



## Annuitization Request for Fixed Annuities

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

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- Use this form to select income payment options and convert your deferred annuity to irrevocable payments
- Please read and complete the entire form, and **sign and date on page 6**
- If more space is needed, attach a separate sheet of paper with all contract numbers, required signature(s) and date
- **Please print clearly** using blue or black ink **and initial any corrections**, or we may not be able to accept your request

### Contract information

The Genworth insurance companies listed above are referred to as “we” and “us” in this request.

The contract owner is referred to as “you” and “your” in this request.

Owner phone number	Contract number	Contract number
•	•	•
Contract number	Contract number	Contract number
•	•	•
Owner address		
•		
City	State	Zip code
•	•	•
Owner Social Security number	Owner’s date of birth	
•	•	
Annuitant name	Date of birth	<input type="radio"/> Male
•	•	<input type="radio"/> Female

### 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

•

### Payee designation

If you do not designate a payee, payments will be sent to the owner.

On Qualified plans, payee and owner must be the same.

The Social Security/Tax ID number is required for tax reporting purposes.

The owner is always the taxable party unless the payee is irrevocable.

An irrevocable payee assumes tax liability and must sign to accept the designation. See signing instructions on page 7.

Payee name	<input type="radio"/> Make payee irrevocable	
•		
Social Security/Tax ID number	DOB/trust date	Phone number
•	•	•
Address		
•		
City	State	Zip code
•	•	•

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

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### Beneficiary designation

If you do not designate a beneficiary, the designation on your current contract will be used. If multiple contracts are requested and the beneficiaries differ, then each contract will be annuitized separately, unless otherwise designated on this form.

Contingent beneficiaries automatically become Primary beneficiaries once all Primary beneficiaries are deceased.

If additional spaces are needed, please attach and sign and date a separate sheet.

Designation percentages must total 100% for each beneficiary type. If no percentage is provided, proceeds will be divided equally among all surviving beneficiaries.

#### Name or designation

<input type="text"/> Social Security/Tax ID number		<b>Beneficiary type</b> <input type="radio"/> Primary <input type="radio"/> Irrevocable
<input type="text"/> Date of birth/trust date		<input type="text"/> Relationship to annuitant
<input type="text"/> Designation percentage	<input type="text"/> %	<input type="text"/> Beneficiary phone number
<input type="text"/> Beneficiary address		
<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip code

#### Name or designation

<input type="text"/> Social Security/Tax ID number		<b>Beneficiary type</b> <input type="radio"/> Irrevocable <input type="radio"/> Primary <input type="radio"/> Contingent
<input type="text"/> Date of birth/trust date		<input type="text"/> Relationship to annuitant
<input type="text"/> Designation percentage	<input type="text"/> %	<input type="text"/> Beneficiary phone number
<input type="text"/> City	<input type="text"/> State	<input type="text"/> Zip code

### Electronic funds transfer authorization

You authorize us 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.

<input type="text"/> Account owner name	<input type="text"/> Institution name for deposit
<input type="text"/> Routing number	Type of account <i>Select one</i> <input type="radio"/> Savings <input type="radio"/> Checking
<input type="text"/> Account number for deposit	



A pre-printed, voided check or other bank documentation showing the account information **MUST** be included with your request in order for it to be processed.

### Income payment commencement

\*If no selection is made, default to process now and payments will begin 30 days after effective date.

In all options below, distributions of the accrued benefit at death in qualified annuities or IRAs after the death of the owner/annuitant to beneficiaries who are not eligible designated beneficiaries (EDBs) generally must be done within 10 years of death. An EDB is generally one who is either a surviving spouse, a child under the age of 21, a disabled or chronically ill individual, or an individual who is less than 10 years younger than the owner at the time of death. Please consult a tax advisor for further information.

I/we elect to annuitize my contract on:

☐ Contract maturity date      ☐ Process request now

I/we elect to have my payments begin \_\_\_\_\_ (mm/dd/yyyy)

**\*If start date elected is prior to date the Annuity is processed, payments will start the next month on day elected.**

Continue to next page

**Income payment selection**

Review this information to learn more about your income payment options. For more assistance or to obtain quotes, contact your agent or us at 888 882.2276.

\* 5 years may not be available, if so we will contact you. Lump Sum may not be available, if so we will contact you.

