



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



# Address Change Form

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

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- It is important that you maintain a current mailing address with the Company so that your checks are received on a timely basis. If you have chosen to have your payments sent directly to your bank, it is still very important that we maintain a current address of residence for general correspondence and tax forms where applicable.

## Address change information

If the address change is to a different state, we will assume the tax state is to change unless otherwise directed.

Change of Address of:  Payee  Measuring Life/Annuitant  Owner

Contract number

Name(s)

Date of birth

Social Security Number

Old address

City

State

Zip Code

New address

City

State

Zip Code

Phone number

This address change is for my residence address only.

## 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 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 either (a) married filing status with three exemptions (assumes we otherwise have a valid SSN), or (b) single status with no exemptions (if we do not otherwise have a valid SSN). Withholding will not be refunded after a transaction has been completed.

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

Address Change Form

Declaration and signature(s)

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

By signing, you:

- Certify under penalty that the statements and answers given on this form are true, complete and correct to the best of your knowledge and belief.

Include title if applicable for each signature.

Signature section with 'SIGN HERE' button, 'X' mark, and radio button options for Trustee, Guardian, Attorney-in-fact POA, and Title/office.

i.e. Co-Trustee, Co-Executor, Joint Owner

Other required signature section with 'SIGN HERE' button, 'X' mark, and radio button options for Trustee, Guardian, Attorney-in-fact POA, and Title/office.

\*The owner's approval of this address change may be necessary.

Owner signature section with 'SIGN HERE' button, 'X' mark, and radio button options for Trustee, Guardian, Attorney-in-fact POA, and Title/office.

Address change acknowledged and processed Date

Form submission

Send completed form to:

Regular First Class Mail:

Genworth
P.O. Box 2000
Lynchburg, VA 24506

Overnight Delivery:

Genworth
3100 Albert Lankford Drive
Lynchburg, VA 24501

For inquiries and questions

Toll free: 888 322.4629

Fax: 434 948.5440

Email: SPIAfrontend@genworth.com