



Genworth Life and Annuity
 Genworth Life
 Genworth Life of New York
 Administrative Office:
 3100 Albert Lankford Drive
 Lynchburg, VA 24501
 genworth.com

Required Minimum Distribution Authorization 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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- Please read and complete all sections that apply to your request and **sign on page 4**
- **Please print clearly** using blue or black ink, **and initial and date any corrections** or we may not be able to accept your request
- If you are taking a withdrawal to satisfy the RMD for a non-Genworth annuity, please use the withdrawal request form

Contract information

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

Contract number(s)	▪		
Owner name	_____	Date of birth	_____
	▪		▪
Social Security Number	_____	Telephone number	_____
	▪		▪

Important information

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

- Refer to your contract for the maximum withdrawal amount and number of withdrawals allowed without surrender charge (surrender charges will apply to any withdrawal beyond these limits)
- Making unscheduled withdrawals may cause systematic withdrawals to terminate or may reduce the amount of future systematic withdrawals, and could have adverse tax consequences

Required Minimum Distribution *For qualified annuities*

We will process this request on the date when all requirements are met. To ensure processing by year-end, please submit request by November 1st.

The Internal Revenue Service (IRS) may impose a 50% excise tax on Minimum Distribution amounts that are not taken by the appropriate deadline. IRS Publications 590 (IRA) and Publication 571 (TSA) offer additional information regarding the rules as they apply to your annuity contract. Consult your personal tax advisor regarding the tax status of distributions from your annuity.

The request to surrender or withdraw any contract value may affect the guaranteed elements, non-guaranteed elements, face amount or surrender value of the contract from which the values are released.

Is this a Tax sheltered/403(b) annuity? If yes, enter the December 31, 1986 account balance
 Yes No \$ _____

If the pre-1987 and the post-1986 account balances have not been maintained separately, then the full balance of your account will be considered to be post-1986 for purposes of calculating your Minimum Distribution. Distribution of your pre-1987 account balance is not required to begin until the latter of the year in which you (i) attain age 75 or (ii) retire from the TSA plan sponsor.

Please provide December 31st contract value of previous year *Only applicable to contracts that were not with Genworth at end of previous year* _____

Date of distribution *Current date if blank (If Automatic Annual distribution is chosen, must be a date no later than December 28th of each year)*
 ▪ _____

Distribution type *Select one*
 Single distribution Automatic annual distribution (if available) *Calculated distribution options only—select calculation method**

If Single distribution *Select one*
 Calculated amount *Select calculation method**
 Specify amount \$ _____ and select type below. *Gross, if left blank*
 Gross (payment is reduced by any taxes or fees withheld)
 Net (payment equals specified amount, any taxes or fees are taken from remaining cash value)

*** Calculation method**
 If your spouse is the sole beneficiary, spouse’s date of birth _____

Withdrawals in excess of the guaranteed withdrawal amount, called “excess withdrawals”, will result in a permanent reduction in future guaranteed withdrawal amounts. If you would like to make an excess withdrawal and are uncertain how an excess withdrawal will reduce your future guaranteed withdrawal amounts, then you may contact us prior to requesting the withdrawal to obtain a personalized transaction specific calculation showing the effect of the excess withdrawal.

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

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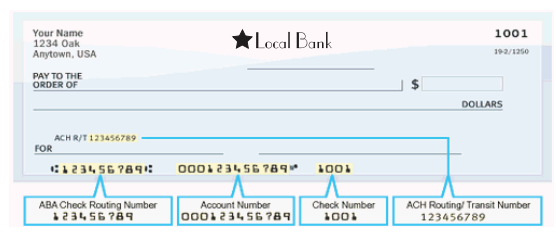
Payment method Complete appropriate section—payment will be mailed to the owner's address of record, if left blank

<p>Check</p> <p>A check will be mailed to the address of record, unless a new address is provided.</p> <p>A check will be sent if Electronic funds transfer is not an option for your contract.</p>	<p>Street address</p> <p>▪ _____</p> <p>City _____ State _____ Zip _____</p> <p>▪ _____</p> <p>Is this a new permanent mailing address? If yes, all future correspondence will be mailed to the new address. If no, we will continue to use the address on file.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
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<p>Electronic funds transfer (EFT)</p> <p>You authorize us to transfer payments into your account, and make any necessary adjustments to your account, with the understanding that you or your agent will be notified.</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Account owner name</td> <td style="width: 50%;">Institution name for deposit</td> </tr> <tr> <td>▪ _____</td> <td>▪ _____</td> </tr> <tr> <td>Routing number</td> <td>Type of account <i>Select one</i></td> </tr> <tr> <td>▪ _____</td> <td><input type="radio"/> Savings <input type="radio"/> Checking</td> </tr> <tr> <td>Account number for deposit</td> <td></td> </tr> <tr> <td>▪ _____</td> <td></td> </tr> </table>	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		▪ _____	
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													
▪ _____													

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.