If calculated payment is lower than \$100, a less frequent payment option will be used.

For qualified contracts, the period certain or other refund period cannot exceed the annuitant's life expectancy according to IRS tables.

If you select any of the lifetime income options, **proof of the annuitant's date of birth** is required (such as a copy of a birth certificate or valid driver's license).

The Joint annuitant must be a spouse. Adding joint annuitant will extend the payments for as long as either annuitant is living. In order to name someone to receive payments upon your death please complete the Beneficiary section on page 2.

**\*Select only one option:****Fixed period certain**

Income payments continue for a guaranteed period of 5 to 50 years. *If the annuitant dies before the guaranteed period is over, the remaining payments will be made to the designated payee or beneficiary.*

**Certain period** *Select one*

☐ 5 years\*      ☐ 10 years      ☐ 15 years      ☐ 20 years      ☐ .....

**Lifetime income with fixed period certain**

Income payments continue for a guaranteed period of 5 to 50 years minimum, to continue as long as the annuitant remains alive. *If the annuitant dies before the guaranteed period is over, the remaining payments will be made to the designated payee or beneficiary.*

**Certain period** *Select one*

☐ 5 years      ☐ 10 years      ☐ 15 years      ☐ 20 years      ☐ .....

☐ **Lifetime income with refund**

Income payments continue for the life of the annuitant. If the annuitant dies before the premium is recovered, the remainder of the premium will be paid to the designated payee either as a lump sum or as installment payments.

**Refund type at death of annuitant** *Select one*

☐ Lump sum      ☐ Installment payments

**Lifetime income without refund** *Only available if a guaranteed option*

Income payments continue for the life of the annuitant and end upon the annuitant's death.

Joint and survivor is only available with lifetime income options. Please indicate what percentage the survivor will receive.

☐ Check here for **Joint and Survivor** and complete the following (*spousal only*)

<b>Joint annuitant name</b>	<b>Date of birth</b>	<b>Percentage</b> <i>100% if left blank</i>
.....	.....	..... %

**Frequency of payments**

*Select one, monthly if blank*

☐ Monthly      ☐ Quarterly      ☐ Semi-annually      ☐ Annually

Continue to next page

**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).**

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.

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 ▶ \$

**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.

**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 <b>each payment.</b>	<b>4(c)</b>	\$
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**Income tax withholding** *Continued*

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**State withholding**

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

- ☐ Withhold state income tax from each annuity payment.      ☐ 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.

.....  
.....

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**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.

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**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:**

- 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**
- I am not subject to backup withholding because:**
  - I am exempt from backup withholding, or**
  - 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**
  - the IRS has notified me that I am no longer subject to backup withholding, and**
- I am a U.S. citizen or other U.S. person (defined in the form W-9 instructions).**
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**

**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.

## Declaration and signature(s)



If you are signing as a fiduciary or representative, **you must indicate capacity or title and provide documentation of authority** (see signing instructions below).

- Your signature indicates that you have read and understand all sections of this form and understand the income payment options and selections made.
- You understand that you cannot change the annuity income date, the frequency of payments, the annuities, or the payment amount after this form is submitted.
- You understand that the income paid under this annuity may be subject to income taxation on all or part of each payment and that the use of this income to purchase another insurance contract will not avoid this income tax liability.
- You certify under penalty of perjury that the statements and answers given on this form are true, complete and correct to the best of your knowledge and belief. The penalty of perjury does not apply to income tax withholding.
- You declare that no bankruptcy proceedings are now pending against you and you are not subject to back-up withholding

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

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

**SIGN HERE**

**X**

**Owner Signature**

**Date**

Capacity if applicable: ☐ Trustee ☐ Guardian ☐ Attorney-in-fact POA ☐ Title/Office:

**SIGN HERE**

**X**

**Joint Owner Signature**

**Date**

Capacity if applicable: ☐ Trustee ☐ Guardian ☐ Attorney-in-fact POA ☐ Title/Office:

**SIGN HERE**

**X**

**Other Required Signature If applicable**

**Date**

Capacity if applicable: ☐ Trustee ☐ Guardian ☐ Attorney-in-fact POA ☐ Title/Office:

Agent printed name

Agent ID or SSN

Firm name

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.

