

# Fixed Deferred Annuity Application

Genworth Life Insurance Company of New York

• **Send Completed Application**

**Regular Mail** – Genworth Life Insurance Company of New York  
P.O. Box 85093 • Richmond, VA 23285-5093

**Overnight Delivery** – Genworth Life Insurance Company of New York  
6610 West Broad Street  
Richmond, VA 23230-1702

• **For Inquiries and/or Questions** – Toll free: 800.221.9501

## 1. Product Information

**A. Product Name:** **SecureLiving® Liberty NY**

**B. Initial Interest Rate Guarantee Term:**

1 Yr    2 Yr    3 Yr    4 Yr    5 Yr    6 Yr    7 Yr    8 Yr    9 Yr    10 Yr

## 2. Owner(s)

Individual    Partnership    Corporation    Trust or Custodial Account

**A. Owner Name/Trust** (First, M.I., Last)

Male    Female

Telephone no.   Unlisted?  No    Yes

Mailing Address

Birth/Trust Date (mm-dd-yyyy)

City   State   Country   Zip code

Social Security no./TIN

**B. Joint Owner** Non-qualified contracts only.  M    F    Spouse    Non-Spouse

Telephone no.   Unlisted?  No    Yes

Mailing Address

Birth/Trust Date (mm-dd-yyyy)

City   State   Country   Zip code

Social Security no./TIN

## 3. Annuitant(s): Complete if other than Owner(s)

**A. Annuitant Name** (First, M.I., Last)    Male    Female    Spouse    Non-Spouse

Telephone no.   Unlisted?  No    Yes

Mailing Address

Birth date (mm-dd-yyyy)

City   State   Zip code

Social Security no./TIN

**B. Joint Annuitant** (Non-qualified contracts only)  Male    Female    Spouse    Non-Spouse

Telephone no.   Unlisted?  No    Yes

Joint Annuitant Name (First, M.I., Last)

Mailing Address

Birth date (mm-dd-yyyy)

City   State   Zip code

Social Security no./TIN

## 4. Premium and Plan Information – Make checks payable to Genworth Life of New York

Genworth Life Insurance Company of New York (Genworth Life of New York) reserves the right to only accept premiums within our minimum and maximum premium guidelines.

**Total Amount Submitted With Application:** \$ \_\_\_\_\_ **and/or estimated premium from 1035 Exchange(s) or Transfer(s)** \$ \_\_\_\_\_  
(attach Transfer Authorization form)

**Contract Type:** Please select one contract type and the appropriate source of premium. (For example: IRA, Direct Rollover from 401(k))

**Non-Qualified**    Cash with Application    1035 Exchange    Money Market Account / Certificate of Deposit / Mutual Fund

Contract Type (Select One)	IRA	SEP IRA*	Roth IRA	TSA/403(b) Annuity	Pension*	Profit Sharing/401(k)*	Other Qualified Plan	* Investment Only
	<input type="radio"/> <b>Qualified</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
<b>Source of Premium:</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Transfer By: <input type="radio"/> Owner <input type="radio"/> Owner's Beneficiary
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Customer Rollover
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Direct Rollover From <input type="radio"/> 401(a) <input type="radio"/> Gov't 457 Plan <input type="radio"/> 401(k) <input type="radio"/> TSA/403(b) <input type="radio"/> Other _____
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Conversion/Reconversion
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other _____

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## 5. Beneficiary(ies) (Name or names of trust and trustee)

**If any owner listed in Section 2 dies, any surviving owner will be the designated beneficiary of the contract irrespective of the beneficiary(ies) listed below.** If you name more than one beneficiary, the death benefit will be paid in equal shares to surviving beneficiaries (provided there is no surviving owner), unless you request otherwise. If no beneficiary survives the deceased person and you name more than one contingent beneficiary, any death benefit they receive will be paid in equal shares unless you request otherwise. Additional beneficiaries and any irrevocable beneficiary designations can be specified in Section 6 - Additional Information or on an additional sheet of paper signed by the owner. **If any beneficiary is not a U.S. citizen, attach IRS W-9 form; if non-resident alien, attach appropriate W8-series form instead.**

