



Genworth Life & Annuity
Genworth Life
Genworth Life of New York
genworth.com

Deferred Annuity Claim Form

Fixed Deferred Annuity only

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

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- Submit the following documents so we can process your claim
 - A separate claimant statement for each beneficiary.
 - An original, raised seal certified death certificate indicating the insured's cause of death.
- Other documents may be required depending on the specific circumstances of your claim.
- Surrender Periods and other Contractual fees are driven by the original contract terms.
- Please refer to our frequently asked questions at genworth.com/tools-and-forms/claims/annuity-claims.html.

Annuity contract information/Decedent information *The person who has died*

Annuity contract number(s) *List all contracts under which you (the claimant) are making a claim.*

.

Name *First, Middle, Last*

.

Maiden name *If applicable*

Other names by which the deceased was known

.

Address *Residence at time of death*

.

City

State

Zip code

.

Date of birth

Date of death

.

Manner of death *Select one*

☐ Natural

☐ Accidental

☐ Suicide

☐ Homicide

Beneficiary/claimant information

If claimant is not an individual, refer to Special beneficiary/claimant information and signing in capacity instructions on page 10.

If claimant is a trust, complete this section **AND** complete the Trustee information section below.

The claimant is referred to as "you" and "your" in this form.

Federal income tax withholding is based on IRS Form W-4P if an annuity income option is selected on page 4.

Full beneficiary name or Trust name

.

Social Security/Tax ID number

.

Email

Phone number

.

Address

City

.

State/State in which trust was established

Zip code

.

Date of birth/Date of trust agreement

Age

Relationship to deceased

.

Citizenship *Select one and provide country if "Other"*

Amendment dates if any

.

☐ U.S.

☐ Other

List **all** current trustees if claimant is a trust.

Attach a separate sheet if more space is required for additional trustee names.

Current trustee name(s) *Do not list any former trustees*

.

.

Indicate capacity of each trustee: Sole Current Trustee or Co-Trustee as appropriate.

Each current trustee must sign on page 9 unless the trust document confers on one trustee the authority to act alone; if so, the trust document is required to verify authority.

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Beneficiary/claimant information *Continued*



Grantor Trust information

If this is a Grantor Trust and the Trustee is not the Grantor, the Grantor must also sign this form.

If a domestic Grantor Trust (IRC §§ 671-679), please provide the Grantor name.

For additional grantors, provide names and Social Security numbers on an additional sheet of paper and attach to this form.

If TIN provided in the Substitute Form W-9 section is not the grantor's Social Security Number, we will not treat the trust as a Grantor Trust for tax reporting purposes.

Is this trust a Grantor Trust?

☐ Yes

☐ No

If yes, provide the following:

Grantor name

Date of birth (mm/dd/yyyy)

Social Security Number

•

•

•

Grantor name

Date of birth (mm/dd/yyyy)

Social Security Number

•

•

•

Address

•

City

State

Zip code

•

•

•

Payment mailing address

Provide the address to which payment(s) should be sent if different from the claimant address provided above.

Name/Address (include business/entity name of addressee, if applicable)

•

City

State

Zip code

•

•

•

Account Number (For Option 5)

•

Continue to next page

Form must be signed on page 9.

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Settlement options *Choose and complete one of the settlement options below*

The claimant is referred to as “you” and “your” in this claim form.

As a named beneficiary, you may choose from a variety of options. Before selecting a settlement option, however, we strongly recommend that you consult a tax advisor to discuss potential tax consequences, and a financial advisor to discuss your options.

1. Lump sum settlement option

See tax information on page 6.

- ☐ **1a. Full distribution** – Entitled party will receive the entire amount available in a check format.
- ☐ **1b. Partial distribution** – Entitled party will receive only \$..... in a check format. You must elect another option for the remaining funds.



