

Variable Annuity Withdrawal Authorization

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If you leave this section blank, funds will be withdrawn as a proportional percentage across all subaccounts.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

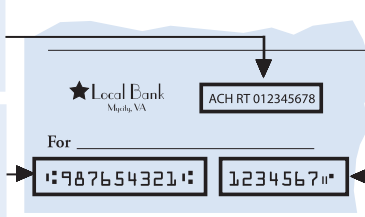
Account owner name Institution name for deposit
•

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.

⚠ 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.

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.

- 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.
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 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, VT and VA 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.

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

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)

Social security number or Employer identification number

Under penalties of perjury, I certify that:

- 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
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
I am a U.S. citizen or other U.S. person (defined in the instructions).
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

X

Date

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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. Three rows of family member information.

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.



Owner signature X Date of signature .
Trustee Attorney-in-fact POA
Guardian Title/office:



Joint owner signature X Date of signature .
Trustee Attorney-in-fact POA
Guardian Title/office:



Other required signature If applicable X Date of signature .
Trustee Attorney-in-fact POA
Guardian Title/office:

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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: VAServicing@genworth.com