



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

# Systematic or auto interest withdrawal request for fixed annuities

from Genworth Life and Annuity Insurance Company, Genworth Life Insurance Company and Genworth Life Insurance Company of New York†

Use this form to initiate a systematic withdrawal on annuity contracts issued by Genworth Life & Annuity, Genworth Life and Genworth Life of New York. Systematic withdrawals may not be available for all products and/or riders.

Page 1 of 4

**Owners, you must sign on page 4.**

## 1. Owner information

The Genworth insurance companies listed above are referred to as “we” or “the Company” in this request.

Contract number  
 • \_\_\_\_\_

Owner name \_\_\_\_\_ Date of Birth \_\_\_\_\_

• \_\_\_\_\_ • \_\_\_\_\_

Social Security/Tax ID number \_\_\_\_\_ Telephone number \_\_\_\_\_

• \_\_\_\_\_ • \_\_\_\_\_

Joint owner name *If any*  
 • \_\_\_\_\_

## 2. Withdrawal information

**!** Any withdrawal taken from your annuity contract is an irreversible transaction.

- See your contract for the maximum surrender charge-free withdrawal amount and maximum number of surrender charge-free withdrawals allowed in a contract year.
- Requests that would cause the contract value to fall below the minimum required contract value will not be processed. See your contract for details.
- Making withdrawals may cause systematic withdrawals to terminate or may reduce the amount of future systematic withdrawals.
- Maximum systematic withdrawal amount may not exceed free withdrawal available as of the date we process your election.
- Owner(s) may terminate the systematic withdrawals at any time by notifying the Company’s Home Office.
- Withdrawals under the systematic withdrawal program will continue until we are notified to discontinue them or until the systematic withdrawals terminate.

## 3. Systematic withdrawals under the base contract

### Withdrawal information

**!** Do not complete this section if you purchased the optional Guaranteed Minimum Withdrawal Benefit for Life rider and plan to start income withdrawals under the rider. Skip to section 4.

**!** Percentage withdrawals will default to account value if neither option is selected.

For the SecureLiving® Rate Saver product, the only option available for systematic withdrawals is auto interest.

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.

### Withdrawal frequency *Select one*

- Monthly     Quarterly     Semi-Annually     Annually

### Withdrawal start date *If form is received after start date, we will begin withdrawals immediately*

• \_\_\_\_\_  
 Withdrawal start date is the date transaction is processed, not the payment receipt date.

### Withdrawal amount *Select one ONLY if you do not have a living benefit rider*

- \$ \_\_\_\_\_
- \_\_\_\_\_ % of  Account Value or  Purchase Payments
- Maximum available without surrender charge
- Auto-interest (interest only) *option not available with Index Annuities*

### Owners Under Age 59½ *Check ONLY if applicable; if not applicable, tax penalties may apply to withdrawals*

- These payments are part of a series of substantially equal period payments as described in IRC section 72(t)(2)(a)(iv) or IRC section 72(q)(2)(D).

**Once complete, please skip to section 5.**

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

**4. Systematic withdrawals for the Guaranteed Minimum Withdrawal Benefit for Life rider**

**!** This section is for contract holders that elected the Guaranteed Minimum Withdrawal Benefit for Life rider only.

**I have the Guaranteed Minimum Withdrawal Benefit for Life rider. By completing this section I am electing to start income withdrawals under the rider.**

**Withdrawal frequency** *Select one*

- Monthly       Quarterly       Semi-Annually       Annually

**Withdrawal start date** *If form is received after start date, we will begin withdrawals immediately*

**Withdrawal type** *Select only one option*

Send me my annual withdrawal limit:

Please select one *Note: If you do not elect one of the following options we will default to Option (1)*

- Option (1) by dividing the annual withdrawal limit over the **remaining** contract year.

**When a systematic withdrawal request is received after the start of your contract year, we will spread your payments over the remaining contract year. If the systematic withdrawal request is continued into the following contract year the payments may be decreased because a full contract year will be used to calculate the payment.**

*or*

- Option (2) by dividing the annual withdrawal limit over the **complete** contract year.

