

**Electronic Funds Transfer (EFT) Authorization
 for Direct Deposit of Annuity Payments**
 from Genworth Life and Annuity Insurance Company,
 Genworth Life Insurance Company and
 Genworth Life Insurance Company of New York†

• **Please print clearly** and use blue or black ink, and **initial any corrections** or we may not be able to accept your request

Contract information

The Genworth insurance companies listed above are referred to as "we" and "us" in this request.

Payee's address of record will be updated to the address provided here.

Contract or policy number(s) _____ Phone number _____
 • _____
 Annuitant or owner name _____ Date of Birth *If applicable* _____
 • _____
 Payee name _____ Social Security/Tax ID number _____
 • _____
 Mailing address *Complete address required* _____
 • _____

Bank account information

The bank account owner must exactly match the payee on the contract.

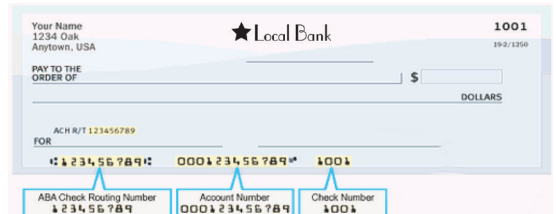
Account owner name _____ Institution name for deposit _____
 • _____
 Routing number _____ Type of account *Select one* _____
 • _____ Checking Savings Brokerage
 Account number _____
 • _____

If brokerage account, provide additional information below

Brokerage firm _____ Brokerage account number _____
 • _____
 Broker name _____ Brokerage phone number _____
 • _____

This is an example of a personal check. A business check may be different.

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.



Signature(s)

If you are a Trustee, Attorney-in-Fact, Guardian, Conservator or other fiduciary or representative, you must sign in capacity or with title (e.g. Jane Doe, Trustee) and attach relevant legal documentation.

By signing below, 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.



Payee (account owner) signature

Date

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



Joint payee signature

Date

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

Form submission

This form must be received at least 20 days prior to the next payment due date to ensure the next payment goes to your new account.

Send completed form to:
Regular First Class Mail:
 Genworth
 P.O. Box 40012
 Lynchburg, VA 24506

Fax completed form to:
Contact Information:
 Variable annuities Toll free: 800.352.9910
 Fax: 804.281.6178
 Fixed annuities Toll free: 800.221.9501
 Fax: 434.522.2904
 Immediate annuities Toll free: 888.322.4629
 Fax: 434.948.5440

† Only Genworth Life Insurance Company of New York is licensed in New York.