



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

# Annuity Contract Change Form

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

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- Complete the contract information section and any section(s) that pertain to the change(s) you need.
- Designation changes may have tax consequences. Please contact your tax or legal advisor to discuss your specific needs.
- Please print clearly, and cross through, initial and date any corrections.
- See page 3 for Company contact information.

**Genworth Life and Annuity Insurance Company, Genworth Life Insurance Company and Genworth Life Insurance Company of New York are collectively referred to as “the Company” in this document.**

## Contract information

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

Contract number(s) *Required*

•

Current owner name *Required*

Phone number

•

•



**You must complete this section.**

## Contact information change

Use this section to change your address, phone number, or Email.

Address

Phone number

•

•

City

State

Zip code

•

•

•

Email

Social Security/Tax ID Number *Required*

•

•

**Change name:** Attach legal documentation for name changes, except due to marriage or divorce.

Change name from

•

Change name to

•

Reason for name change

•

## Ownership change

### Primary owner

An ownership change revokes any prior revocable beneficiary designations, electronic funds transfer (EFT) authorization, Nursing Home Waivers, or systematic withdrawal requests. The new owner becomes the beneficiary unless a beneficiary is designated by this form, or there is an existing irrevocable beneficiary.

Please note, if you elected a living benefit rider, your ability to change or add owners may be limited or may terminate the rider. Please see your contract for more information.

New owner name

•

Social Security/Tax ID Number *Required*

Birth/trust date

•

•

Relationship to current owner

Phone number

•

•

Address *Required*

•

City

State

Zip code

•

•

•

Type of owner *Select one*

Individual(s)

Trust\*\*

Corporation

Partnership

Other *Please describe*



**A change in ownership may be considered a taxable event. Please consult your personal tax advisor regarding the tax status of an ownership change.**

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Ownership change *Continued*

Joint owner *Optional*

Joint owners will have right of survivorship unless otherwise designated or stated in your contract.

\* List relationship to new primary owner. May be required to be spouse, see your contract for more information.

\*\*If you designate a trust as the owner, you must also complete and submit a Certification of Trustee Powers form.

New joint owner name

Form fields for joint owner: Social Security/Tax ID Number, Birth/trust date, Relationship, Address, Phone number, City, State, Zip code, Type of owner (Individual, Trust, Partnership, Other).

Third Party change

Use this section to add, replace or delete a third party on your contract.

Not available for custodially owned contracts.

Form for third party change: Select one (Add, Replace, Delete), Authorization checkbox, Name, Phone number.

Beneficiary designation *A beneficiary change revokes all prior revocable beneficiary designations*

For more space, attach page with contract number, all required information, signatures and date.

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

To designate an individual as an "Irrevocable Beneficiary", that individual must sign as such. See page 4 for signing instructions.

Contingent beneficiary becomes primary beneficiary if all primary beneficiaries are deceased.

When the contract owner is a non-natural entity (trust, partnership, etc.), please refer to your contract, as the proceeds may be payable to the Owner and not any beneficiaries designated on this form.

Form for beneficiary designation: Beneficiary type (Primary, Contingent), Name, Birth/trust date, Gender, Social Security/Tax ID Number, Relationship, Allocated percent, Address, Phone number, City, State, Zip code. Repeated for multiple beneficiaries.

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Add or Change Annuitant Not available for immediate annuities

Annuitant changes are not available for immediate annuities and may not be available on all deferred annuity contracts. Annuitant changes are only permissible within certain parameters on applicable contracts. Please see your contract for further details.

Select one Add annuitant Change annuitant

New annuitant name Relationship\*
Social Security/Tax ID Number New Annuitant Birth date New Annuitant
Address Required Date of marriage\*\*
City State Zip code

Payee designation For immediate annuities only. A payee change revokes all prior payee designations

The payee is entitled to receive annuity payments. An irrevocable payee assumes tax liability and must sign to accept the designation. See signing instructions on page 4. Referred to as "beneficiary" in some contracts.

New payee name Relationship\*\*\*
Social Security/Tax ID Number Required Birth/trust date
Address Required Phone number
City State Zip code

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:

- The number shown on this form (on pages 1 & 2) is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
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
I am a U.S. citizen or other U.S. person (defined in the form W-9 instructions).
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.

