

Withdrawal Instructions and Guidelines

Please follow these instructions carefully when submitting a form to prevent any delays caused by unclear or missing information. Be sure to read and fill out the form completely. This instruction page **does not** need to be returned to us.

General Guidelines

1. **Print clearly! Cross-through and initial any corrections or changes. Do not use correction fluid.**
2. If you do not provide your Social Security or Tax ID number, federal and any applicable state taxes may be withheld.
3. Please review and follow the instructions carefully, to ensure your request is not delayed.
4. Be sure to have all required parties sign in their capacity or with title as required.
5. Be sure to review all requirements and submit any additional documentation as required.
6. Due to passage of time and how signatures changes, signature by notary is recommended but not required unless the signature(s) on this form cannot be matched to the signature(s) we have on file.

Attorney-in-Fact The attorney-in-fact or Agent must sign in capacity as "attorney-in-fact" or "Agent", provide a copy of the entire power of attorney document (if not previously submitted), and complete and submit a Declaration of attorney-in-fact form. An updated Declaration of attorney-in-fact form is required every 12 months if the power of attorney is durable, otherwise an updated form is required with each request submitted.
Collateral Assignee Any collateral assignee on the policy must sign authorizing the withdrawal or submit a release of assignment dated prior to the withdrawal request.
Corporation or Limited Liability Corporation (LLC) A duly authorized officer of the company or member of the LLC must sign with title and provide satisfactory evidence of signatory authority, e.g., corporate or Board of Director's resolution or a copy of the articles of Incorporation or, for LLC's, an operating agreement.
Guardian/Conservator The guardian/conservator must sign in capacity and provide a copy of the guardianship documents if not previously submitted.
Irrevocable beneficiary The individual, trustee or representative must sign with the title "Irrevocable Beneficiary".
Joint owners All owners must sign.
Partnership All partners must sign with title, or the general or managing partner must sign with title (if the general or managing partner is also the insured, another partner must also sign).
Spouse A spouse in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI) must sign.
Trust The trustee(s) must sign with title "trustee," according to the terms of the Trust Agreement, and submit the Certification of Trustee Powers form if not previously submitted.



Genworth Life and Annuity Insurance Company, Richmond, VA
Genworth Life Insurance Company, Richmond, VA
Genworth Life Insurance Company of New York, New York, NY
Only Genworth Life Insurance Company of New York is admitted in and conducts business in New York.



Genworth Life & Annuity
 Genworth Life
 Genworth Life of New York
 P.O. Box 40016
 Lynchburg, VA 24506-4016
 Tel: 888 GENWORTH (436.9678)
 Fax: 877 300.1280
 genworth.com

Withdrawal Authorization for Life Insurance

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

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- **Complete pages 2 and 3, sign on page 4 and return both pages to the address indicated.**
- The Withdrawal Instructions and Guidelines page may be retained for your records.
- **Please print clearly** using blue or black ink and **initial any corrections**; otherwise, we may not be able to accept your request.

Withdrawal information

The request to withdraw any policy value may affect the guaranteed elements, non-guaranteed elements, face amount or surrender value of the policy.

Read the following important information before taking a withdrawal from your policy:

- Refer to your policy for the maximum withdrawal amount and number of withdrawals allowed without surrender charge (surrender charges will apply to any withdrawal beyond these limits).

Tax and withholding information

If the distribution is subject to tax, we will withhold federal and any applicable state taxes if you do not complete this section.

This is a high level summary of our understanding of state tax withholding. You should consult your tax advisor or your state's website for specific withholding information.

For state withholding disclosures, please refer to the *Deferred Annuity and Life State Withholding Information* form 309704.

- We will withhold federal tax at a 10% rate. You may elect not to have any taxes withheld if you complete the Substitute W-4R section on page 2, AND the Substitute Form W-9 section on page 3, AND you are not subject to backup withholding.
- If your policy is a modified endowment contract (MEC), the withdrawal will be deemed distributed from taxable income first and if taken before age 59 1/2 may be subject to a 10% penalty tax.
- 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).
- If applicable, the state withholding certificate may state special rules and conditions for withholding state income tax.
- Special withholding rules and forms apply to payments delivered outside of the United States or to non-residents of the United States.

Keep this page for your records.

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

Withdrawal Authorization for Life Insurance

Policy information

Policy Number .	
Insured Name .	Insured Date of birth .
Policy Owner Name .	Policy Owner SSN/TIN .
Policy Owner Address .	Policy Owner Phone number .

Is this a permanent mailing address? Yes No

If yes, all future correspondence will be mailed to this address. If no, we will continue to use the address on file.

Withdrawal

Fees, charges and tax withholding will reduce the amount you receive.

Request Withdrawal Amount *Select one*

Maximum Withdrawal Amount Specific Withdrawal Amount \$

Substitute Form W-4R for Income Tax Withholding on Lump Sum & Other Nonperiodic Payments

Income tax withholding election

Your withholding selections will apply to all scheduled payments made under this request.

We will withhold 10% federal and any applicable state taxes if you do not complete this section.

Withhold federal taxes

1 Your withholding rate is determined by the type of payment you will receive.
 • For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See additional instructions and Marginal Rate Table referenced below. Enter the rate as a whole number (no decimals)..... ▶	2	%
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For further information or to see the Marginal Rate Tables, please refer to the actual Form W-4R and instructions found on the IRS Website at <https://www.irs.gov/pub/irs-pdf/fw4r.pdf>.