**By electing this option you may not receive your total annual withdrawal limit for the current contract year.**

*or*

- Option (3) as a fixed dollar amount of \$ ..... for the frequency indicated above

**The fixed dollar amount cannot be more than the annual withdrawal limit.**

- Systematic withdrawals in a contract year will be adjusted for other withdrawals taken in that contract year.
- Please see your contract for an explanation of how your benefit is reduced when you exceed your withdrawal limit.
- 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.

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

**Check**

A check will be mailed to the address of record, unless a new address is provided.

Street address

.....  
 City State Zip  
 .....

**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.

- Yes       No

**Electronic funds transfer (EFT)**

You authorize the Company 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.

Account owner name

Institution name for deposit

.....

Routing number

Type of account *Select one*

.....  Savings       Checking

Account number for deposit

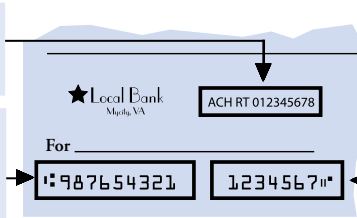
.....

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.

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.

**6. 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.

**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.

- Unless the substantially equal periodic payment exception or another exception applies, the taxable portion of withdrawals and surrenders taken before age 59 1/2 may be subject to a 10% penalty tax in addition to ordinary income taxes.
- Federal withholding is generally at a 10% rate, but you may generally elect not to withhold any taxes.
- Federal withholding for distributions from qualified plans is at a 20% rate and is mandatory unless the distribution is rolled over to an IRA or other eligible retirement plan
- We will assume that the entire withdrawal from an IRA 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 the taxable portion of withdrawal payments that are not directly rolled over to an IRA or eligible plan.
- **In AR and MI** state withholding is required, regardless of federal withholding, unless you elect not to have taxes withheld (MI requires you to complete Form MI W-4P). If federal tax is not withheld, all states that otherwise require withholding will permit you to select a dollar amount or percentage of state tax to be withheld.
- **If you want state income tax withheld** in AL, AR, CO, CT, DC, DE, GA, ID, IL, IN, KY, LA, MD, MN, MO, MT, ND, NJ, NM, OH, PA, RI, SC, UT, VA (IRAs and SEPs), WI and WV **you must designate a state withholding amount.**
- **We cannot withhold state income tax** in AK, AZ, FL, HI, NH, MS, NV, NY, SD, TN, TX, WA and WY.
- In DE, IA, KS, ME, MA, NE and VT **state withholding is required at the current state rate or higher amount you choose.**
- **Unless you elect not to have state income tax withheld (except for eligible rollover distributions in AR and NC),** in CA, KS, NC, OK, OR, or VA (except for IRAs and SEPs) **state withholding is required at the current state rate or higher amount you choose.**
- If applicable, the state withholding certificate may state special rules and conditions for withholding state income tax from your withdrawals.
- Special withholding rules and forms apply to payments delivered overseas or to non-residents of the United States.

**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 or Tax ID number in the Owner section above, federal and any applicable state taxes will be withheld*

**7. Signature**

Your signature indicates you have read and understand all sections of this form. If you are a Trustee, Attorney-in-Fact, Guardian or other fiduciary, indicate the capacity you are acting in and attach relevant legal documentation.

Signature of Joint Owner (if any) is required, if not spouse of Owner.

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).

By signing below, I certify that I have been advised to consult with a tax advisor regarding the transaction specified herein. I am responsible for any taxes or penalties resulting from withdrawals from my contract.

**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*  Irrevocable Beneficiary  
 Guardian  Title/office: \_\_\_\_\_

**8. 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, 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 with title, or the general or managing partner must sign with 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 title as "trustee", according to the terms of the Trust Agreement, and submit a completed Genworth Certification of trustee powers form (e.g. Jane Doe, Trustee).

**9. Mailing instructions**

<b>Regular First Class Mail:</b> P.O. Box 10176 Lynchburg, VA 24506-4012	<b>Overnight Delivery:</b> 3100 Albert Lankford Drive Lynchburg, VA 24501-4996
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**For questions call:**  
**Fixed Annuities:**  
 Phone: 800 221.9501  
 Fax: 434 522.2904