VA Residents We mail claim checks to attorneys who have represented you during the claims process, and to other representatives at your request. Upon payment of at least \$5,000 in a single check that is mailed to an attorney *licensed in the Commonwealth of Virginia*, or other representative, we are required to send you a notice of such payment, unless you waive this right. A copy of the required notice will be sent simultaneously to your attorney or representative.

Please choose one of the following:

- ☐ I waive my right to receive notice as outlined above. I will follow up with my attorney or representative for my payment on my own.
- ☐ Please send me notice of payment. This notice will only be sent in the circumstances outlined above.

2. Continue annuity option

You must designate your beneficiaries on page 6.

Spousal Continuation Option: Check here to elect this option. *Available if you are the **spouse** of the deceased and meet requirements of the original contract.*

Please choose one of the following options if you have or the decedent had attained the RMD age (i.e. survived through April 1st of the calendar year immediately after attaining the age of 73):

- ☐ Spousal Continuation - Calculate and distribute the RMD for this year
- ☐ Spousal Continuation - Distribute \$..... for the RMD for this year
- ☐ Spousal Continuation - No distribution is needed as the RMD has already been met for this year

3. Annuity income option

“EDB” stands for an **eligible designated beneficiary** 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 your tax advisor for further explanations or limitations.

These options generally provide a series of fixed payments. Once payments begin, they cannot be changed except to those subject to the 10 year distribution cap rule. This Option 3 is available to: a) Designated beneficiaries of non-qualified annuities; b) Eligible designated beneficiaries (EDBs) of qualified annuities (note, any successor beneficiary of the EDB must take subject to the 10 year distribution cap as provided in Option 4, delayed distributions); c) Non-EDB designated beneficiaries of qualified annuities but subject to the 10 Year Distribution Cap as provided in Option 4 for Delayed Distributions. **Non-EDB designated beneficiaries electing this option are subject to the 10 year Distribution Cap Rules explained under Option 4.**

Additional exceptions or limitations may apply including those with respect to estate or trust beneficiaries. Please consult your tax advisor for further assistance.

Select appropriate payment option and annuity payment details.



Select only one option: Not all options available for all contracts. If an option is chosen that is not available, we will contact you.

Payments must start within one year of deceased's death.

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 ☐

Continue to next page

Form must be signed on page 9.

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Settlement options *Continued*

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.

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).

4. Delayed Distribution

Contract cannot be scheduled to mature during delayed period.

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.

Annuity payment details *Payment to the claimant*

Payment frequency *Select one*

☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually

Payment method *Select one*

☐ Check ☐ Electronic funds transfer (EFT)

EFT payment requests require completion of an EFT form. Please contact our office for this form.

Payments can begin as early as 30 days after the claim is deemed payable.

☐ Delayed distribution subject to the following rules:

- **5 Year Rule** for Non-qualified and certain qualified contracts. You may delay the distribution for up to five years from the date of death. All contract values must be withdrawn by the 5th anniversary of the date of death. You may request a full or partial surrender at any time during the deferral period by sending us written notice. For qualified contracts, this option is generally only applicable with respect to a beneficiary which is a non-natural person such as certain trusts, charitable organizations or the owner's estate. For non-qualified contracts, this option assumes the annuity start date had not yet commenced at date of death. If the annuity start date had commenced, the option chosen by decedent remains in effect.
- **10 Year Rules for Qualified contracts** (excluding those subject to the 5 year rule above):
 1. Generally required for individual beneficiaries that are not considered EDBs (see note under "3. Annuity income option"). EDBs also may elect the "10 Year Delayed Distribution Rule" below under this option if that rule is otherwise applicable.
 2. **10 Year Delayed Distribution Rule:** Applies when owner died before April 1st of the year immediately following the year such owner attained or would have attained the age of 73. Same as **5 Year Rule** above except substitute ten (10) years rather than five (5).
 3. **10 Year Distribution Cap Rule:** Applies when the owner died on or after April 1st of the year immediately following the year such owner attained the age of 73.
 - a. Full distribution of account value required within 10 year period following owner's death.
 - b. Years prior to the 10th year: annual required distributions based on the beneficiary's life expectancy the year after the owner's death under the IRS regulations' single life expectancy table (see also IRS Publication 590-B). Alternatively, a method may be chosen under either Option 3, the Annuity income option or, if applicable, Option 6, the Annuity option for Fixed Indexed Annuities Only.
 - c. 10th year: full distribution of remaining account value. This is required even if a method under either Options 3 or 6 is chosen.
 - d. Throughout the 10 year period, the beneficiary may request in writing additional distributions in excess of the annual required amount.

