



Genworth Life & Annuity  
 Genworth Life  
 Genworth Life of New York  
 P.O. Box 2000  
 Lynchburg, VA 24506  
 genworth.com



# Single Premium Immediate Annuity Income Advance/Early Advance Request Form

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 exercise the payment advance feature on a single premium immediate annuity.

## Owner information

Contract/certificate number	Phone number	
Contract owner/Certificate holder name	Social Security/Tax ID number	
Address		
City	State	Zip code
Contract owner date of birth		

## Advance Request

Payment advances are made in increments based on your modal period. Monthly modes are subject to a three-month minimum. Aggregated payment advances cannot exceed 12 months.

Number of advance payments requested

### For contracts issued on or after 5/14/2012:

Please indicate which event, that has occurred within the last 12 months, the Owner qualifies for this advance:

- Have received an eviction or foreclosure notice on your principal place of residence.
- Spouse, civil union or domestic partner (in jurisdictions where recognized), or a member of owner's household died.
- Victim of a federally declared disaster as asserted by the Federal Emergency Management Agency (FEMA) for individual disaster assistance.
- A licensed physician has declared owner unable to perform at least two of the six Activities of Daily Living.
- Enter a state licensed facility providing Medically Necessary in-patient care for the duration of no less than 30 consecutive days.

*We reserve the right to request verification of any payment criteria listed above for each payment advance request.*

*(Continued on next page)*

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

**Payee**

For qualified contracts/certificates, the owner must be the payee.

If you leave this section blank, payment will be sent to the Payee on file.

Select one

- Payee and Payment Method on File     Contract Owner/Certificate Holder Shown Above
- Alternate Payee *Enter information below*

Payee Name

.....

Address

.....

City

State

Zip code

.....

Date of birth

Social Security number

Phone number

.....

**Electronic funds transfer (EFT)**

If you would like to have your payment advance electronically deposited to your bank account, please complete this section. Please be advised that these electronic deposit instructions apply to this payment advance only. The bank account name for deposit must match the payee selected above. If you would like to have your regular distributions electronically deposited, please contact our office for the applicable form.

Electronic Funds Transfer (EFT) instructions or this payment advance only

Account owner name

Institution name for deposit

.....

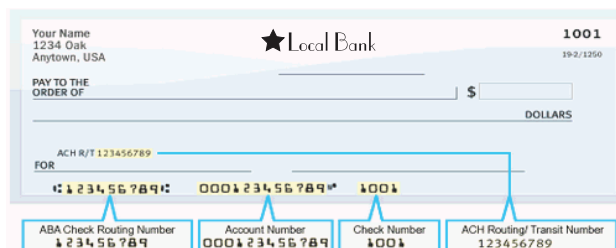
Routing number

Type of account *Select one*

- 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.

**Income tax withholding**

**Step 1: Federal withholding**

**W-4P Questions.**

If you leave this section blank and/or do not provide us with your Social Security number on page 1 and Federal Tax Classification in the Substitute W-9 section below, we will withhold Federal income tax at the rate for Single with no Withholding Adjustments.

See page 2 of the W-4P Instructions for examples on how to complete Step 2.

**Do you want federal income tax withheld?**

- Yes     No

**If yes**, please complete marital status and the IRS Form **W-4P** applicable steps 2-4 below. **For further information, please refer to the actual Form W-4P and instructions found on the IRS website at <https://www.irs.gov/pub/irs-pdf/fw4p.pdf>.**

**If no**, please skip the marital status and steps 2-4 below.

- Marital status:**
- Single or Married filing separately (*or married but using higher single rate*)
  - Married filing jointly or Qualifying widow(er)
  - Head of household (*Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual*)

**Income tax withholding** *Continued*

**Step 2:**  
**Income from a job and/or multiple pensions/annuities (including a spouse's job/pension/annuity).**

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity.

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "- 0 -". ▶ \$

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "- 0 -". ▶ \$

(iii) Add the amounts from items (i) and (ii) and enter the **total** here ▶ \$

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.

**TIP:** To be accurate, submit a 2022 Form W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see Form W-4P instructions on page 2.

