



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

# Variable Annuity Withdrawal Authorization

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

Page 1 of 5

- Please read and complete all sections that apply to your request and **sign on page 4**
- **Please print clearly** using blue or black ink, **and initial and date any corrections** or we may not be able to accept your request
- If you prefer to request future transactions over the telephone, complete the Telephone withdrawal authorization section

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

## Contract information

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

Contract number		
•		
Owner name	Date of birth <i>If applicable</i>	
•	•	
Owner Social Security/Tax ID Number	Phone number	
•	•	
Joint owner name	Is joint owner spouse of owner?	
•	<input type="radio"/> Yes <input type="radio"/> No	
Current address		
•		
City	State	Zip code
•	•	•

## Important information

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

- Refer to your contract for the maximum withdrawal amount and number of withdrawals allowed without surrender charge (surrender charges will apply to any withdrawal beyond these limits)
- We will not process any withdrawal that would cause the contract to fall below the minimum required contract value (refer to your contract for details)
- Making unscheduled withdrawals may cause systematic withdrawals to terminate or may reduce the amount of future systematic withdrawals and could have adverse tax consequences. Please consult your tax advisor regarding the tax status of distributions from your annuity.

## Single withdrawal



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

Any request will be processed as of the valuation day we receive it in good order. In order to cancel a request we need a written request to cancel, signed by the owner, and received prior to market close, typically 4:00 PM ET, on the same valuation day that we receive the original request.

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.

### Withdrawal amount *Select one*

- Annual amount available without surrender charge
- Maximum amount available without surrender charge (may include premiums paid)
- Maximum amount available that will not exceed Living Benefit Rider annual limit
- ..... % of contract value
- Specify amount \$ ..... and select type below *Gross, if left blank*
  - Gross (payment is reduced by any taxes or fees withheld)
  - Net (payment equals specified amount, any taxes or fees are taken from remaining cash value)
- Full surrender (Withdraw all funds and close the contract)
- **For 5 year beneficiary deferrals only:** Full surrender upon expiration of delayed distribution period (*not subject to surrender charges*)
- 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.

Variable Annuity Withdrawal Authorization

Single withdrawal *Continued*

For contracts with living benefit riders, please read and initial the disclosure to the right.



I understand that my request may result in an excess withdrawal, but I would like the request to be processed as instructed. Please refer to your contract and prospectus for the consequences of excess withdrawals.

If more space is needed, attach a separate page with contract number, date and all required signatures.

If you leave this section blank, funds will be withdrawn as a proportional percentage across all subaccounts.

Withdrawal instructions *Select one*

- Subtract funds as a proportional percentage across all subaccounts
Subtract funds from specific subaccounts as listed below Must total 100%. Not available for contracts with living benefit riders.

Table with 2 columns: Sub-account name, Percent of withdrawal. Includes five rows for subaccount selection.

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.

A check will be sent if Electronic funds transfer is not an option for your contract.

Form fields for Street address, City, State, Zip code.

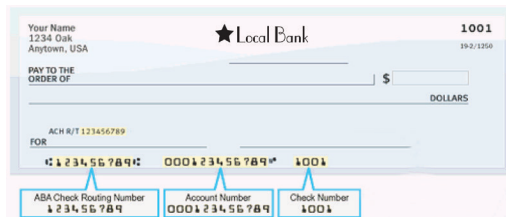
Is this a permanent mailing address? If yes, all future correspondence will be mailed to this address. If no, we will send this request to the above address, but for any future requests, we will continue to use the address on file. Yes No

Electronic funds transfer (EFT)

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.

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.

Form fields for Account owner name, Institution name for deposit, Routing number, Type of account (Savings/Checking), 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.

Variable Annuity Withdrawal Authorization

Income tax withholding

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.

- For state withholding disclosures, please refer to the Deferred Annuity and Life Withdrawal State Withholding Information form # 309704.
The taxable portion of withdrawals and surrenders taken before age 59 1/2 may be subject to a 10% penalty tax in addition to ordinary income taxes.
Federal withholding is generally at a 10% rate, but you may generally elect not to withhold any taxes.
Federal withholding for distributions from qualified plans is at a 20% rate and is mandatory unless the distribution is rolled over to an IRA or other eligible retirement plan.
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.
Consult your personal tax advisor regarding the tax status of distributions.
State tax will be withheld only from the taxable portion of 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.

Income tax withholding election

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

We will withhold 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 Select one

Yes No

If yes, specify amount (minimum of 10%) Select one

\$ %

Withhold state taxes Select one

Yes No

If yes, specify amount Select one

\$ %

Social Security/Tax ID Number If you do not provide your Social Security or Tax ID number in the Owner section above, federal and any applicable state taxes will be withheld

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.

Telephone withdrawal authorization Not available for custodial-owned contracts or pension plans

Your signature below indicates your acceptance of these terms:

This authorization is optional, and you may submit written requests at any time.

We reserve the right to request a signature at any time.