Settlement options *Continued***5. Transfer/Exchange to Another Insurance Company Contract or Account**

Directing us to send death proceeds to another insurance company will not avoid distribution-at-death requirements with respect to these amounts, unless the amount transferred is subject to tax. You should obtain advice from a tax professional.

☐ **Transfer to another company**

To transfer/exchange to another company please submit all applicable transfer paperwork for the applicable carrier. **Qualified Transfer:** This option must be requested no later than November 15th of the year following the death of the owner. Forms from the receiving company must indicate that the new qualified contract must be held within a contract that accommodates the distributions rules under IRS section 401(a)(9) and other applicable authority. **1035 Exchange:** This option must be requested no later than 45 days before the one-year anniversary of the owner's death.

☐ Calculate and distribute the RMD for this year.

☐ Distribute \$ _____ for the RMD for this year.

☐ No distribution is needed as the RMD has already been met for this year.

6. Annuity option**Fixed Indexed Annuities Only**

An annuity payout option applies the death proceeds to provide for a payment equal to the Minimum Annual Income for the Life expectancy of the Designated Beneficiary. The original owner's life expectancy may be used for qualified contracts where the original owner was required to take RMD's before death.

The Minimum Annual Income is the amount that must be withdrawn each year to satisfy section 72(s)(2)(B) of the Internal Revenue code of 1986, as amended. The Minimum Annual Income will be determined in the first year for the life expectancy using the Single Life Table in the Income Tax Regulations. If **Non-Qualified**, the Minimum Annual Income is computed as if the contract were qualified, except that the special rules and options stated in the Qualified section 6a of this form do not apply. You must designate your owner beneficiary(ies).

These options generally provide a series of fixed payments. Once payments begin, they cannot be changed except to those subject to the 10 year distribution cap rule. This Option 6 is available to: a) Designated beneficiaries of non-qualified annuities; b) EDBs of qualified annuities; c) Non-EDB designated beneficiaries of qualified annuities but subject to the 10 Year Distribution Cap Rule as provided under Option 4 below for Delayed Distributions. Non-EDB designated beneficiaries are subject to the 10 year Distribution Cap Rules explained under Option 4.

Additional exceptions or limitations may apply including those with respect to estate or trust beneficiaries. Please consult your tax advisor for further assistance.

Payment option *Select one*☐ **6a. Qualified**

Required Distributions (if no option is chosen, no distribution will be made)

☐ Calculate and distribute the RMD for this year

☐ Distribute \$ _____ for the RMD for this year

☐ No distribution is needed as the RMD has already been met for this year

☐ Other _____

If you are a sole spousal beneficiary, you may wait until the later of December 31 of the year following the year of death or December 31 of the year the deceased would have turned age 73 to begin taking Required Minimum Distributions.

If you are not a sole spousal beneficiary, you may wait until December 31 of the year following the year of death.

☐ **6b. Non-Qualified**

The first distribution will be made no later than 350 days after the death of the original owner.

If selecting option 4 or 6 - Reallocating the contract value among the interest crediting strategies is only allowed during the 21 day period following the contract anniversary. Prior to full payment, you may reallocate the contract value during the 21 day period following each contract anniversary, subject to the terms and conditions of the contract. If the contract value is not reallocated, current allocations will continue until the next contract anniversary.

