Genworth Life and Annuity Fixed Annuity Withdrawal Authorization Genworth Life of New York Genworth Life of New York Administrative Office: 3100 Albert Lankford Drive Lynchburg, VA 24501 genworth.com Please read and complete all sections that apply to your request and sign and date or • Please print Clearly using blue or black ink, and initial and date any corrections on the able to accept your request. • If you prefer to request future transactions over the telephone, complete the Telephone withdrawal authorization section. • If you are taking a withdrawal to satisfy the Required Minimum Distribution (RMI) Genworth annuity, please use the RMD authorization form.		
The Genworth insurance companies listed above are referred to as "we"	Contract number(s) •	
and "us" in this request.	Owner name	Date of birth
	• Owner Social Security/Tax ID/number	Telephone number
	• Joint owner name	 Is joint owner spouse of owner?
Important information	•	○ Yes ○ No
The contract owner is referred to as "you" and "your" in this form.	 Refer to your contract for the maximum withdrawal a without surrender charge (surrender charges will app We will not process any partial withdrawal that wour equired contract value (refer to your contract for det Making unscheduled withdrawals may cause system amount of future systematic withdrawals, and could your tax advisor regarding the tax status of distribution. Your contract value will be reduced by the full amour the amount payable for the withdrawal may be less of Adjustment (MVA), where applicable. Consult your consult your consult in a permanent reduction in future guaranteed make an excess withdrawal and are uncertain how a guaranteed withdrawal amounts, then you may controlation. 	bly to any withdrawal beyond these limits). Ild cause the contract to fall below the minimum cails) without your consent. Hatic withdrawals to terminate or may reduce the have adverse tax consequences. Please consult ions from your annuity. Int of your withdrawal request, however due to surrender charges and Market Value contract for details. Il amount, called "excess withdrawals", will withdrawal amounts. If you would like to an excess withdrawal will reduce your future act us prior to requesting the withdrawal to
Complete this section if you have not elected the Guaranteed	Withdrawal amount Select one	
Minimum Withdrawal Benefit for Life Rider or you do not want to start Income Withdrawals as described in your Guaranteed Minimum Withdrawal Benefit for Life Rider.	 Maximum amount available without surrender charged in the surrender charged in the surrender charged in the surrender charged in the surrender is reduced by a substraint of the surrender (Withdraw all funds and close the core ced Minimum Withdrawal Benefit for Life Rider 	ype below <i>Gross, if left blank</i> any taxes or fees withheld) I amount, any taxes or fees are taken
Please complete this section to begin	For the Growth+ product only, select from one of the fo	Illowing income choice options:
Income Withdrawals as described in your Guaranteed Minimum Withdrawal Benefit for Life Rider.	Level Income O Increasing Income Maximum amount available that will not exceed the	
If you do not want to start Income Withdrawals please complete the Single Withdrawal section above.	 Specify amount \$and select to O Gross (payment is reduced by Select to O Gross (payment is reduced b	any taxes or fees withheld)
The request to surrender or withdraw any contract value may affect the guaranteed elements, non-guaranteed elements, face amount or surrender value of the contract from which the values are released.	 Net (payment equals specified from remaining cash value) *Please note, electing a specific amount may cause an your contract for details. 	l amount, any taxes or fees are taken excess withdrawal. Please refer to
Withdrawal factors will be lower for Increasing Income as compared to Level Income, but will have the potential for payments to increase over time.	[†] Only Genworth Life Insurance Company of New York is admitte business in New York.	ed in and conducts 43952WFA 08/14/17

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Payment method

Check

A check will be mailed to the address of record, unless a new address is provided.

A check will be sent if Electronic funds transfer is not an option for your contract.

Electronic funds transfer (EFT)

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.

If EFT is not an option for your contract, or if we cannot verify your bank account, a check will be sent to your address of record.

Income tax withholding

Withholding notice

Withholding only applies to the taxable portion of the payment you receive, not to the entire payment. In general, the taxable portion equals the extra amount you receive over the total amount you paid (considered your cost basis).

We cannot guarantee that your withdrawal amounts will be sufficient to meet IRS minimum distribution requirements.

Required minimum distribution (RMD) amounts are not eligible for rollover.

Special withholding rules and forms apply to payments delivered overseas or to non-residents of the United States. If you have not provided a W-9 documenting yourself as a U.S. Citizen living abroad, or a W-8Ben to request tax treaty withholding rate we must withhold 30% for federal taxes.

