the guaranteed period is over, the remaining payments will be made to the designated payee or beneficiary.*

**Certain period** *Select one*  
 5 years       10 years       15 years       20 years       .....

**Frequency of payments** *Select one, monthly if blank*  
 Monthly       Quarterly       Semi-annually       Annually

**Lifetime income with refund**  
 Income payments continue for the life of the annuitant. If the annuitant dies before the premium is recovered, the remainder of the premium will be paid to the designated payee either as a lump sum or as installment payments.

**Refund type at death of annuitant** *Select one*  
 Lump sum       Installment payments

**Frequency of payments** *Select one, monthly if blank*  
 Monthly       Quarterly       Semi-annually       Annually

**Lifetime income without refund** *Only available if a guaranteed option*  
 Income payments continue for the life of the annuitant and end upon the annuitant's death.

**Frequency of payments** *Select one, monthly if blank*  
 Monthly       Quarterly       Semi-annually       Annually

Joint and survivor is only available with lifetime income options. Please indicate what percentage the survivor will receive.

Check here for **Joint and Survivor** and complete the following

<b>Joint annuitant name</b>	<b>Date of birth</b>	<b>Percentage</b> 100% if left blank
.	.	.
.....	.....	..... %

**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.

**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.

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... (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding... (c) the IRS has notified me that I am no longer subject to backup withholding...
3. I am a U.S. citizen or other U.S. person (defined in the instructions).

Signature of U.S. person

Date

X

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).

- 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

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

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

## 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.

If you are choosing an option for a guarantee period only or requesting a full surrender of your annuity, then this documentation is not necessary.

**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