

Surrender 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. Use this form to authorize a full surrender.
2. Print clearly! Cross-through and initial any corrections or changes. Do not use correction fluid.

Surrender

1. If you surrender your policy, you may return it to the company, but the company will not require you to do so. By signing the Surrender authorization form and sending it to the company, you agree that the company can immediately process your surrender without submission of the policy.
2. If you do not provide your Social Security or Tax ID number, federal and any applicable state taxes will be withheld.

Signatures

1. Please review and follow the instructions below carefully, to ensure your request is not delayed.
2. Be sure to have all required parties sign in their capacity or with title as required.
3. Be sure to review all requirements and submit any additional documentation as required.

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 Genworth 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 surrender or submit a release of assignment dated prior to the surrender request.

Corporation or Limited Liability Corporation (LLC)

An officer of the company or member of the LLC must sign with title (if the signing officer or member is also the insured/annuitant, a second officer or member must also sign), and provide either a corporate or board of director's resolution or a copy of the Articles of Incorporation or operating agreement (for LLCs).

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 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 of New York
P.O. Box 40012
Lynchburg, VA 24506
Tel: 800 628.2238
Fax: 800 350.2038
genworth.com

Variable Life Insurance Surrender Authorization

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

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- **Use this form to authorize a full surrender of your policy for all available value.**
If you wish to withdraw only a part of your policy's available value, use the Variable Life Insurance Withdrawal Authorization form.
- **Complete this form in its entirety and sign on page 3 where indicated.**
- The Surrender information page may be retained for your records. **Return pages 2 and 3 only.**
- **Please print clearly** using blue or black ink and **initial any corrections**; otherwise, we may not be able to accept your request.

Surrender information



WARNING: Once you sign and date this form and send it to us, your authorization to surrender cannot be cancelled, withdrawn or otherwise changed – your life insurance coverage will end and cannot be reinstated.

You may want to consider options other than surrender, e.g., stopping premium payments and letting your policy continue until it would otherwise lapse. Your latest annual report, your insurance representative and our customer service team can provide additional information to help you make a decision.

Read the following important information before you surrender your policy:

- Surrenders may have significant tax consequences (please contact your tax advisor).
- The amount payable upon surrender is equal to your policy's value minus any surrender charge and minus any outstanding policy loan. There is no premium refund.
- While universal life insurance policies that provide conditional death benefit guarantees typically do not have much, if any, value available for surrender, they may offer the possibility of continuing a substantial death benefit for little or no additional premium payments, which may be more advantageous to you than surrendering your policy now for little or no value.

Tax and withholding information

If you are considering surrender of a life insurance policy with an outstanding loan balance, or are concerned about the effect of any policy transaction on your estate plan or other aspects of your personal tax situation, you are strongly advised to consult a tax advisor.

- For state withholding disclosures, please refer to the Deferred Annuity and Life Withdrawal 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 Form W-9 section on page 3 AND you are not subject to backup withholding.
- 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 the policy is surrendered with an outstanding loan balance prior to payment of the death benefit, the taxable portion will include the loan balance on the surrender date.
- If your policy is a modified endowment contract (MEC), surrenders proceeds 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 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.

Variable Life Insurance Surrender Authorization

Policy information

Policy Number .	
Insured Name .	Insured Date of birth .
Policy Owner Name .	Policy Owner SSN/TIN .
Policy Owner Mailing Address .	Policy Owner Telephone 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.

Tax withholding election

If surrender proceeds are subject to tax, we will withhold 10% 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.

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

Withhold federal taxes *Select one*

Yes No

Withhold state taxes *Select one*

Yes No

If yes, specify amount (minimum of 10%) *Select one*

\$..... %

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 in the owner section above, federal and any applicable state 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.

.....

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 above 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.

Variable Life Insurance Surrender Authorization

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.
- By signing this form and sending it to the company, I agree that the company may immediately process the surrender without submission of the policy.
- 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

Current owner *Required*

Date

Capacity *If applicable*

Trustee Guardian Attorney-in-Fact Title/officer

**SIGN
HERE**

X

Joint owner *If applicable, required*

Date

Capacity *If applicable*

Trustee Guardian Attorney-in-Fact Title/officer

**SIGN
HERE**

X

Consenting Party *If applicable, required*

Date

Capacity *If applicable*

Collateral Assignee Spouse Irrevocable Beneficiary

Form submission

Send completed form by regular mail or fax to:

P.O. Box 40012

Lynchburg, VA 24506

Tel: 800 628.2238

Fax: 800 350.2038

Email: lifecommlifeVLfrontend@genworth.com

Complete, sign and return this page.