

# Fixed annuity withdrawal authorization

from Genworth Life and Annuity Insurance Company, Genworth Life Insurance Company and Genworth Life Insurance Company of New York<sup>†</sup>

**Instructions:**

- Please read and complete all sections that apply to your request and **sign and date 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 prefer to request future transactions over the telephone, complete the Telephone withdrawal authorization section.
- If you are taking a withdrawal to satisfy the Required Minimum Distribution (RMD), for a Genworth annuity, please use the RMD authorization form.

**Contract information**

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

Contract number(s) *Use only the spaces needed*

Owner name \_\_\_\_\_ Date of birth \_\_\_\_\_

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

Joint owner name \_\_\_\_\_ Is joint owner spouse of owner?  
 Yes  No

**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).
- We will not process any partial withdrawal that would cause the contract to fall below the minimum required contract value (refer to your contract for details) without your consent.
- Making unscheduled withdrawals may cause systematic withdrawals to terminate or may reduce the amount of future systematic withdrawals, and could have adverse tax consequences. Please consult your tax advisor regarding the tax status of distributions from your annuity.
- Your contract value will be reduced by the full amount of your withdrawal request, however the amount payable for the withdrawal may be less due to surrender charges and Market Value Adjustment (MVA), where applicable. Consult your contract for details.
- 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.

**Single withdrawal**



Complete this section if you have not elected the Guaranteed Minimum Withdrawal Benefit for Life Rider or you do not want to start Income Withdrawals as described in your Guaranteed Minimum Withdrawal Benefit for Life Rider.

**Withdrawal amount** *Select one*

- Maximum amount available without surrender charge
- ..... % of contract value
- 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)
- Full surrender (Withdraw all funds and close the contract)

**Single withdrawal under a Guaranteed Minimum Withdrawal Benefit for Life Rider**

Please complete this section to begin Income Withdrawals as described in your Guaranteed Minimum Withdrawal Benefit for Life Rider.

If you do not want to start Income Withdrawals please complete the Single Withdrawal section above.

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 factors will be lower for Increasing Income as compared to Level Income, but will have the potential for payments to increase over time.

For the Growth+ product only, select from one of the following income choice options:

- Level Income  Increasing Income
- Maximum amount available that will not exceed the rider’s limit
- ..... % of available limit
- \*Specify amount \$ ..... and select type below *Gross, if 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)

\*Please note, electing a specific amount may cause an excess withdrawal. Please refer to your contract for details.

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

**Payment method**

**Check**

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

A check will be sent if Electronic funds transfer is not an option for your contract.

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 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.

If EFT is not an option for your contract, or if we cannot verify your bank account, a check will be sent to your address of record.

Account owner name

Institution name for deposit

.....

Routing number

Type of account *Select one*

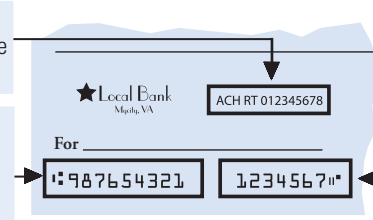
Savings  Checking

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.



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.

- 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 (non-qualified and qualified other than total distribution), 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, DC (qualified total distribution), 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.

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

**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.



*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 (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.

Signature of U.S. person

Date

**Telephone withdrawal authorization** *Not available for custodial-owned contracts or pension plans*

Your signature on page 4 indicates your acceptance of these terms:

This authorization is optional, and you may submit written requests at any time.

We reserve the right to request a signature at any time.

We are not liable for any loss, cost or expense for acting on such instructions, provided we employ reasonable procedures to confirm the instructions communicated by telephone are genuine.

If EFT authorization is on record, payment under this telephone withdrawal authorization will be made via EFT, otherwise, a check will be mailed to the address of record.

I would like to have telephone withdrawal access added to my contract, but I do not intend to make a withdrawal at this time.

This telephone withdrawal authorization only applies to single withdrawals. Requests for full surrender or required minimum distributions must be received on a valid authorization form.


**Security verification code word** *Required for all telephone withdrawals (Such as mother's maiden name, birthplace, first pet's name, first car. Please provide code word and hint)*

**Self.** By providing the security information above, you authorize us to act upon instructions given by you over the phone.

**Family member(s).** You authorize the additional family members listed below to act on your behalf. With this authorization, the family members listed will also be entitled to receive information about the contract. *Spousal joint owners may act on behalf of each other without express authorization.* **Please be sure family member(s) is/are aware this authorization ends upon your death.**

Name	Relationship	Date of birth
.....	.....	.....
Name	Relationship	Date of birth
.....	.....	.....
Name	Relationship	Date of birth
.....	.....	.....

**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).

 X

.....  
**Owner Signature** **Date**  
 Capacity *if applicable*:  Trustee  Guardian  Attorney-in-fact POA  Title/Office: .....

 X

.....  
**Joint Owner Signature** **Date**  
 Capacity *if applicable*:  Trustee  Guardian  Attorney-in-fact POA  Title/Office: .....


 X

.....  
**Other Required Signature** *If applicable* **Date**  
 Capacity *if applicable*:  Trustee  Guardian  Attorney-in-fact POA  Title/Office: .....

**Signing instructions**


<b>Attorney-in-Fact</b>	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).
<b>Corporation or Limited Liability Corporation (LLC)</b>	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).
<b>Guardian</b>	The guardian must indicate capacity and provide a copy of the current guardianship documents (e.g. John Doe, guardian).
<b>Partnership</b>	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).
<b>Spouse</b>	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.
<b>Trust</b>	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).

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

E-mail: annuitycustomerservice@genworth.com