Withhold state taxes *Select one*

Yes No

If yes, specify amount or percentage (leave blank to default to the amount required by state) *Select one*

\$ %

If you do not provide your Social Security or Tax ID number (see Substitute Form W-9 section), federal and applicable states taxes will be withheld.

Please indicate your Residence State for applicable tax withholding and reporting. If left blank, we will withhold and report based on the previously provided tax state, or your current address of record.

.....

If no state tax amount or percent is specified, no state income tax will be withheld, unless required by the state.

For your protection, your distribution may be delayed while the company attempts to confirm your identity and intentions as to withholding.

Withdrawal Authorization for Life Insurance

Substitute Form W-9 (an official IRS Form W-9 with instructions is available by download at IRS.gov)



If you are not a U.S. citizen or other U.S. taxpayer, 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 in order to prevent 30% mandatory withholding. If you do provide the appropriate signed W-8Ben form to us, tax withholding may be as low as 0% and will range up to 30%, depending on any applicable treaty or other agreement.

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 W-9 instructions)

Exemption Code(s) (see form W-9 instructions; generally not applicable to individuals)

Under penalties of perjury, I certify that:

- 1. The number shown on this form (on page 2) 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 form W-9 instructions).**
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**

Non-periodic payment additional disclosure: If you have not previously completed the W-9 and if the Substitute W-9 section is left blank, we will be required to withhold 10% Federal Taxes from the taxable portion of the distribution. Withholding will not be refunded after a transaction has been completed.

Withdrawal Authorization for Life Insurance

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Declaration and signature(s)

Unless signing as an individual, you must sign in capacity or with title and provide documentation of authority.

- My signature indicates that I have read and understand all sections of this form.
- I represent that I am of legal age and am not under any guardianship or legal disability. No proceedings in bankruptcy have been instituted by me or against me. I represent and warrant that there is no assignment, lien, tax lien, bankruptcy, receivership, divorce or separate maintenance agreement, attachment, garnishment, execution, legal claim or other interest under which any other person or entity claims rights or an interest under the policy except as indicated below or as previously filed with the company.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGN HERE **X** **Date** .
Current owner *Required*
 Capacity *If applicable*
 Trustee Guardian Attorney-in-Fact Title/officer

SIGN HERE **X** **Date** .
Joint owner *If applicable, required*
 Capacity *If applicable*
 Trustee Guardian Attorney-in-Fact Title/officer

SIGN HERE **X** **Date** .
Consenting Party *If applicable, required*
 Capacity *If applicable*
 Trustee Guardian Attorney-in-Fact Title/officer

Notary statement

State of
 County/City of
 On this day of, 20,
 before me, personally appeared
 known to me or satisfactorily proved to me to be the person who signed this document and
 acknowledged that he/she executed the document.
 Notary Public: My commission expires:

Form submission

Send completed form by regular mail or fax to:

P.O. Box 40016
 Lynchburg, VA 24506-4016
 Tel: 888 GENWORTH (436.9678)
 Fax: 877 300.1280

Complete, sign and return this page.

156183W 04/17/23



Genworth Life and Annuity
Genworth Life
Genworth Life of New York
Administrative Office:
3100 Albert Lankford Drive
Lynchburg, VA 24501

Deferred Annuity and Life Withdrawals State Tax Withholding Information

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

Page 1 of 1

State tax withholding information

- We cannot withhold state income tax in **AK, AZ, FL, HI, NH, NV, NY, SD, TN, TX, WA** and **WY**.
- If you want state income tax withheld in **AL, CO, GA, IL, KY, LA, MS, ND, OH, PA, SC, UT**, and **WV** you may designate a state withholding amount or percentage.
- **DC** – You may designate a state withholding amount or percentage unless full surrender of Qualified funds, in which case 10.75% withholding is mandatory regardless of federal election
- **MD** – You may designate a state withholding amount or percentage unless 403(b) or 401K in which case 7.75% withholding is mandatory.*
- **VA** – 4% withholding is mandatory for a Qualified plan other than IRA, Roth IRA, or SEP IRA; You may designate a state withholding amount or percentage for Non-Qualified plans.* For Non-Qualified plans we will withhold 4% unless you request otherwise.
- 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. The current state rate for **IA, KS, ME, NE, and OK** is 5%. The current state rate for **MA** is 5%
- 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, 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.
 - **DE** – state withholding must be at least 5%.
 - **MO, NM** – taxpayer may provide dollar amount or percentage to withhold, must be over \$10.
- **CT** – State withholding is required at 6.99% unless you have completed the CT W4P or request a higher amount. For a full surrender of a deferred annuity, you cannot opt out of the 6.99% mandatory withholding.
- **AR** – we will default to 3% (5% if 401K plan) unless you request otherwise. Withholding required at 3% for 403(b).*
- **OR** – default to 8% unless it is less than \$10 or you request otherwise.
- **NC** – unless you complete an NC4P we will withhold 4.75%.
- **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 MI W-4P.*
- **MN** - State withholding of 6.25% is required unless you complete, sign, date and return the W4-MNP.

**401K, 403(b), IRA, SEP IRA, and Roth IRA refer to types of Qualified Plans and do not apply to Life Insurance.*