



Genworth Life & Annuity
Genworth Life
Genworth Life of New York

Electronic funds transfer (EFT) authorization

for direct deposit of annuity payments

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

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• **Please print clearly** and use blue or black ink, **and initial any corrections** or we may not be able to accept your request

Contract information

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

Payee’s address of record will be updated to the address provided here.

Contract or policy number(s) <i>Use only the spaces needed</i>	Telephone
Annuitant or owner name	Date of Birth <i>If applicable</i>
Payee name	Social Security/Tax ID number
Mailing address <i>Complete address required</i>	

Bank account information

The bank account owner must exactly match the payee on the contract.

Account owner name	Institution name for deposit
Routing number	Type of account <i>Select one</i>
Account number	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Brokerage

If brokerage account, provide additional information below

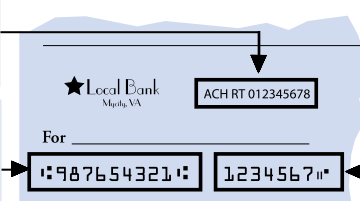
Brokerage firm	Brokerage account number
Broker name	Brokerage phone number

This is an example of a personal check. A business check may be different.

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.

Signature(s)

If you are a Trustee, Attorney-in-Fact, Guardian, Conservator or other fiduciary or representative, you must sign in capacity or with title (e.g. Jane Doe, Trustee) and attach relevant legal documentation.

By signing below, 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.

Payee (account owner) signature	Date
Joint payee signature	Date

This form must be received at least 20 days prior to the next payment due date to ensure the next payment goes to your new account.

Mail completed form to:
Regular First Class Mail:
Genworth Financial
P.O. Box 40012
Lynchburg, VA 24506

Fax completed form to:
Contact Information:
Variable annuities Toll free: 800 352.9910
Fax: 804 281.6178
Fixed annuities Toll free: 800 221.9501
Fax: 434 522.2904
Immediate annuities Toll free: 888 322.4629
Fax: 434 948.5440