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.

Account owner name

• _____
Routing number

• _____
Account number for deposit

Institution name for deposit

• _____
Type of account *Select one*

☐ Savings

☐ Checking



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.

Beneficiary designation

Complete this section ONLY if you selected Payment options 2, 3, 4 or 6.

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

Attach a separate **signed and dated** sheet that includes all required information if more space is needed for additional beneficiaries.

Name or designation	Beneficiary type		Percentage
.	<input type="radio"/> Primary		.
Social Security/Tax ID number	Date of birth	Relationship to claimant	%
.	.	.	
Address	Phone number		
.	.	.	
City	State	Zip code	
.	.	.	

Name or designation	Beneficiary type		Percentage
.	<input type="radio"/> Primary	<input type="radio"/> Contingent	.
Social Security/Tax ID number	Date of birth	Relationship to claimant	%
.	.	.	
Address	Phone number		
.	.	.	
City	State	Zip code	
.	.	.	

Name or designation	Beneficiary type		Percentage
.	<input type="radio"/> Primary	<input type="radio"/> Contingent	.
Social Security/Tax ID number	Date of birth	Relationship to claimant	%
.	.	.	
Address	Phone number		
.	.	.	
City	State	Zip code	
.	.	.	

Name or designation	Beneficiary type		Percentage
.	<input type="radio"/> Primary	<input type="radio"/> Contingent	.
Social Security/Tax ID number	Date of birth	Relationship to claimant	%
.	.	.	
Address	Phone number		
.	.	.	
City	State	Zip code	
.	.	.	

Tax withholding information**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).

Consult your personal tax advisor regarding the tax status of distributions from your annuity.

Special withholding rules and forms apply to payments delivered overseas or to non-residents of the United States. If you have not provided a W-9 documenting yourself as a U.S. Citizen living abroad, or a W-8Ben to request tax treaty withholding rate we must withhold 30% for federal taxes.

- 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.
- If you do not provide your Social Security or Tax ID number, federal and any applicable state taxes will be withheld.
- If applicable, the state withholding certificate may state special rules and conditions for withholding state income tax from your withdrawals.

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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.

2 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)..... ▶	2	%
---	----------	---

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.

All other options

Step 2:

Income from a job or multiple pensions/annuities (including a spouse's job or 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) receive 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) Use the estimator at www.irs.gov/W4App for this step and Steps 3-4. If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (or your spouse) have a job(s), enter the total taxable annual pay from all job(s) and any other income entered on Form W-4, Step 4(a), less the deductions entered on Form W-4, Step 4(b). If you (or your spouse) do not have a job(s), enter "- 0-". ▶ \$

(ii) If you (or your spouse) have another pension/annuity that pays less annually than this pension/annuity, enter the total annual taxable payments from those other sources. If this is the only pension/annuity or it pays the least taxable amount annually, 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 your total income will be \$200,000 or less (\$400,00 or less if married filing jointly):

Step 3:

Claim dependent and other credits.

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	3	\$
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Form must be signed on page 9.

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All other options *Continued***Step 4 (optional):**
Other adjustments.

(a) **Other income (not jobs or pension/annuity payments).** 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.

4(a) \$

(b) **Deductions.** If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b) \$

(c) **Enter withholding.** Enter any additional tax you want withheld from each payment.

4(c) \$**State withholding**

Please review the guidelines for your tax state before completing this section.

- Please refer to the Immediate Annuity Payments State Tax Withholding Information form # 310001 for state withholding disclosures.

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.

▪

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:

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.

Periodic payment additional disclosure: If you have not previously completed a W-9 and if the Substitute W-9 section 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.

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Declaration and signature(s)

The Genworth companies listed at the top of page 1 are referred to as “us,” “our” and “we” in this section. The claimant is referred to as “you” and “your” in this section.

