



Genworth Life & Annuity  
Genworth Life of New York

**Send completed form to:**

P.O. Box 40012  
Lynchburg, VA 24506  
Tel: 800 628.2238  
Fax: 800 350.2038  
Email: lifecommlifeVLfrontend@genworth.com

# Variable Life Transfer of Current Investments

from Genworth Life and Annuity Insurance Company and  
Genworth Life Insurance Company of New York<sup>†</sup>

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**Contract information**

**If you are a Trustee, Attorney-in-Fact, Guardian, Conservator or other Fiduciary, you must indicate your capacity and attach relevant legal documentation.**

**Requestor** *Select one and complete information below*

- I am the policy owner
- I am the broker of record with transfer authorization

Owner name \_\_\_\_\_ Requestor telephone number \_\_\_\_\_

Broker name \_\_\_\_\_ Owner date of birth \_\_\_\_\_

Policy number \_\_\_\_\_



**Signature** *Sign in capacity, if applicable*

Date of signature

**X** \_\_\_\_\_

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

**Transfer request**

- Type of transfer:
- Partial transfer between investments
  - Total transfer
  - New Portfolio Rebalancing (PRB) *Complete new PRB option on page 2*
  - New Dollar Cost Averaging (DCA) *Complete new DCA option on page 2*

You may write additional transfer instructions on a separate sheet of paper and attach to this form.

See prospectus for more information on trades, portfolio rebalancing, and dollar cost averaging, including the availability and limitations on number of sub accounts that may be used.

Transfer from	Transfer amount \$ or %	Transfer To
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____
• _____	• _____	• _____

**Future allocation of choices**

- These changes apply to future payments
- These changes apply to future rebalancing
- These changes apply to future Dollar Cost Averaging

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

**Variable Life Transfer of Current Investments**

**Transfer request** *Continued*

**New Dollar Cost Averaging (DCA) Option**

<b>Transfer from (select one):</b>	\$ Dollar Amount
<input type="radio"/> Goldman Sachs VIT Government Money Market Fund - Service Shares	
<input type="radio"/> Guarantee Account (where available, minimum 10 months)	

DCA Frequency:       Monthly  
 Quarterly

**New Portfolio Rebalancing (PRB) Option**

PRB Frequency:       Quarterly  
 Semi-Annually  
 Annually

Provide subaccount names and percentages below

Provide subaccount names and percentages below

**Percentage**

- .....
- .....
- .....
- .....
- .....
- .....
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**Transfer to Subaccounts**

- .....
- .....
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- .....
- .....

I understand that the account value in the Goldman Sachs VIT Government Money Market Fund - Service Shares must be kept at or above the amount which will permit the dollar cost averaging transfers requested; otherwise these transfers will end. This request is in lieu of the requirement for individual written transfer requests. I may also change or terminate these transfers by written notice to Genworth Life & Annuity/ Genworth Life of New York. or by telephone if proper authorization has been received by the home office. Dollar cost averaging does not ensure a profit or protect against a loss