



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

Variable Annuity Withdrawal Authorization

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 5**
- **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

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

Contract information

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

Contract number <i>Use only the spaces needed</i>		
.		
Owner name	Date of birth <i>If applicable</i>	
.		
Owner Social Security/Tax ID Number	Telephone number	
.		
Joint owner name	Is joint owner spouse of owner?	
.		
<input type="radio"/> Yes <input type="radio"/> No		
Current street address		
.		
City	State	Zip
.		
.		

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 withdrawal that would cause the contract to fall below the minimum required contract value (refer to your contract for details)
- 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.

Single withdrawal



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

Any request will be processed as of the valuation day we receive it in good order. In order to cancel a request we need a written request to cancel, signed by the owner, and received prior to market close, typically 4:00 PM ET, on the same valuation day that we receive the original request.

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 amount *Select one*

- Annual amount available without surrender charge
- Maximum amount available without surrender charge (may include premiums paid)
- Maximum amount available that will not exceed Living Benefit Rider annual limit
- % 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)
- **For 5 year beneficiary deferrals only:** Full surrender upon expiration of delayed distribution period (*not subject to surrender charges*)
- 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.

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Single withdrawal *Continued*

For contracts with living benefit riders, please read and initial the disclosure to the right.



I understand that my request may result in an excess withdrawal, but I would like the request to be processed as instructed. *Please refer to your contract and prospectus for the consequences of excess withdrawals.*

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.

Withdrawal 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
.	. %
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 send this request to the above address, but for any future requests, 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.

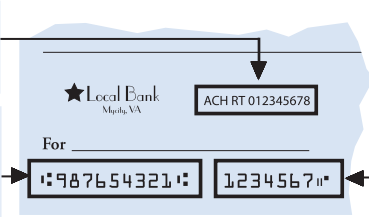
This authorization will remain in effect until we receive written notification from you to do otherwise.

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.

Warning icon: 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.

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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 state on record if blank.*

- 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.
- **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% if 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, 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.**
 - **CT - State withholding is mandatory at a rate of 6.99%.**
 - **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.

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

Yes No \$..... %

Withhold state taxes *Select one* **If yes, specify amount** *Select one*

Yes No \$..... %

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*

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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, Partnership, Limited liability company, Other (see instructions), C Corporation, Trust/Estate, S Corporation

Enter the tax classification (C=C corporation, S=S corporation, P=partnership)

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. It is important you provide us with the proper Social Security or Taxpayer Identification Number and Name.

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 of signature

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

Your signature below 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 password A password and hint are required for all telephone withdrawals. For example, the password could equal Williams, and the hint would equal mother's maiden name. Other examples could include birthplace, first pet's name, first car, etc.

Password (ex. Williams):

Hint (ex. mother's maiden name):

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.

Table with 3 columns: Name, Relationship, Date of birth. Multiple rows for family members.

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Declaration and signature(s)

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.

**SIGN
HERE**

Owner signature

Date of signature

X

Trustee Attorney-in-fact *POA*
 Guardian Title/office:

**SIGN
HERE**

Joint owner signature

Date of signature

X

Trustee Attorney-in-fact *POA*
 Guardian Title/office:

**SIGN
HERE**

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 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 indicate title, or the general or managing partner must 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 with 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

Overnight Delivery:

Genworth
3100 Albert Lankford Drive
Lynchburg, VA 24501

For Inquiries and questions
Toll free: 800 352.9910

Fax: 804 281.6178

E-mail: VAfrontend@genworth.com