



Genworth Life & Annuity  
 Genworth Life  
 Genworth Life of New York  
 P.O. Box 40012  
 Lynchburg, VA 24506  
 genworth.com

# Variable Annuity Annuitization Request

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



Page 1 of 6

Please complete all applicable sections of this form and return to Genworth.  
**Owners must sign on page 6.**

## 1. Owner information

The Genworth companies listed above are referred to as “we” or “the Company” in this request.

Under this income request the owner(s) is (are) the annuitant(s) unless stated otherwise.

Contract number

▪ \_\_\_\_\_

Owner name

▪ \_\_\_\_\_

Owner Social Security/Tax ID number

Phone number

▪ \_\_\_\_\_

Joint owner name *If any*

▪ \_\_\_\_\_

## 2. Payee *Select one*

Use this section to specify who will receive annuity payments.

- Owner *as shown in your contract*       Joint owner *as shown in your contract, if applicable*  
 Annuitant *as shown in your contract*       Joint annuitant *as shown in your contract, if applicable*



If no payee is selected, we will name the owner as the payee.

## 3. Base contract annuitization *Select only one option. MyClearCourse<sup>SM</sup> contract holders proceed to MyClearCourse<sup>SM</sup> annuitization section.*

Complete this section to annuitize under the base contract.

Select **only one** payment option.

Surrender charges may apply.

Indicate payment period, period certain, and payment frequency where applicable.

If your monthly payment is less than \$100 per month, we may reduce your payment frequency to a frequency that would result in each payment being at least \$100.

All options listed may not be available for all contracts.

Consult your contract or call 800 352.9910 for more information.

### Fixed payout options

- Life income with period certain *Monthly payment frequency only.*  
      10 year period     15 year period     20 year period  
 Income for a fixed period 1–30 years: \_\_\_\_\_  
      Monthly     Quarterly     Semiannually     Annually  
 Income for a definite amount \$ \_\_\_\_\_  
      Monthly     Quarterly     Semiannually     Annually  
 Interest income *Not available on qualified accounts.*  
      Monthly     Quarterly     Semiannually     Annually  
 Joint life and survivor income *10 year period certain only. Monthly payment frequency only.*

### Variable payout options

- Life income with period certain *Monthly payment frequency only.*  
      10 year period     15 year period     20 year period  
 Joint life and survivor income *10 year period certain only. Monthly payment frequency only.*

## 4. Transaction recommendation information



For contracts issued in New York only.

**For contracts issued in New York, complete this section only if this request is based on a recommendation made by an agent.**

- This request is being submitted based on a recommendation made to me by my producer/agent.  
 Producer/agent name: \_\_\_\_\_  
 Producer/agent phone number: \_\_\_\_\_  
 Producer/agent email address: \_\_\_\_\_

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

**5. Living benefit rider annuitization** *Select only one option.*

If your monthly payment is less than \$100 per month, we may reduce your payment frequency to a frequency that would result in each payment being at least \$100.

**Guaranteed Income Advantage rider** *Select only one option.*

- Begin monthly income on Income Start Date (ISD)** *Begin income payments on the earlier of the Income Start Date for this segment or the Annuity Commencement Date as described in the contract. If you do not select a different option we will begin income payments on the earlier of the Income Start Date you elected at the time the income segment was established or the Annuity Commencement Date.*
- Direct income payments to you as instructed in Section 8.
- Allocate income payments to the investment options in which you have allocated at this time. This is the default option unless you elect to have payments directed to you.

**There are tax implications for each option. You should discuss these options with your tax advisor and registered representative to determine the best course of action for you. Please refer to your Guaranteed Income Advantage notice letter for details on how the Company will report these distributions.**

- Transfer GIA segment to investment options within contract** *You may elect to cancel this segment and transfer the corresponding value from the GIS Subaccount to another investment option within your contract. We will allocate the value according to your last investment allocation instructions. You will lose the guaranteed income benefit for this segment but retain your variable annuity contract subject to its terms.*
- Withdraw the value of the GIA segment only** *You may elect to withdraw the value of this segment as a partial withdrawal from the contract. Upon receipt of this request in good order prior to the ISD, we will remit proceeds to you for the value of the segment from the GIS Subaccount. You will lose the guaranteed income benefit for this segment but retain your variable annuity contract subject to its terms.*

*If you wish to surrender the entire contract, complete Section 7.*

**Payment Optimizer Plus rider**

- Begin income payments as described in the contract-Life Income with a monthly frequency.*

**Principal Protection Advantage rider**

- Begin income payments as described in the contract-Life income with a monthly frequency. This request will be processed on the contract anniversary following the receipt of this form. Up to 5 Payment Protection Plans are available.*

**Indicate a dollar amount for this Payment Protection Plan for select 100%.**

- 100%
- \$ ..... of Account Value

*Unless indicated below, income payments will be paid directly to you.*

- Allocate income payments to the investment options in which you have allocated at this time. Payments will remain within your variable annuity contract.