By signing below, you

- Make claim to the proceeds and declare that you have the authority to claim in the capacity you have indicated
- Declare that all answers recorded in this claim form are true and complete
- Declare the original and any duplicates or certificates of each contract listed in the Annuity contract information section on page 1 to be lost or otherwise unavailable unless sent to us with this claim form
- Agree that our furnishing of this claim form and any supplemental forms is not an admission of liability by us

Current trustee certification

If signing as a current trustee, you additionally

- Declare that the named trust is in full force and effect, without change, except as noted
- Declare that you are a current Trustee of the named trust and have not resigned or been replaced
- Declare that you are acting within the scope of the authority conferred on you by the named trust
- Agree that we have no obligation to verify that the named trust is in effect or that you are acting within the scope of your authority

Please see the “**State fraud notices**” section on page 11 for additional information.

If you are signing as a fiduciary or representative, you must **sign in capacity with title in which you are claiming.**

Laws in your state may make it a crime to fill out this form with information you know is false or to omit important facts. Criminal and/or civil penalties can result.

For your protection, the state of **New York** laws require that we provide you with the following statement:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

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

Beneficiary/claimant signature (Signature is **MANDATORY**)

Date Signed

- | | | | |
|---|------------------------------------|-------------------------------------|--|
| <input type="radio"/> Individual/self | <input type="radio"/> Sole trustee | <input type="radio"/> Co-trustee | <input type="radio"/> Executor/executrix |
| <input type="radio"/> Personal representative | | <input type="radio"/> Administrator | <input type="radio"/> Attorney-in-fact |
| <input type="radio"/> Custodian | | <input type="radio"/> Other | |

See **Special beneficiary/claimant information and signing in capacity instructions** on page 10 for details.

**SIGN
HERE**

X

Beneficiary/claimant signature

Date Signed

- | | | | |
|---|------------------------------------|-------------------------------------|--|
| <input type="radio"/> Individual/self | <input type="radio"/> Sole trustee | <input type="radio"/> Co-trustee | <input type="radio"/> Executor/executrix |
| <input type="radio"/> Personal representative | | <input type="radio"/> Administrator | <input type="radio"/> Attorney-in-fact |
| <input type="radio"/> Custodian | | <input type="radio"/> Other | |

Form submission

Send completed form to:

Regular First Class Mail:

Genworth
P.O. Box 40012
Lynchburg, VA 24506

Overnight Mailing:

Genworth
3100 Albert Lankford Drive
Lynchburg, VA 24501

Variable annuities:

Toll Free: 800 352.9910
Fax: 804 281.6178
Email: VAfrontend@genworth.com

Fixed annuities:

Toll Free: 800 221.9501
Fax: 434 522.2904
Email: FA-FIAfrontend@genworth.com

Special beneficiary/claimant information and signing in capacity instructions

The following Special claimant information provides details regarding form completion requirements for certain claimant types, and specific circumstances that require additional documentation. The Signing in capacity sections provide instructions regarding which "capacity" or "title" should be included with the claimant's signature on page 9. **In all cases of a domestic beneficiary or claimant, please provide you tax identification number (TIN) in the appropriate space provided on the form and complete the "Substitute Form W-9" section with your certification in the "Declaration and signature(s)" section.**

Individual Claimant

Complete the Beneficiary/ claimant information section. If you are not a US Citizen, you will be required to complete an IRS W-8 BEN.

When signing, indicate capacity as Individual. Do not use any other "title" unless claiming in that capacity. If acting as Power of Attorney for another individual, the capacity should read [Your Name] as POA for [Name].

Trust

- **Claimant information:** Complete this section with the Trust's information, providing the trust's name and date of trust in the "Name" field (e.g., Jane Marie Doe Trust, trust date)
- Complete the "Trustee information" section and list **all** current Trustees.
- Provide a Tax Identification Number (TIN) for the Trust for tax reporting purposes. **The applicable IRS W-8 series form is required for a foreign trust.**
- **Signing in capacity:** The trustee(s) must sign and check either the "Sole trustee" or "Co-trustee" selection as appropriate, and have each current trustee sign unless the trust document confers on one trustee the authority to act alone
- If the trust is a Grantor's Trust, a Grantor Trust Certification should be completed and returned with this claim form.