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.	Street address			
Is this a new permanent mailing address? If yes, all future correspondence will be mailed to new address. If no, we will continue to use the address on file. Yes No Account owner name Institution name for deposit . . Routing number Type of account Select one . . Account number for deposit . . . Account number for deposit . . . Account number for deposit Account number for deposit 	Citv		State	Zin
new address. If no, we will continue to use the address on file. ○ Yes ○ No Account owner name Institution name for deposit • • • Routing number • • • • • Account number for deposit • • • • • • Account number for deposit • • • • • • • • Account number for deposit • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • •	•		•	P
Routing number Type of account Select one O Savings O Checking Account number for deposit O Savings 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. Ver Name Activities account information MUST be included				~
Checking Account number for deposit Account number for deposit Account number for deposit Apre-printed, voided check or other bank documentation showing the account information MUST be included with your request in order for it to be processed.	Account owner name		Institution name	for deposit
Checking Account number for deposit Account information showing the account information MUST be included with your request in order for it to be processed. Account information Account in to be processed. Account information Account in to be processed. Account information Account information Account in to be processed. Account information Account information Account in to be processed. Account information Account in the accou				
Account number for deposit Account number for deposit Acrest 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.	Routing number		Type of account	Select one
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.			 Savings 	\bigcirc Checking
bank documentation showing the account information MUST be included with your request in order for it to be processed. Council and the second	Account number for deposit			
Darik documentation showing the Anytown, USA Bezitation account information MUST be included Pay to the S with your request in order for it to be processed. Dollars	A pre-printed, voided check or other	Your Name		1001
with your request in order for it to be processed.		Anytown, USA	Local Dank	19-2/1250
processed.		PAY TO THE ORDER OF		•
FOR		ACH R/T 123456789		
			0123455789 1001	
ABA Check Roufing Number Account Number Acch Roufing/ Transit Number		ABA Check Routing Number	Account Number Check Number	ACH Routing/Transit Number

Please indicate your Residence State for tax withholding. We will report to the state on record if blank.

- The taxable portion of withdrawals and surrenders taken before age 59 1/2 may be subject to a 10% penalty tax in addition to ordinary income taxes.
- Federal withholding is generally at a 10% rate, but you may generally elect not to withhold any taxes.
 Enderal withholding for distributions from qualified plans is at a 20% rate and is mendatory uplace the
- Federal withholding for distributions from qualified plans is at a 20% rate and is mandatory unless the distribution is rolled over to an IRA or other eligible retirement plan.
- We will assume that the entire withdrawal from an IRA is taxable, except for non-taxable qualified distributions from a Roth IRA.
- If you elect not to have federal and state income tax withheld, you are still liable for payment of federal
 income tax and, if applicable, state income tax on the taxable portion of the distribution. You may also
 be subject to tax penalties under the Estimated Tax Payment Rules if any payments of estimated tax
 and withholding are insufficient (IRS Publication 505 explains federal estimated tax requirements and
 describes penalties in detail). You may be able to avoid quarterly tax payments by having enough tax
 withheld from your withdrawals.
- Consult your personal tax advisor regarding the tax status of distributions.
- State tax will be withheld only from the taxable portion of withdrawal payments that are not directly rolled over to an IRA or eligible plan.
- If you want state income tax withheld in AL, CO, DC (Unless full surrender of qualified funds, in which case 8.95% withholding is mandatory), GA, IL, KY, LA, MD (unless 403(b) or 401K in which case 7.75% withholding is mandatory), MN, MS, ND, OH, PA, SC, , UT, VA (unless a Qualified plan other than IRA, Roth IRA, or SEP IRA; the mandatory rate will be 4% if a qualified plan other than those listed), and WV you must designate a state withholding amount or percentage.
- We cannot withhold state income tax in AK, AZ, FL, HI, NH, NV, NY, SD, TN, TX, WA and WY.
- In IA, KS, ME, MA, NE and OK state withholding is required at the current state rate or higher amount you choose unless you request 0% Federal withholding
 - In CA, RI, or VT state withholding will be done at the default rate of the Federally withheld amount unless you designate otherwise. If you elect a percentage to withhold it will be based on the Taxable amount.
 - State withholding is optional with the following guidelines: IN, CT, IN, MO, MT, NJ state withholding must be a whole dollar amount of at least \$10. WI state withholding must be a whole dollar amount of at least \$5. ID state withholding must be a whole dollar amount, no minimum. In DE state withholding must be at least 5%. NM is Optional withholding, taxpayer must provide dollar amount or percentage to withhold, must be over \$10.
 - In AR we will default to 3% (5% if 401K plan) unless you request otherwise. In OR we will default to 8% unless it is less than \$10 or you request otherwise.
 - NC, unless you complete an NC4P we will withhold 4%.
 - MI If born before 1952 and withdrawal is below thresholds on a Qualified plan we will default to no withholding unless you request otherwise. For any other withdrawal, we will withhold 4.25% unless you have completed the MI4P.
- If applicable, the state withholding certificate may state special rules and conditions for withholding state income tax from your withdrawals.

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Income tax withholding Continued

Income tax withholding election Your withholding selections will apply to all payments made under this request.

We will withhold federal and any applicable state taxes if you do not complete this section.

If no state tax amount or percent is specified, no state income tax will be withheld, unless required by the state.

If you do not complete the form W-9, we are required to withhold 30% of the taxable amount and remit it to the IRS.

If you are not a U.S. citizen or other U.S. person, 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.

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.