**Guaranteed Minimum Withdrawal Benefit riders**

- Lifetime Income Plus, Lifetime Income Plus 2007, Lifetime Income Plus 2008, Lifetime Income Plus Solution, Income Protector  
*Annuitization under these Guaranteed Minimum Withdrawal riders is only available at the latest Annuity Commencement Date. At that time, monthly income payments will begin in the amount of the last calculated withdrawal limit and will continue for the life of the annuitant(s).*

**6. MyClearCourse<sup>SM</sup> annuitization**

You selected the period certain when we issued your contract.

**MyClearCourse<sup>SM</sup> payout options** *Select one*

- Life income with period certain
- Joint life and survivor income with period certain

**7. Surrender option**

Complete this section if you do not wish to annuitize your contract.

- Lump sum option** *By selecting this option we will pay you the entire surrender value of your contract. Your contract will be terminated once this request has been completed. Surrender charges may apply. If received within 60 days prior to the Annuity Commencement Date, we will waive any surrender charges. Your request will be processed as of the date this form is received in good order.*

**8. Payment method** Complete appropriate section—payment will be mailed to the owner’s address of record, if left blank

**Check**

A check will be mailed to the address of record, unless a new address is provided.

Street address

City State Zip code

**Is this a permanent mailing address?** If yes, all future correspondence will be mailed to this address. If no, we will continue to use the address on file.  Yes  No

**Electronic funds transfer (EFT)**

You authorize the Company 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.

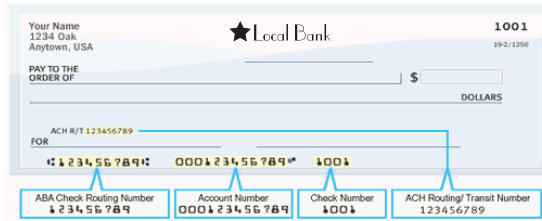
This authorization will remain in effect until we receive written notification from you to do otherwise.

Account owner name Institution name for deposit

Routing number Type of account *Select one*

Savings  Checking

Account number for deposit



**9. Income tax withholding**

**Step 1: Federal withholding**

**W-4P Questions.**

If you leave this section blank and/or do not provide us with your Social Security number on page 1 and Federal Tax Classification in the Substitute W-9 section below, we will withhold Federal income tax at the rate for Single with no Withholding Adjustments.

See page 2 of the W-4P Instructions for examples on how to complete Step 2.

**Do you want federal income tax withheld?**

Yes  No

**If yes**, please complete marital status and the IRS Form **W-4P** applicable steps 2-4 below. **For further information, please refer to the actual Form W-4P and instructions found on the IRS website at <https://www.irs.gov/pub/irs-pdf/fw4p.pdf>.**

**If no**, please skip the marital status and steps 2-4 below.

**Marital status:**  Single or Married filing separately (or married but using higher single rate)  Married filing jointly or Qualifying widow(er)  Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual)

**Step 2:**

**Income from a job and/or multiple pensions/annuities (including a spouse’s job/pension/annuity).**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity.

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “- 0 -”. ▶ \$

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “- 0 -”. ▶ \$

(iii) Add the amounts from items (i) and (ii) and enter the **total** here ▶ \$

If you (or your spouse) have a job, do not complete Steps 3-4(b) on this form.

If you (or your spouse) do not have a job, complete Steps 3-4(b) on Form W-4P for only the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

**TIP:** To be accurate, submit a 2022 Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see Form W-4P instructions on page 2.

**9. Income tax withholding** *Continued*

**Step 3:**  
**Claim dependent and other credits.**

If your total income will be \$200,000 or less (\$400,00 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$

Multiply the number of other dependents by \$500 ▶ \$

Add other credits, such as foreign tax credit and education tax credits ▶ \$

Add the amounts for qualifying children, other dependents, and other credits and enter the total here	<b>3</b>	\$
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**Step 4 (optional):**  
**Other adjustments**

(a) <b>Other income (not from jobs or pension/annuity payments).</b> If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends.	<b>4(a)</b>	\$
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(b) <b>Deductions.</b> If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on Form W-4P Instructions page 3 and enter the result here	<b>4(b)</b>	\$
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(c) <b>Extra withholding.</b> Enter any additional tax you want withheld from each payment.	<b>4(c)</b>	\$
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**State withholding**

**State income tax withholding amount.** *Select one*

- |  |   |
|--|---|
| <input type="radio"/> Withhold state income tax from each annuity payment.<br><input type="radio"/> \$ .....<br><input type="radio"/> .....% | <input type="radio"/> Do not withhold state income tax from each annuity payment. |
|--|---|

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.

