



Electronic Funds Transfer (EFT) Authorization for Renewal Premiums

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

Page 1 of 1

- All fields on the form must be completed prior to submitting the request.

Policy information

Policy number

.

Insured name(s)

Date of birth

.

Premium payments

Use this section to **select your payment frequency** for your scheduled premium withdrawals. If no selection is made, withdrawals will be monthly.

Monthly* Quarterly Semi-Annually Annually

*We may initially draft two payments to make sure your coverage is up to date.

For most products, there is an additional cost if you pay premiums more often than annually.

Payment amount authorized (if other than scheduled premium amount)

\$

Bank account information

Bank account owner name(s)

.

Bank account owner address

.

Financial Institution Name

.

Routing number

.

Checking account number

.



A voided check MUST be included with your request in order for it to be processed.

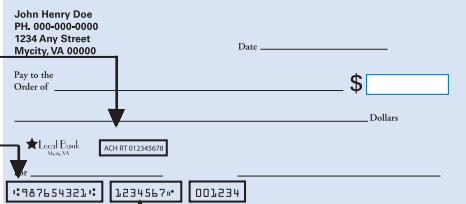
Address information is essential for communications with the bank account owner regarding future drafts.

Deposit slips are not acceptable.

For checks with an ACH RT (Automated Clearing House Routing) number, please use this number.

For all other checks, use the nine-character bank routing number, which appears between the symbols, usually at the bottom left corner of the check.

The account number is up to 17 characters long and appears next to the symbol at the bottom of the check and usually to the right of the bank routing number.



Authorization

By signing this form, I (the bank account owner) understand and accept these terms and conditions:

- You will withdraw the scheduled premium payments from my account
- You will only consider a premium paid if a draft is honored by my financial institution
- You may discontinue withdrawals at any time and bill me directly
- I have 60 days from the date of the withdrawal to notify you of any errors related to a transfer under this agreement, including unauthorized transfers. If I fail to notify you within 60 days, I am liable for any transfers that occur after close of 60 days.
- I must contact you at least three business days before a scheduled withdrawal to change or cancel this authorization

Signature of bank account owner

Date

SIGN HERE X

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