

Restricted payout options

You have the option to restrict the payout option for any non-spousal beneficiary to the one you designate below. The beneficiary will not be permitted to change the option you select. Without a restriction, the beneficiary may elect a distribution as provided in the contract at the time of claim.

Life with certain period

This option guarantees periodic monthly payments for the lifetime of the payee with a minimum guaranteed period. If the payee lives longer than the minimum period, payments will continue for life. The beneficiary cannot accelerate, commute or redeem payments.

Income for a fixed period

This option provides for periodic payments to be made for a fixed period no longer than 30 years. By selecting this as a restricted payout option, the beneficiary cannot accelerate, commute or redeem payments.

Stretch payout

The beneficiary may not withdraw funds above the minimum annual payment amount or surrender the remaining contract value. By selecting this as a restricted payout option, the death benefit or surrender value proceeds will be distributed in minimum annual lifetime payments based on the beneficiary's life expectancy.

Restricted payout selection(s)

The restricted payout selection will not be valid if the beneficiary is not designated correctly on page 1 of this form.

If more space is needed, copy this form or attach a separate sheet of paper with the contract number, beneficiary's name, payout selection, all required signatures and date.

Beneficiary

.....

Payout options Select one

- Life with certain period Indicate 10, 15, or 20 years
- Income for a fixed period Indicate number of years, not to exceed 30 years
- Stretch payout

Beneficiary

.....

Payout options Select one

- Life with certain period Indicate 10, 15, or 20 years
- Income for a fixed period Indicate number of years, not to exceed 30 years
- Stretch payout

Declaration and signature(s)

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.

By signing,

- You revoke all prior beneficiary designations of record and designate the beneficiary and restricted payout selections as indicated in this document
- You confirm you have read and understand all of the restricted payout options and selections made
- You understand that distributions will continue until the account is fully depleted.
- For qualified contracts, in accordance with Q&A-4(c) of Sec. 1.401(a)(9)-3 of the Income Tax Regulations, you elect, when you have a designated beneficiary, that the life expectancy rule in IRC Sec. 401(a)(9)(B)(iii) shall apply to distributions after your death
- For qualified contracts, you acknowledge that the Internal Revenue Code requires that life expectancy payments to a non-spouse beneficiary must begin by December 31 of the year following the the year of death, or the entire death benefit must be distributed by the end of the calendar year that contains the fifth anniversary of the date of death
- For nonqualified contracts, you acknowledge that the Internal Revenue Code requires that life expectancy payments to a non-spouse beneficiary must begin within 12 months of the date of death, or the entire death benefit must be distributed within 5 years of the date of death
- You understand that we will pay the entire death benefit within the required 5 year period based on the original date of death if we are not given due proof of death in sufficient time to begin life expectancy payments within the required period

Restricted beneficiary payout designation for variable annuities

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Declaration and signature(s) *Continued*

Owner signature

Date of signature

X

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Trustee

Attorney-in-fact POA

Guardian

Title/office:

Joint owner signature

Date of signature

X

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Trustee

Attorney-in-fact POA

Guardian

Title/office:

Irrevocable beneficiary signature If applicable

Date of signature

X

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Send completed form to:

Regular First Class Mail:

Genworth Life and Annuity
Insurance Company
P.O. Box 40012
Lynchburg, VA 24506

For Inquiries and questions
Toll free: 800 352.9910

Overnight Delivery:

Genworth Life and Annuity
Insurance Company
3100 Albert Lankford Drive
Lynchburg, VA 24501

Fax: 804 281.6178