



Genworth Life & Annuity
 Genworth Life Insurance
 Genworth Life of New York
 P.O. Box 40012
 Lynchburg, VA 24506
 Tel: 800 352.9910
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Required Minimum Distribution Authorization for Variable 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
- This form does not apply to Lifetime Income Plus contracts until after the first contract year
- 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 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 *If applicable*

• _____

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 valuation date when all requirements are met. Request must be received by November 1st to assure processing by year-end.

The Internal Revenue Service (IRS) may impose a 50% excise tax on Required 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. You may also want to consult your tax advisor.

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 Required 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* _____

Distribution year *Current year if blank* **Date of distribution** *Current date if blank*

• _____

Distribution type for Required Minimum Distribution

Single distribution

or

Systematic distributions Calculated with Uniform Distribution Table Factors

If systematic distribution* *Select payment frequency*

Monthly Quarterly Semi-annually Annually *Only systematic option for Lifetime Income Plus contracts*

** Lifetime Income Plus (LIP) only permits systematic payments annually on the contract anniversary*

** Systematic distributions may not be available on contracts issued prior to 1996*

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 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.

Subaccount election

If more space is needed, attach a separate page with contract number, date and all required signatures.

If you leave this section blank, funds will be withdrawn as a proportional percentage across all subaccounts.



Subaccount election is not available for systematic distributions

Single Distribution instructions *Select one*

- Subtract funds as a proportional percentage across all subaccounts
- Subtract funds from specific subaccounts as listed below *Must total 100%. Not available for contracts with living benefit riders.*

Sub-account name	Percent of withdrawal
.	. %
Sub-account name	Percent of withdrawal
.	. %
Sub-account name	Percent of withdrawal
.	. %
Sub-account name	Percent of withdrawal
.	. %

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.

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 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 Institution name for deposit

.

Routing number Type of account *Select one*

. Savings Checking

Account number for deposit

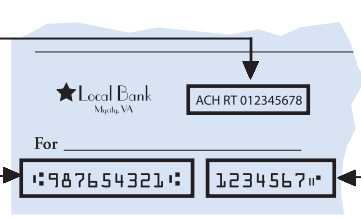
.



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.

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 if left blank.**
- 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 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.

Income tax withholding *Continued*

- **If you want state income tax withheld** in AL, AR, CO, 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.**
- **CT - State withholding is mandatory at a rate of 6.99%.**
- **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** in CA, KS, NC, OK, OR, or VA (except 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 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

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
- 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:

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).

Form Submission

Send completed form to:

Regular First Class Mail:

Genworth
 P.O. Box 40012
 Lynchburg, VA 24506

For Inquiries and questions
 Toll free: 800 352.9910

E-Mail: Vafrendend@genworth.com

Overnight Delivery:

Genworth
 3100 Albert Lankford Drive
 Lynchburg, VA 24501

Fax: 804 281.6178