



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

Single premium immediate annuity Income Advance/Early Advance request form

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

Page 1 of 3

Use this form to exercise the payment advance feature on a single premium immediate annuity.

Owner information

Contract/certificate number	Telephone Number	
•	•	
Contract owner/Certificate holder name	Social Security/Tax ID Number	
•	•	
Address		
•		
City	State	Zip
•	•	•
Contract owner Date of Birth		
•		

Advance Request

Payment advances are made in increments based on your modal period. Monthly modes are subject to a three-month minimum. Aggregated payment advances cannot exceed 12 months.

Number of advance payments requested

•

For contracts issued on or after 5/14/2012:

Please indicate which event, that has occurred within the last 12 months, the Owner qualifies for this advance:

- Have received an eviction or foreclosure notice on your principal place of residence.
- Spouse, civil union or domestic partner (in jurisdictions where recognized), or a member of owner's household died.
- Victim of a federally declared disaster as asserted by the Federal Emergency Management Agency (FEMA) for individual disaster assistance.
- A licensed physician has declared owner unable to perform at least two of the six Activities of Daily Living.
- Enter a state licensed facility providing Medically Necessary in-patient care for the duration of no less than 30 consecutive days.

We reserve the right to request verification of any payment criteria listed above for each payment advance request.

(Continued on next page)

Payee

For qualified contracts/certificates, the owner must be the payee.

If you leave this section blank, payment will be sent to the Payee on file.

Select one

- Payee and payment method on file Contract owner/Certificate holder shown above
- Alternate payee *Enter information below*

Payee Name

.....

Address

.....

City State Zip

.....

Date of Birth Social Security Number Telephone Number

.....

Electronic funds transfer (EFT)

If you would like to have your payment advance electronically deposited to your bank account, please complete this section. Please be advised that these electronic deposit instructions apply to this payment advance only. The bank account name for deposit must match the payee selected above. If you would like to have your regular distributions electronically deposited, please contact our office for the applicable form.

Electronic Funds Transfer (EFT) instructions or this payment advance only

Account owner name Institution name for deposit

.....

Routing number Type of account *Select one*

..... Savings Checking

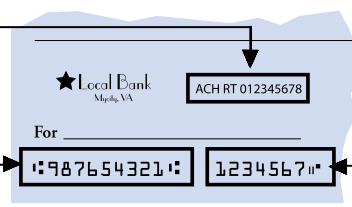
.....

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.

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.

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

.....

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.

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).

Signature of U.S. person

Date

.....

.....

Signature

If there is an irrevocable payee on the contract/certificate, the irrevocable payee must sign if they are not the payee to receive the advance payment requested on this form.

Your signature indicates you have read and understand all sections of this form. **If you are a Trustee, Attorney-in-Fact, Guardian, Conservator or other Fiduciary, you must sign in your capacity (e.g. Jane Smith, Trustee) and attach relevant legal documentation.**

Signature of joint owner, if any, is required.

By signing you:

- Are aware that the entire amount of the payment advance may be fully taxable.
- The payment advance taken before age 59 1/2 may be subject to a 10% penalty tax in addition to ordinary income taxes if your advance election impacts payments from two calendar years.
- If electronic funds transfer information was provided, you authorize us to automatically transfer your payment advance into your account, and make any necessary adjustments to your account, with the understanding that you or your agent will be notified.

Contract owner/Certificate holder signature *Sign in capacity, if applicable* Date

X

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

Joint contract owner/Certificate holder signature *Sign in capacity, if applicable* Date

X

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

Irrevocable payee signature *If any* Date

X

Other required signature *If applicable* Date

X

Mailing instructions

Send completed form to:

Regular mail: P.O. Box 6158 Lynchburg, VA 24505	Overnight delivery: 3100 Albert Lankford Drive Lynchburg, VA 24501
For Inquiries and questions Toll free: 888 322.4629	Fax: 434 948.5440