Estate of insured

- **Claimant information:** Complete this section with the estate's information, providing the estate name in the "Name" field (e.g., Estate of Jane Marie Doe)
- Provide a Tax Identification Number (TIN) for the Estate for tax reporting purposes. **The applicable IRS W-8 series form is required for a foreign estate.**
- **Signing in capacity:** Sign and check either the "Personal representative," "Administrator" or "Executor/executrix" selection as appropriate
- Submit a copy of the Letters of Administration/Testamentary or other court document appointing the estate's Personal Representative
- **Important Note – Small Estates:** The estate may qualify as a "small estate" under the Small Estate statute or another similar statute of the decedent's state of residence. If the estate qualifies as a "small estate," we require a copy of the properly prepared affidavit or other form required by the state. State laws vary. Please consult your attorney or tax advisor for more information on "small estates"

Corporation

- **Claimant information:** Complete this section with the corporation's information, providing the corporation name in the "Name" field (e.g., ABC Corporation)
- **Signing in capacity:** Sign and check the "Other" selection, and write in the title by which you are authorized to act on behalf of the company (e.g., Name: Jane Marie Doe, Capacity: ABC Corporation President)
- **Provide a Tax Identification Number (TIN) for the Corporation for tax reporting purposes. The applicable IRS W-8 series form is required for a foreign corporation.**

Business Partnership

- **Claimant information:** Complete this section with the partnership's information, providing the partnership name in the "Name" field (e.g., ABC Partnership)
- **Signing in capacity:** All partners must sign, or the general or managing partner must sign, and check the "Other" selection and write in their capacity as Managing Partner or Partner as appropriate
- **Provide a Tax Identification Number (TIN) for the business partnership for tax reporting purposes. The applicable IRS W-8 series form is required for a foreign business partnership.**

Minor/child

Reminder: the custodian of the minor's "person" is not necessarily the custodian of the minor's estate/property.

- **Claimant information:** Complete this section with the minor's information, providing the minor's name in the "Name" field (e.g., Jane Marie Doe, minor)
- Submit a copy of the court document appointing the custodian/guardian of the minor child's property/estate (not required if claiming under the Uniform Transfers/Gifts to Minors Act (UTMA))
- If claiming under the UTMA, sign and check the Custodian selection, indicate relationship (father, mother, etc.) as "Custodian of (name of child) under the (name of resident state) Uniform Gifts/Transfers to Minors Act." If you were not named as Custodian under UTMA in the policy's beneficiary designation but are the child's legal custodian or guardian, you may sign and check the Custodian selection, and indicate relationship (mother, father, etc.) as "Custodian of the estate/property of (name of child), minor." Please be aware that if you were not named Custodian under the UTMA and have not been court appointed as custodian/guardian of the minor's property, there may be additional claim requirements.

For your protection, some states' laws require that we provide you with the following statements.

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.
Alaska	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
Arizona	Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
Arkansas, Rhode Island, West Virginia, Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
California	Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
Delaware	Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the Applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.
Indiana	A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Minnesota	A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
New Hampshire	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. §638:20.
New Jersey	Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
Ohio, Oregon	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Puerto Rico	Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand (5,000) dollars and not more than ten thousand (10,000) dollars, or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.
Tennessee, Virginia, Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
Texas	Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.



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

- 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, 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 10.75% 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 **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 unless the surrender or withdrawal is below the CT W4P thresholds.
- **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 1962 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.*
- **MN** - State withholding of 6.25% is required unless you complete, sign, date and return the W4-MNP.
- **OK** - State withholding of 4.75% is required unless you complete, sign, date and return the OK- W-4R.

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

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

- 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.