We are not liable for any loss, cost or expense for acting on such instructions, provided we employ reasonable procedures to confirm the instructions communicated by telephone are genuine.

If EFT authorization is on record, payment under this telephone withdrawal authorization will be made via EFT. Otherwise a check will be mailed to the address of record.

I would like to have telephone withdrawal access added to my contract, but I do not intend to make a withdrawal at this time.

This telephone withdrawal authorization only applies to single withdrawals. Requests for full surrender or required minimum distributions must be received on a valid authorization form.

Security verification password A password and hint are required for all telephone withdrawals. For example, the password could equal Williams, and the hint would equal mother's maiden name. Other examples could include birthplace, first pet's name, first car, etc.

Password (ex. Williams):

Hint (ex. mother's maiden name):

Self, by providing the security information above, you authorize us to act upon instructions given by you over the phone.

Family member(s), You authorize the additional family members listed below to act on your behalf. With this authorization, the family members listed will also be entitled to receive information about the contract. Spousal joint owners may act on behalf of each other without express authorization.

Table with 3 columns: Name, Relationship, Date of birth. Multiple rows for family members.

Variable Annuity Withdrawal Authorization

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.

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, C Corporation, Trust/Estate, S Corporation

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.

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 certification required to avoid backup withholding.

Owner signature

Date of signature

SIGN HERE

X
Trustee Attorney-in-fact POA Guardian Title/office:

Joint owner signature

Date of signature

SIGN HERE

X
Trustee Attorney-in-fact POA Guardian Title/office:

Other required signature If applicable

Date of signature

SIGN HERE

X
Trustee Attorney-in-fact POA Guardian Title/office:

## Variable Annuity Withdrawal Authorization

Page 5 of 5

### Signing instructions

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<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 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 indicate title, or the general or managing partner must 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 with 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).

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### Form submission

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Send completed form to:

**Regular First Class Mail:**

Genworth  
P.O. Box 40012  
Lynchburg, VA 24506

For Inquiries and questions  
Toll free: 800 352.9910

E-mail: [VAfrontend@genworth.com](mailto:VAfrontend@genworth.com)

**Overnight Delivery:**

Genworth  
3100 Albert Lankford Drive  
Lynchburg, VA 24501

Fax: 804 281.6178



Genworth Life and Annuity  
Genworth Life  
Genworth Life of New York  
Administrative Office:  
3100 Albert Lankford Drive  
Lynchburg, VA 24501

# Deferred Annuity and Life Withdrawals State Tax Withholding Information

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

Page 1 of 1

## State tax withholding information

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- We cannot withhold state income tax in **AK, AZ, FL, HI, NH, NV, NY, SD, TN, TX, WA** and **WY**.
- If you want state income tax withheld in **AL, CO, GA, IL, KY, LA, MN, MS, ND, OH, PA, SC, UT**, and **WV** you may designate a state withholding amount or percentage.
- **DC** – You may designate a state withholding amount or percentage unless full surrender of Qualified funds, in which case 8.95% withholding is mandatory regardless of federal election
- **MD** – You may designate a state withholding amount or percentage unless 403(b) or 401K in which case 7.75% withholding is mandatory.\*
- **VA** – 4% withholding is mandatory for a Qualified plan other than IRA, Roth IRA, or SEP IRA; You may designate a state withholding amount or percentage for Non-Qualified plans.\* For Non-Qualified plans we will withhold 4% unless you request otherwise.
- In **IA, KS, ME, MA, NE and OK** state withholding is required at the current state rate or higher amount you choose unless you request 0% Federal withholding. The current state rate for **IA, KS, ME, NE, and OK** is 5%. The current state rate for **MA** is 5%
- In **CA, RI, or VT** state withholding will be done at the default rate of the Federally withheld amount unless you designate otherwise. If you elect a percentage to withhold it will be based on the Taxable amount.
- State withholding is optional with the following guidelines:
  - **IN, MT, NJ** state withholding must be a whole dollar amount of at least \$10.
  - **WI** – state withholding must be a whole dollar amount of at least \$5.
  - **ID** – state withholding must be a whole dollar amount, no minimum.
  - **DE** – state withholding must be at least 5%.
  - **MO, NM** – taxpayer may provide dollar amount or percentage to withhold, must be over \$10.
- **CT** – State withholding is required at 6.99% unless you have completed the CT W4P or request a higher amount. For a full surrender of a deferred annuity, you cannot opt out of the 6.99% mandatory withholding.
- **AR** – we will default to 3% (5% if 401K plan) unless you request otherwise. Withholding required at 3% for 403(b).\*
- **OR** – default to 8% unless it is less than \$10 or you request otherwise.
- **NC** – unless you complete an NC4P we will withhold 4%.
- **MI** – If born before 1952 and withdrawal is below thresholds on a Qualified plan we will default to no withholding unless you request otherwise. For any other withdrawal, we will withhold 4.25% unless you have completed the MI W-4P.\*

*\*401K, 403(b), IRA, SEP IRA, and Roth IRA refer to types of Qualified Plans and do not apply to Life Insurance.*