

Certification of Trustee Powers for Existing Contracts and Policies



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 provide information about a trust.
- Please read this entire form and complete all required fields before signing.
- If more space is needed, attach a separate sheet of paper.

Contract or policy information

This form is being completed for an

- Existing life insurance policy
 Existing annuity

Contract or policy number(s)

.....

Insured/insured/annuitant name(s)

.....

Date(s) of birth

.....

Trust information

This section must be completed.
 In addition, if the trust is a
 Grantor Trust, please complete
 the section below.

If the trust is foreign, a completed
 IRS Form W-8BEN-E must be
 attached (regardless of whether
 the trust is a Grantor Trust.)

Trust title, example: "Jones Family Trust"

.....

Place of organization, example "Ohio" Foreign Trust

.....

Trustee name(s) and address(es) *Printed*

.....

Phone number

.....

Phone number

.....

Phone number

.....

Trust date

.....

Latest amendment date *If any*

.....

Tax Identification Number (TIN)

.....

Transaction requests must be authorized by *Select one*

- Any one trustee All trustees A majority

Grantor Trust information



If this is a Grantor Trust and the
 Trustee is not the Grantor, the
 Grantor must also sign this form.

If a domestic Grantor Trust
 (IRC §§ 671-679), please provide
 the Grantor name.

For additional grantors, provide
 names and Social Security numbers
 on an additional sheet of paper
 and attach to this form.

If TIN provided in the Substitute
 Form W-9 section is not the
 grantor's Social Security Number,
 we will not treat the trust as a
 Grantor Trust for tax reporting
 purposes.

Is this trust a Grantor Trust?

- Yes No

If yes, provide the following:

Grantor name

.....

Date of birth (mm/dd/yyyy)

.....

Social Security Number

.....

Grantor name

.....

Date of birth (mm/dd/yyyy)

.....

Social Security Number

.....

Address

.....

City

.....

State

.....

Zip code

.....

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

Trust information *Continued*

Control of Trust and Trustee

These questions must be answered.

1. Is the trust identified above, or are you as trustee, acting under the control or direction of another person or entity with respect to the application, policy or contract identified above?
 Yes No

2. If the answer to the previous question is "Yes,"

(a) Identify the person(s) or entity under whose control or direction the trust is or you are acting.

.....

(b) Describe the nature and extent of such control or direction.

.....

(c) Provide an explanation of the source of funds used to pay premiums for the policy or contract.

.....

3. Please identify:

(a) The person or entity, if any, who or which has the power to remove you as trustee

.....

(b) The person or entity, if any, who or which has the power to change the beneficiary(ies) of the trust.

.....

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 1) 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.

Certification and signatures

The Genworth companies listed above are referred to as “we” and “us” in this document. The trustee(s) is referred to as “you” in this document.


By signing below, you





- certify that you have the power under the Trust Agreement to exercise the rights, privileges, options and benefits granted to the Trust pursuant to the terms of the contract(s)/policy(ies) listed above, as issued; and you understand and agree that we are not obligated to verify the trust is in effect or that you are acting within your approved authority when you exercise these rights;
- jointly and severally indemnify and hold us harmless from any liability for acting according to your instructions under the referenced Trust Agreement; and
- agree to inform us in writing of any change in the trustee(s) or any change of information provided in this form.

For new life insurance policies and for existing policies in states requiring that an insurable interest exist on transfer of issued policies, you

- agree that only those who have an insurable interest in the life of the Insured/Proposed Insured are now, can or will be beneficiaries of the trust; and
- have not, and will not, transfer for consideration any interest in the policy to any party who has no insurable interest in the Insured/Proposed Insured.

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

 All Trustees must sign this form.

	Trustee signature	Date
	X _____, Trustee	• _____
	Trustee signature	Date
	X _____, Trustee	• _____
	Trustee signature	Date
	X _____, Trustee	• _____
	Grantor signature (if different from Trustee)	Date
	X _____, Trustee	• _____

Form submission

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

Fax completed form to:
Contact Information:
Variable annuities
Toll free: 800 352.9910
Fax: 804 281.6178
Email: Vafontend@genworth.com

Fixed annuities
Toll free: 800 221.9501
Fax: 434 522.2904
Email: FA-FIAfrontend@genworth.com

Immediate annuities
Toll free: 888 322.4629
Fax: 434 948.5440
Email: SPIAfrontend@genworth.com

Variable Life
Toll free: 800 628.2238
Fax: 800 350.2038
Email: lifecommlifeVLfrontend@genworth.com