Your signature on page 4 indicates your acceptance of these terms:

This authorization is optional, and you may submit written requests at any time.

We reserve the right to request a signature at any time.

We are not liable for any loss, cost or expense for acting on such instructions, provided we employ reasonable procedures to confirm the instructions communicated by telephone are genuine.

If EFT authorization is on record, payment under this telephone withdrawal authorization will be made via EFT, otherwise, a check will be mailed to the address of record.

Withhold fea	leral taxes Select one	lf yes, spe	cify amount (minimu	m of 10%) Select one
⊖ Yes	⊖ No	<u>\$</u>	O	%
Withhold sta	ite taxes Select one	lf yes, spe	cify amount Select of	ne
⊖ Yes	◯ No	○ \$		%
	rity/Tax ID Number If yo			or Tax ID number in the

Owner section above, federal and any applicable state taxes will be withheld

Substitute Form W-9 (an official IRS Form W-9 with instructions is available by download at IRS.gov)

Check appropriate box for federal tax classification:				
	O Individual/Sole Proprietor	\bigcirc C Corporation	\bigcirc S Corporation	
	○ Partnership	○ Trust/Estate		
	○ Limited liability company			
	Enter the tax classification (C	=C corporation, S=S co	rporation, P=partnership)	
	○ Other <i>(see instructions)</i>			
	Social acquirity number or Employ	or identification numb	or	

Social security number or Employer identification number

- Special withholding rules and forms apply to payments delivered overseas or to non-residents of the United States. If you are a non-resident alien a W-8Ben must be completed to claim tax treaty benefits, otherwise we must withhold 30% of the taxable amount for U.S. federal income tax.
- 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.

Under penalties of perjury, I certify that:

- 1. The number shown on this form 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 instructions).
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.



Signature of U.S. person

Date of signature

Telephone withdrawal authorization Not available for custodial-owned contracts or pension plans

I would like to have telephone withdrawal access added to my contract, but I do not intend to make a withdrawal at this time.

This telephone withdrawal authorization only applies to single withdrawals. Requests for full surrender or required minimum distributions must be received on a valid authorization form.

Security verification code word Required for all telephone withdrawals (Such as mother's maiden name, birthplace, first pet's name, first car. Please provide code word and hint)

Self, By providing the security information above, you authorize us to act upon instructions given by you over the phone.

Family member(s), You authorize the additional family members listed below to act on your behalf. With this authorization, the family members listed will also be entitled to receive information about the contract. Spousal joint owners may act on behalf of each other without express authorization. Please be sure family member(s) is/are aware this authorization ends upon your death.

Name	Relationship	Date of birth
•		•
Name	Relationship	Date of birth
		•
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Declaration and signature(s)

If you are signing as a fiduciary or representative, you must indicate capacity or title and provide documentation of authority (see signing instructions below).	 Your signature indicates that you have read and understand all sections of this form. 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. The penalty of perjury does not apply to income tax withholding. You declare that no bankruptcy proceedings are now pending against you and you are not subject to back-up withholding. 	
Other signatures that may be required include: spouse (if community property state), SIGN irrevocable beneficiary	X	•
(must sign with title),	Owner Signature Capacity <i>if applicable</i> :	Date
and collateral assignee (if contract is collaterally assigned)	▶ x	
assigned).	Joint Owner Signature Capacity <i>if applicable</i> :	Date
SIGN		
	Other Required Signature <i>If applicable</i> Capacity <i>if applicable</i> .	Date
Signing instructions		
Attorney-in-Fact	The attorney-in-fact must indicate capacity as "attorney-in-fact;" provide a c attorney document, if not previously submitted; and complete a Genworth De form, if the power of attorney was not signed in the past 12 months (e.g. Joh	eclaration of attorney-in-fact
Corporation or Limited Liability Corporation (LLC)	One officer of the company or managing member of the LLC must sign and i either a corporate or board of director's resolution, a copy of the Articles of agreement (for LLC's). If the signing officer or managing member is also the or member must also sign (e.g. Jane Doe, President).	Incorporation or operating
Guardian	The guardian must indicate capacity and provide a copy of the current guard John Doe, guardian).	lianship documents (e.g.
Partnership	All partners must sign and indicate title, or the general or managing partner title. If the general or managing partner is also the annuitant, another partn Doe, Senior Partner).	r must sign and indicate er must also sign, (e.g. John
Spouse	A spouse in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, V include a spouse's signature may delay processing at claims time.	VI) must sign. Failure to
Trust	The trustee(s) must sign and indicate the title "Trustee", according to the te and submit a completed Genworth Certification of trustee powers form (e.g.	rms of the Trust Agreement, Jane Doe, Trustee).
Form submission		

Send completed form to:

Regular First Class Mail: Genworth P.O. Box 10716 Lynchburg, VA 24506

For Inquiries and questions Toll free: 800 221.9501

E-mail: annuitycustomerservice@genworth.com

Overnight Delivery:

Genworth 3100 Albert Lankford Drive Lynchburg, VA 24501

Fax: 434 522.2904