



# Systematic or Auto Interest Withdrawal Request for Fixed Annuities

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

Page 1 of 5

- Use this form to initiate a systematic withdrawal on annuity contracts.
- Systematic withdrawals may not be available for all products and/or riders.
- **Owners must sign on page 4.**

## 1. Owner information

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

Contract number

Owner name

Date of birth

Social Security/Tax ID number

Phone number

Joint owner name *If any*

## 2. Withdrawal information



Any withdrawal taken from your annuity contract is an irreversible transaction.

- See your contract for the maximum surrender charge-free withdrawal amount and maximum number of surrender charge-free withdrawals allowed in a contract year.
- Requests that would cause the contract value to fall below the minimum required contract value will not be processed. See your contract for details.
- Making withdrawals may cause systematic withdrawals to terminate or may reduce the amount of future systematic withdrawals.
- Maximum systematic withdrawal amount may not exceed free withdrawal available as of the date we process your election.
- Owner(s) may terminate the systematic withdrawals at any time by notifying the Company’s Home Office.
- Withdrawals under the systematic withdrawal program will continue until we are notified to discontinue them or until the systematic withdrawals terminate.

## 3. Systematic withdrawals under the base contract

### Withdrawal information



Do not complete this section if you purchased the optional Guaranteed Minimum Withdrawal Benefit for Life rider and plan to start income withdrawals under the rider. Skip to section 4.

### Withdrawal frequency *Select one*

- Monthly     Quarterly     Semi-Annually     Annually

### Withdrawal start date *If form is received after start date, we will begin withdrawals immediately*

.....

Withdrawal start date is the date transaction is processed, not the payment receipt date.

### Withdrawal amount *Select one ONLY if you do not have a living benefit rider*

- \$ .....
- ..... % of  Account Value or  Purchase Payments
- Maximum available without surrender charge
- Auto-interest (interest only) *option not available with Index Annuities*

### Owners Under Age 59½ *Check ONLY if applicable; if not applicable, tax penalties may apply to withdrawals*

- These payments are part of a series of substantially equal period payments as described in IRC section 72(t)(2)(a)(iv) or IRC section 72(q)(2)(D).

**Once complete, please skip to section 5.**



Percentage withdrawals will default to account value if neither option is selected.

For the SecureLiving® Rate Saver product, the only option available for systematic withdrawals is auto interest.

The request to surrender or withdraw any contract value may affect the guaranteed elements, non-guaranteed elements, face amount or surrender value of the contract from which the values are released.

**4. Systematic withdrawals for the Guaranteed Minimum Withdrawal Benefit for Life rider**

Withdrawal factors will be lower for Increasing Income as compared to Level Income, but will have the potential for payments to increase over time.

**!** This section is for contract holders that elected the Guaranteed Minimum Withdrawal Benefit for Life rider only.

**!** Once selected, the withdrawal factor cannot be changed. Please refer to your contract for more information.

For the Growth+ product only, select from one of the following income choice options:

- Level Income     Increasing Income

**I have the Guaranteed Minimum Withdrawal Benefit for Life rider. By completing this section I am electing to start income withdrawals under the rider.**

**Withdrawal frequency** *Select one*

- Monthly     Quarterly     Semi-Annually     Annually

**Withdrawal start date** *If form is received after start date, we will begin withdrawals immediately*

**Withdrawal type** *Select only one option*

Send me my annual withdrawal limit:

Please select one *Note: If you do not elect one of the following options we will default to Option (1)*

- Option (1) by dividing the annual withdrawal limit over the **remaining** contract year.

**When a systematic withdrawal request is received after the start of your contract year, we will spread your payments over the remaining contract year. If the systematic withdrawal request is continued into the following contract year the payments may be decreased because a full contract year will be used to calculate the payment.**

*OR*

- Option (2) by dividing the annual withdrawal limit over the **complete** contract year.

**By electing this option you may not receive your total annual withdrawal limit for the current contract year.**

*OR*

- Option (3) as a fixed dollar amount of \$ ..... for the frequency indicated above

**The fixed dollar amount cannot be more than the annual withdrawal limit.**

- Systematic withdrawals in a contract year will be adjusted for other withdrawals taken in that contract year.
- Please see your contract for an explanation of how your benefit is reduced when you exceed your withdrawal limit.
- Withdrawals in excess of the guaranteed withdrawal amount, called "excess withdrawals," will result in a permanent reduction in future guaranteed withdrawal amounts. If you would like to make an excess withdrawal and are uncertain how an excess withdrawal will reduce your future guaranteed withdrawal amounts, then you may contact us prior to requesting the withdrawal to obtain a personalized, transaction-specific calculation showing the effect of the excess withdrawal.

**5. 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.

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.