<b>A. Name</b> (First, M.I., Last)	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Entity	Relationship	<input type="radio"/> Beneficiary
Birth/Trust Date (mm-dd-yyyy)			Social Security no./TIN	% of Death Benefit	<input type="radio"/> Contingent Beneficiary
<hr/>					
<b>B. Name</b> (First, M.I., Last)	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Entity	Relationship	<input type="radio"/> Beneficiary
Birth/Trust Date (mm-dd-yyyy)			Social Security no./TIN	% of Death Benefit	<input type="radio"/> Contingent Beneficiary
<hr/>					
<b>C. Name</b> (First, M.I., Last)	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Entity	Relationship	<input type="radio"/> Beneficiary
Birth/Trust Date (mm-dd-yyyy)			Social Security no./TIN	% of Death Benefit	<input type="radio"/> Contingent Beneficiary

## 6. Additional Information (Please print clearly)

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## 7. Owner Signature(s) QUESTIONS IN BOLD MUST BE ANSWERED.

All statements made in this application are true to the best of my/our knowledge and belief, and the answers to these questions, together with this agreement, are the basis for issuing the contract. I/we understand that upon acceptance of this application by Genworth Life of New York, I/we will be bound by the provisions of the contract issued and entitled to any benefits provided thereunder. I/we understand that upon receipt of the contract, I/we have the right to examine it and return it as is contractually provided.

**Will the proposed annuity replace and/or change any existing annuity or insurance contract?**  Yes  No

**Owner (Trustee/Custodian must sign, if applicable)\***

State where signed

Date of signature (mm-dd-yyyy)

Joint Owner Signature (if applicable)\*

Date of signature (mm-dd-yyyy)

**If any owner is not a U.S. citizen, attach IRS W-9 form; if non-resident alien, attach appropriate W-8 series form instead.**

**\* Trustee, Attorney-in-Fact, Guardian, Conservator, Plan Administrator or Plan Trustee must sign in official capacity (e.g., John Doe, Trustee).**

**Appropriate supporting documentation (Certification of Trustee Powers, Declaration of Attorney-In-Fact) or other legal documents must be attached.**

## 8. Insurance Producer Signature QUESTION IN BOLD MUST BE ANSWERED.

By signing, I certify that the above signature(s) are genuine and that all information contained in this application is true to the best of my knowledge and belief.

**Do you have reason to believe that the proposed annuity will replace any existing annuity or insurance contract?**  Yes  No

**All Regulation 60 requirements must be fulfilled prior to completing this application.**

**Insurance Producer Signature**

Date of signature (mm-dd-yyyy)

Insurance Producer Name (First, M.I., Last) Please Print

Social Security no.

State License no.

Telephone no.

Firm Name (Appointed by Genworth Life of New York)

Genworth Life of New York Insurance Producer no.

Fax no.

Email Address

**NOTICE OF REPLACEMENT**



To: \_\_\_\_\_  
Replaced Carrier

**Attention: Replacement Department**

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax Number: \_\_\_\_\_ (Reg. 60 company contacts available from LICONY website)<sup>1</sup>

**NOTICE TO INSURER: In accordance with New York State Insurance Department Regulation No. 60, you are hereby notified of the proposed replacement of your life insurance policy(ies) or annuity contract(s) listed below:**

Type (Life or Annuity)	Name of Insured/Annuitant	SSN	Date of Birth	Contract/Policy Number <sup>2</sup>

<sup>1</sup><http://www.licony.org>

<sup>2</sup>If the applicant does not recall the existing policy or contract number(s), list alternative identification such as social security number and date of birth.

