

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

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Release of Collateral Assignment from Genworth Life and Annuity Insurance Company,

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

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- Complete this form to release a prior collateral assignment
- This document must be signed in the presence of a Notary
- Complete the contract or policy information, release and appropriate acknowledgment sections
- Please print clearly using blue or black ink, and initial any corrections or we may not be able to accept your request

| Contract or policy information | | | | | |
|---|---|-------------------------------------|------------------------|-----------------|--|
| | Contract or policy number | | | | |
| Annuitant/insur | | sured name | Birth Date | | |
| Release of collateral assignment | | | | | |
| The Genworth Financial insurance companies listed above are referred to as "us" in this release of collateral assignment. | By signing below, you (the Assignee) Discharge all interest of the assignment for value received Release the assignment previously recorded by us for this contract or policy | | | | |
| | Assignee name | | | | |
| | Assignee signature and title If applicable | | Date | Date | |
| | X | | = | | |
| Acknowledgment Notary Public mus | st complete either | the corporate or individual section | | | |
| Corporate acknowledgment | By signing and securing my Notary seal, I acknowledge that I have reviewed evidence of the corr signer's (Assignee) corporate affiliation and personal identity. | | | | |
| Place official seal here: | Date • | State of ■ | City/County of | | |
| | Corporate signer name | | Corporate signer title | | |
| | Corporation r | name | | | |
| | Notary publ | lic | Registration ID | Expiration date | |
| | X | | • | • | |
| Individual acknowledgment | By signing and securing my Notary seal, I acknowledge that I have reviewed evidence of the Assignee's personal identity. | | | | |
| Place official seal here: SIGN | Date • | State of | City/County of | | |
| | Assignee name | | | | |
| | Notary pub | lic | Registration ID | Expiration date | |
| | Х | | | - | |