Account owner name

..... Institution name for deposit

Routing number

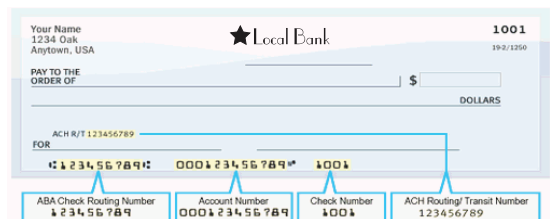
..... Type of account *Select one*

Account number for deposit

.....  Savings     Checking

If EFT is not an option for your contract, or if we cannot verify your bank account, a check will be sent to your address of record.

**!** 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.



**6. Income tax withholding**

For state withholding disclosures, please refer to the Deferred Annuity and Life Withdrawal State Withholding Information form #309704.

**Withholding notice**

Withholding only applies to the taxable portion of the payment you receive, not to the entire payment. In general, the taxable portion equals the extra amount you receive over the total amount you paid (considered your cost basis).

We cannot guarantee that your withdrawal amounts will be sufficient to meet IRS minimum distribution requirements.

Required minimum distribution (RMD) amounts are not eligible for rollover.

- Federal withholding is generally at a 10% rate, but you may generally elect not to withhold any taxes.
- We will assume that the entire withdrawal from an IRA is taxable, except for non-taxable qualified distributions from a Roth IRA.
- 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). You may be able to avoid quarterly tax payments by having enough tax withheld from your withdrawals.
- Consult your personal tax advisor regarding the tax status of distributions.
- State tax will be withheld only from withdrawal payments that are not directly rolled over to an IRA or eligible plan.
- If applicable, the state withholding certificate may state special rules and conditions for withholding state income tax from your withdrawals.

**Substitute Form W-4R for Income Tax Withholding on Lump Sum & Other Nonperiodic Payments**

**Income tax withholding election**

Your withholding selections will apply to all scheduled payments made under this request.

**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.

**Withhold federal taxes**

- 1** Your withholding rate is determined by the type of payment you will receive.
- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its possessions.

<b>2</b>	Complete this line if you would like a rate of withholding that is different from the default withholding rate. See additional instructions and Marginal Rate Table referenced below. Enter the rate as a whole number (no decimals)..... ►	<b>2</b>		%
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For further information or to see the Marginal Rate Tables, please refer to the actual Form W-4R and instructions found on the IRS Website at <https://www.irs.gov/pub/irs-pdf/fw4r.pdf>.

**Withhold state taxes** *Select one*

Yes                       No

**If yes, specify amount** *Select one*

\$ .....                       ..... %

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.

Continue to next page

7. 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.

8. 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.

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

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

Check appropriate box for federal tax classification:

- Individual/Sole Proprietor, Partnership, Limited liability company, Other (see W-9 instructions), C Corporation, Trust/Estate, S Corporation

Enter the tax classification (C=C corporation, S=S corporation, P=partnership)

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.

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.

SIGN HERE X Owner Signature Date Signed

- Trustee, Attorney-in-fact POA, Guardian, Title/office

SIGN HERE X Joint Owner Signature Date Signed

- Trustee, Attorney-in-fact POA, Guardian, Title/office

SIGN HERE X Other required Signature Date Signed

- Trustee, Attorney-in-fact POA, Guardian, Title/office

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## 9. 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, 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 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).
<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 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).

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## 10. Disclosure

### **30 Day Minimum Period of Time relating to "YOUR ROLLOVER OPTIONS" Notice set forth below:**

Upon receipt of this "Systematic or Auto Interest Withdrawal Request for Fixed Annuities (Form 43592SYSWFA), when used in connection with a Section 403(b) account, and the "YOUR ROLLOVER OPTIONS" Notice set forth below, **you may complete and submit the Form as soon as you'd like.** Please note with respect to amounts eligible for a direct rollover\*\* as either part of a series of periodic payments or a single transfer, however, and in accordance with IRS rules and regulations, **you have "the right to consider the decision of whether or not to elect such a direct rollover for at least 30 days" after you receive the Notice below.** If you do decide to elect a direct rollover of eligible amounts as part of a series of periodic payments, the election to make such a direct rollover will apply to all future elections unless you change. Also, please contact us if you decide to elect a direct rollover whether as part of a series of periodic payments or a single transfer in order to ensure proper processing of the same.

\*\*For amounts eligible for rollover, please refer to the response under the inquiry "How much may I rollover" below in the "YOUR ROLLOVER OPTIONS" Notice.

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## 11. 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

Email: FA-FIAfrontend@genworth.com

### **Overnight Delivery:**

Genworth  
3100 Albert Lankford Drive  
Lynchburg, VA 24501

Fax: 434 522.2904