Income tax withholding

Withholding notice

Withholding only applies to the taxable portion of the payment you receive, not to the entire payment. In general, the taxable portion equals the extra amount you receive over the total amount you paid (considered your cost basis).

We cannot guarantee that your withdrawal amounts will be sufficient to meet IRS minimum distribution requirements.

Required minimum distribution (RMD) amounts are not eligible for rollover.

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

▪ _____

Special withholding rules and forms apply to payments delivered overseas or to non-residents of the United States. If you have not provided a W-9 documenting yourself as a U.S. Citizen living abroad, or a W-8Ben to request tax treaty withholding rate we must withhold 30% for federal taxes.

- Federal withholding is generally at a 10% rate, but you may generally elect not to withhold any taxes.
- We will assume that the entire withdrawal is taxable, except for non-taxable qualified distributions from a Roth IRA.
- If you elect not to have federal and state income tax withheld, you are still liable for payment of federal income tax and, if applicable, state income tax on the taxable portion of the distribution. You may also be subject to tax penalties under the Estimated Tax Payment Rules if any payments of estimated tax and withholding are insufficient (IRS Publication 505 explains federal estimated tax requirements and describes penalties in detail). You may be able to avoid quarterly tax payments by having enough tax withheld from your withdrawals.
- Consult your personal tax advisor regarding the tax status of distributions.
- State tax will be withheld only from withdrawal payments that are not directly rolled over to an IRA or eligible plan.
- **If you want state income tax withheld** in AL, CO, DC (Unless full surrender of qualified funds, in which case 8.95% withholding is mandatory), GA, IL, KY, LA, MD (unless 403(b) or 401K in which case 7.75% withholding is mandatory), MN, MS, ND, OH, PA, SC, UT, VA (unless a Qualified plan other than IRA, Roth IRA, or SEP IRA; the mandatory rate will be 4% of a Qualified plan other than those listed), and WV **you must designate a state withholding amount or percentage.**
- **We cannot withhold state income tax** in AK, AZ, FL, HI, NH, NV, NY, SD, TN, TX, WA and WY.
- In IA, KS, ME, MA, NE and OK **state withholding is required at the current state rate or higher amount you choose unless you request 0% Federal withholding**
 - In CA, RI, or VT state withholding will be done at the default rate of the Federally withheld amount unless you designate otherwise. If you elect a percentage to withhold it will be based on the Taxable amount.
 - State withholding is optional with the following guidelines: IN, CT, IN, MO, MT, NJ state withholding must be a whole dollar amount of at least \$10. WI state withholding must be a whole dollar amount of at least \$5. ID state withholding must be a whole dollar amount, no minimum. In DE state withholding must be at least 5%. NM is Optional withholding, taxpayer must provide dollar amount or percentage to withhold, must be over \$10.
 - In AR we will default to 3% (5% if 401K plan) unless you request otherwise. In OR we will default to 8% unless it is less than \$10 or you request otherwise.
 - NC, unless you complete an NC4P we will withhold 4%.
 - MI – If born before 1952 and withdrawal is below thresholds on a Qualified plan we will default to no withholding unless you request otherwise. For any other withdrawal, we will withhold 4.25% unless you have completed the MI4P.
- If applicable, the state withholding certificate may state special rules and conditions for withholding state income tax from your withdrawals.

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Income tax withholding *Continued*

Income tax withholding election

Your withholding selections will apply to all payments made under this request.

We will withhold federal and any applicable state taxes if you do not complete this section.

If no state tax amount or percent is specified, no state income tax will be withheld, unless required by the state.

Withhold federal taxes *Select one*

Yes No

If yes, specify amount (minimum of 10%) *Select one*

\$.....

Withhold state taxes *Select one*

Yes No

If yes, specify amount *Select one*

\$.....

Social Security/Tax ID Number *If you do not provide your Social Security number in the Owner section above, federal and any applicable state taxes will be withheld*

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:

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

Signature of U.S. person

Date of signature

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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).

- Your signature indicates that you have read and understand all sections of this form
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

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).

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:

Signing instructions

Table with 2 columns: Category (Attorney-in-Fact, Corporation or Limited Liability Corporation (LLC), Guardian, Partnership, Spouse, Trust) and Description of signing requirements.

Form submission

Send completed form to:

Regular First Class Mail: Genworth, P.O. Box 40012, Lynchburg, VA 24506 -4012

Overnight Delivery: Genworth, 3100 Albert Lankford Drive, Lynchburg, VA 24501

For Inquiries and questions Variable Annuities Phone: 800 352.9910 Fax: 804 281.6178

Fixed Annuities: Phone: 800 221.9501 Fax: 434 522.2904