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**SIGN HERE**

**X**

**Agent Signature**

**Date**

43851AnR 02/21/25

An agent is not required to proceed with annuitization, but if agent did assist, please ensure information is complete.

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### Signing instructions

<b>Attorney-in-Fact</b>	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).
<b>Corporation or Limited Liability Corporation (LLC)</b>	One officer of the company or managing member of the LLC must sign and 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).
<b>Guardian</b>	The guardian must indicate capacity and provide a copy of the current guardianship documents (e.g. John Doe, guardian).
<b>Partnership</b>	All partners must sign and indicate title, or the general or managing partner must sign and indicate title. If the general or managing partner is also the annuitant, another partner must also sign, (e.g. John Doe, Senior Partner).
<b>Spouse</b>	A spouse in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI) must sign. Failure to include a spouse's signature may delay processing at claims time.
<b>Trust</b>	The trustee(s) must sign and indicate the title "Trustee", according to the terms of the Trust Agreement, and submit a completed Genworth Certification of trustee powers form (e.g. Jane Doe, Trustee).

### Proof of birth requirements

We must be provided with proof of birth if you are electing an annuity payment option which involves your lifetime.

**Proof of birth** *Please send a copy - only one is needed*

- Birth Certificate
- Driver's License
- Naturalization Record
- Passport

### Form submission

Send completed form to:

**Regular First Class Mail:**

Genworth  
P.O. Box 10716  
Lynchburg, VA 24506

For Inquiries and questions:

Toll free: 800 221.9501

Fax: 434 522.2904

Email: [FA-FIAfrontend@genworth.com](mailto:FA-FIAfrontend@genworth.com)

**Overnight Delivery:**

Genworth  
3100 Albert Lankford Drive  
Lynchburg, VA 24501



# Immediate Annuity Payments State Tax Withholding Information

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

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## State tax withholding information

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- We cannot withhold state income tax in **AK, FL, HI, NH, NV, SD, TN, TX, WA and WY**.
- If you live in **KS, NE, OK, or VT** state withholding is required if Federal withholding is required. If you live in **DC, GA, KS, KY, LA, ME, NE, OK, OR, or VT**, please complete the Federal W-4P questions on the Tax Withholding form, even if you mark No to Federal Withholding. State income tax will be calculated based on your answers based on the state's requirements and guidelines. If you live in **DC, GA, KY, LA, or OR** you can mark not to withhold state taxes.
- **DE, LA, KS, KY, and OR** – In addition to or instead of completing the W4P questions you may request a percentage to be withheld. For **DE** you may provide an amount of at least 5%. For **KS** if you request a specific percentage for Federal withholding we must withhold 5% for state withholding. For **KY** you can withhold a flat rate of 6%. For **OR** the minimum amount to specify is \$10, the maximum is 10%.
- If you live in the following states, you may complete, sign, date, and return the listed State Tax form in order to make your state withholding election; **AL**: A-4, **AR**: AR4P, **AZ**: A-4P, **MN**: W4-MNP, **VA**: VA-4P. Otherwise, state income tax will be updated based on the state's default guidelines.
- If you live in the following states, you must complete, sign, date, and return the listed State Tax form in order to opt out of state withholding: **IA**: IA W-4P, **NC**: NC-4P **ME**: W-ME, **MA**: M-4P, **MI**: MI-W4P. If born before 1962 and gross annual payment is below thresholds on a Qualified plan we will default to no withholding unless you request otherwise. For all others we will withhold 4.25% unless you have completed the M-4P.
- If you live in **IN, MT, or NJ** you may provide a whole dollar amount greater than \$10. If you request a percentage it will be rounded up to the nearest whole dollar amount. If this amount is less than \$10 we will not withhold.
- **CA** – You may complete the Federal W-4P questions on the Tax Withholding form, provide a designated dollar amount, or provide a percentage of the Federally Withheld amount.
- **ID or WV** – you may state a whole dollar amount to withhold. If you request a percentage it will be rounded up to the nearest whole dollar amount.
- **MD, NY, or WI** – The withheld amount may be at least \$5.
- **MO, NM, or OR** – The withheld amount may be at least \$10.
- If you live in **CO, IL, LA, MS, ND, OH, PA, RI, SC, or UT** you may specify any dollar amount or percentage to withhold.