**Tax information**

For state withholding disclosures, please refer to the **Immediate Annuity Payments State Withholding Information form #310001.**

- Withholding will only apply to the portion of each annuity payment that is subject to Federal Income Tax. For Qualified contracts this is generally the entire payment. For Non-Qualified contracts, the portion allocated to the original investment is not subject to Federal Income Tax.
- Even if you elect not to have Federal or State Income Tax withheld from your annuity payments, you are liable for the payment of any applicable federal or state income tax on the taxable portion. You may also be subject to tax penalties under the estimated tax payments rules if your payments of estimated tax and withholding, if any, are not adequate. You may be able to avoid quarterly tax payments by having enough tax withheld from your annuity payments.
- It is important you provide us with the proper Social Security or Taxpayer Identification Number and Name. If you do not supply this number we will proceed with automatic withholding of Federal, and of any applicable required state income tax.
- Consult your personal tax advisor regarding the tax status of distributions from your annuity.
- If you are not a United States Citizen and you live outside the U.S., you must complete a W-8BEN rather than this form.

**10. 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.

**Periodic payment additional disclosure:** If you have not previously completed a W-9 and if the Substitute W-9 section above is left blank we will be required to withhold from the taxable portion of distributions until a W-9 or W-9 Substitute is received based on single status with no adjustments (if we do not otherwise have a valid SSN). Withholding will not be refunded after a transaction has been completed.

**11. Signature**

Your signature indicates you have read and understand all sections of this form. If you are a Trustee, Attorney-in-Fact, Guardian or other fiduciary, indicate the capacity you are acting in and attach relevant legal documentation.

By signing below, I certify that I have been advised to consult with a tax advisor regarding the transaction specified herein. I am responsible for any taxes or penalties resulting from withdrawals from my contract.

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

Signature of Joint Owner (if any) is required, if not spouse of Owner.

**SIGN HERE** X

Owner Signature

- Trustee
- Attorney-in-fact POA
- Guardian
- Title/office: \_\_\_\_\_

Date Signed

Other required signatures may include: **spouse** (if community property state), **irrevocable beneficiary** (must sign with title), and **collateral assignee** (if contract is collaterally assigned).

**SIGN HERE** X

Joint Owner Signature

- Trustee
- Attorney-in-fact POA
- Guardian
- Title/office: \_\_\_\_\_

Date Signed

**SIGN HERE** X

Other required Signature

- Trustee
- Attorney-in-fact POA
- Guardian
- Title/office: \_\_\_\_\_

Date Signed

**Effective Date:**

Please make my request for income payments effective as of:

- Annuity Commencement Date
- Date of receipt of this form in good order

If no election is indicated, your request will be effective as of the Annuity Commencement Date.

**12. Signing instructions**

**Attorney-in-Fact**

The attorney-in-fact must indicate capacity as "Attorney-in-fact", provide a copy of the entire power of attorney document, if not previously submitted; and complete a Genworth Declaration of attorney-in-fact form, if the power of attorney was not signed in the past 12 months (e.g. John Doe, Attorney-in-Fact).

**Corporation or Limited Liability Corporation (LLC)**

One officer of the company or managing member of the LLC must sign, indicate title and provide either a corporate or board of director's resolution, a copy of the Articles of Incorporation or operating agreement (for LLC's). If the signing officer or managing member is also the annuitant, a second officer or member must also sign (e.g. Jane Doe, President).

**Guardian**

The guardian must indicate capacity and provide a copy of the current guardianship documents (e.g. John Doe, guardian).

**Partnership**

**Spouse**

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 annuitant, another partner must also sign, (e.g. John Doe, Senior Partner).

**Trust**

In community property states (AZ, CA, ID, LA, NV, NM, TX, WA, WI) failure to include a spouse's signature may delay processing at claims time.

The trustee(s) must sign and indicate title as "trustee", according to the terms of the Trust Agreement, and submit a completed Genworth Certification of trustee powers form (e.g. Jane Doe, Trustee).

**13. Form submission**

Send completed form to:

**Regular First Class Mail:**  
Genworth  
P.O. Box 40012  
Lynchburg, VA 24506

**Overnight Delivery:**  
Genworth  
3100 Albert Lankford Drive  
Lynchburg, VA 24501

For inquiries and questions  
Toll free: 800 352.9910

Fax: 804 281.6178  
E-mail: VAfrontend@genworth.com