**Step 3:**  
**Claim dependent and other credits.**

If your total income will be \$200,000 or less (\$400,00 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$

Multiply the number of other dependents by \$500 ▶ \$

Add other credits, such as foreign tax credit and education tax credits ▶ \$

Add the amounts for qualifying children, other dependents, and other credits and enter the total here	<b>3</b>	\$
---	----------	----

**Step 4 (optional):**  
**Other adjustments**

(a) <b>Other income (not from jobs or pension/annuity payments).</b> If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends.	<b>4(a)</b>	\$
---	-------------	----

(b) <b>Deductions.</b> If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on Form W-4P Instructions page 3 and enter the result here	<b>4(b)</b>	\$
---	-------------	----

(c) <b>Extra withholding.</b> Enter any additional tax you want withheld from each payment.	<b>4(c)</b>	\$
---	-------------	----

**State withholding**

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

- Withhold state income tax from each annuity payment.  Do not withhold state income tax from each annuity payment.
- \$ .....
- .....%

Please indicate your Residence State for applicable tax withholding and reporting. If left blank, we will withhold and report based on the previously provided tax state, or your current address of record.

**Income tax withholding** *Continued*

**Tax information**

For state withholding disclosures, please refer to the Immediate Annuity Payments State Withholding Information form #310001.

- Withholding will only apply to the portion of each annuity payment that is subject to Federal Income Tax. For Qualified contracts this is generally the entire payment. For Non-Qualified contracts, the portion allocated to the original investment is not subject to Federal Income Tax.
- Even if you elect not to have Federal or State Income Tax withheld from your annuity payments, you are liable for the payment of any applicable federal or state income tax on the taxable portion. You may also be subject to tax penalties under the estimated tax payments rules if your payments of estimated tax and withholding, if any, are not adequate. You may be able to avoid quarterly tax payments by having enough tax withheld from your annuity payments.
- It is important you provide us with the proper Social Security or Taxpayer Identification Number and Name. If you do not supply this number we will proceed with automatic withholding of Federal, and of any applicable required state income tax.
- Consult your personal tax advisor regarding the tax status of distributions from your annuity.
- If you are not a United States Citizen and you live outside the U.S., you must complete a W-8BEN rather than this form.

**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.**

**Periodic payment additional disclosure:** If you have not previously completed a W-9 and if the Substitute W-9 section above is left blank we will be required to withhold from the taxable portion of distributions until a W-9 or W-9 Substitute is received based on single status with no adjustments (if we do not otherwise have a valid SSN). Withholding will not be refunded after a transaction has been completed.

**Signature**

If there is an irrevocable payee on the contract/certificate, the irrevocable payee must sign if they are not the payee to receive the advance payment requested on this form.

Your signature indicates you have read and understand all sections of this form. **If you are a Trustee, Attorney-in-Fact, Guardian, Conservator or other Fiduciary, you must sign in your capacity (e.g. Jane Smith, Trustee) and attach relevant legal documentation.**

Signature of joint owner, if any, is required.

By signing you:

- Are aware that the entire amount of the payment advance may be fully taxable.
- The payment advance taken before age 59 1/2 may be subject to a 10% penalty tax in addition to ordinary income taxes if your advance election impacts payments from two calendar years.
- If electronic funds transfer information was provided, you authorize us to automatically transfer your payment advance into your account, and make any necessary adjustments to your account, with the understanding that you or your agent will be notified.

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

**Contract owner/Certificate holder signature** *Sign in capacity, if applicable* Date

**SIGN HERE**

X

- .....
- Trustee                       Attorney-in-fact *POA*
- Guardian                       Title/office: .....

**Joint contract owner/Certificate holder signature** *Sign in capacity, if applicable* Date

**SIGN HERE**

X

- .....
- Trustee                       Attorney-in-fact *POA*
- Guardian                       Title/office: .....

**Irrevocable payee signature** *If any* Date

**SIGN HERE**

X

**Other required signature** *If applicable* Date

**SIGN HERE**

X

**Form submission**

**Send completed form to:**

**Regular mail:**

P.O. Box 2000  
Lynchburg, VA 24506

Fax: 434 948.5440

For Inquiries and questions  
Toll free: 888 322.4629

Email: SPIAfrontend@genworth.com

**Overnight delivery:**

3100 Albert Lankford Drive  
Lynchburg, VA 24501