\* List relationship to current annuitant. May be required to be spouse, see your contract for more information.
\*\* Provide if new joint annuitant is spouse of current annuitant.
\*\*\* List relationship to new primary owner. May be required to be spouse, see your contract for more information.

**Acknowledgement and Signature(s)** *You must sign below*

If you are signing as a fiduciary or representative, you **must indicate capacity** and provide documentation of your authority.

See signing instructions on page 4.

Other signatures that may be required include: **spouse** (*if community property state*), **irrevocable beneficiary** or **payee** or **witness**. See signing instructions on page 4.

By signing, you:

- Certify under penalty of perjury that the statements and answers given on this form are true, complete and correct to the best of your knowledge and belief
- Understand that the designations on this form will not be effective unless all designation requirements are completed

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

<b>SIGN HERE</b>	<b>Current owner signature</b> <i>Required</i>	Date of signature
	<b>X</b>	.
	<input type="radio"/> Trustee <input type="radio"/> Attorney-in-fact <i>POA</i> <input type="radio"/> Guardian <input type="radio"/> Title/office:	
<b>SIGN HERE</b>	<b>Joint owner signature</b> <i>If applicable</i>	Date of signature
	<b>X</b>	.
	<input type="radio"/> Trustee <input type="radio"/> Attorney-in-fact <i>POA</i> <input type="radio"/> Guardian <input type="radio"/> Title/office:	
<b>SIGN HERE</b>	<b>New owner signature</b> <i>If applicable</i>	Date of signature
	<b>X</b>	.
	<input type="radio"/> Trustee <input type="radio"/> Attorney-in-fact <i>POA</i> <input type="radio"/> Guardian <input type="radio"/> Title/office:	
<b>SIGN HERE</b>	<b>New joint owner signature</b> <i>If applicable</i>	Date of signature
	<b>X</b>	.
	<input type="radio"/> Trustee <input type="radio"/> Attorney-in-fact <i>POA</i> <input type="radio"/> Guardian <input type="radio"/> Title/office:	
<b>SIGN HERE</b>	<b>Other required signature</b> <i>If applicable</i>	Date of signature
	<b>X</b>	.

**Corporate acknowledgement** *See signing instructions for corporations on page 5*

Notary Public must complete this section if acknowledgement is required.

Place official seal here

State of .....

City/County of .....

The foregoing instrument was acknowledged before me this ..... day of ..... 20 ..... by ..... (name of officer), ..... (title of officer)

of ..... (name of corporation), a

..... (name of state) corporation, on behalf of the corporation.

**SIGN HERE** **Notary Public signature**

**X**

My Commission expires

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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

**Overnight Delivery:**

Genworth  
3100 Albert Lankford Drive  
Lynchburg, VA 24501

Fax completed form to:

**Contact Information:**

Variable annuities  
Toll free: 800 352.9910  
Fax: 804 281.6178  
Email: Vafontend@genworth.com

Fixed annuities  
Toll free: 800 221.9501  
Fax: 434 522.2904  
Email: FA-FIAfrontend@genworth.com

Immediate annuities  
Toll free: 888 322.4629  
Fax: 434 948.5440  
Email: SPIAfrontend@genworth.com

**Signing instructions**

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**Attorney-in-Fact**

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 and submit a Genworth Declaration of attorney-in-fact form, if required. An updated Declaration of attorney-in-fact form is required every 12 months if the power of attorney has durable provisions, otherwise an updated form is required with each request submitted.

**Corporation or Limited Liability Corporation (LLC)**

An officer of the company or member of the LLC must indicate title (if the signing officer or member is also the insured/annuitant, a second officer or member must also sign), and provide either a corporate or board of director's resolution, a copy of the Articles of Incorporation or operating agreement (for LLCs), or complete the corporate acknowledgement below and sign the form in the presence of a Notary Public.

**Guardian**

The guardian must indicate capacity and provide a copy of the current guardianship documents.

**Irrevocable beneficiary/payee**

The individual must sign with the title "Irrevocable Beneficiary" or "Irrevocable Payee."

**Joint owners**

All owners must sign, unless otherwise stated in your contract.

**Partnership**

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 insured/annuitant, another partner must also sign).

**Spouse**

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.

**Trust**

The trustee(s) must indicate "trustee," according to the terms of the Trust Agreement, and submit a completed Genworth Certification of trustee powers form.