Proposed Replacement Product \_\_\_\_\_

**AUTHORIZATION AND REQUEST TO PROVIDE POLICY INFORMATION**

You are hereby requested and authorized to furnish the information needed to complete the alternate LICONY New York State Disclosure Statement relating to the above Contract(s) or Policy(ies) directly to the following persons or organizations:

Agent/Broker \_\_\_\_\_ Firm \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

Agent/Broker \_\_\_\_\_ Firm \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

**Genworth Life Insurance Company of New York**

**Mail form to designated product service center:**

**Annuity New Business**, 6610 West Broad Street, Richmond, VA 23230. Fax: 804 281.3022

**Fixed Life New Business**, P.O. Box 10717, Lynchburg, VA 24506-0717

**Variable Life New Business**, 3100 Albert Lankford Drive, Lynchburg, VA 24501

This authorization is valid until revoked by the undersigned in writing.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date



**Mail form to designated product service center:**

**Annuity New Business**, 6610 West Broad Street, Richmond, VA 23230. Fax: 804 281.3022

**Fixed Life New Business**, P.O. Box 10717, Lynchburg, VA 24506-0717

**Variable Life New Business**, 3100 Albert Lankford Drive, Lynchburg, VA 24501

### DEFINITION OF REPLACEMENT

In order to determine whether you are replacing or otherwise changing the status of existing life insurance policies or annuity contracts, and in order to receive the valuable information necessary to make a careful comparison if you are contemplating replacement, the agent is required to ask you the following questions and explain any items that you do not understand.

As part of your purchase of a new life insurance policy or a new annuity contract, has existing coverage been, or is it likely to be:

- (1) Lapsed, surrendered, partially surrendered, forfeited, assigned to the insurer replacing the life insurance policy or annuity contract, or otherwise terminated?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- (2) Changed or modified into paid-up insurance; continued as extended term insurance or under another form of nonforfeiture benefit; or otherwise reduced in value by the use of nonforfeiture benefits, dividend accumulations, dividend cash values or other cash values?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- (3) Changed or modified so as to effect a reduction either in the amount of the existing life insurance or annuity benefit or in the period of time the existing life insurance or annuity benefit will continue in force?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- (4) Reissued with a reduction in amount such that any cash values are released, including all transactions wherein an amount of dividend accumulations or paid-up additions is to be released on one or more of the existing policies?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- (5) Assigned as collateral for a loan or made subject to borrowing or withdrawal of any portion of the loan value, including all transactions wherein any amount of dividend accumulations or paid-up additions is to be borrowed or withdrawn on one or more existing policies?  
YES \_\_\_\_\_ NO \_\_\_\_\_
- (6) Continued with a stoppage of premium payments or reduction in the amount of premium paid?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If you have answered YES to any of the above questions, a replacement as defined by New York Insurance Department Regulation No. 60 has occurred or is likely to occur and your agent is required to provide you with a completed Disclosure Statement and the **Important** Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts.

**Date:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

To the best of my knowledge, a replacement is involved in this transaction: YES \_\_\_\_\_ NO \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature of Agent or Broker:** \_\_\_\_\_



**IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS**

**THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY NEW YORK REGULATION NO. 60**

You are contemplating the purchase of a life insurance policy or annuity contract in connection with the surrender, lapse or change of existing life insurance policies or annuity contracts. The agent or broker is required to give you this notice together with a signed disclosure statement containing the summary result comparison for the new life insurance policy or annuity contract and any life insurance policies or annuity contracts to be changed that sets forth the facts of the transaction and its advantages and disadvantages to you. Your decision could be a good one – or a mistake – so make sure you understand the facts. You should:

1. Carefully study the Disclosure Statement, which includes a Summary Result Comparison, until you are sure you understand fully the effect of the transaction.
2. Ask the company or agent or broker from whom you bought your existing life insurance policies or annuity contracts to review with you the transaction and the Disclosure Statement. You may be able to effect the changes you desire more advantageously with them. Their customer service telephone number is contained in the Disclosure Statement.
3. Consult your tax advisor. There may be unfavorable tax implications associated with the contemplated changes to your existing life insurance policies or annuity contracts.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement of the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
2. Since the initial costs of a life insurance policy are charged against the cash value increases in their life insurance policy years, the replacement of an old life insurance policy by a new one results in the policy sustaining the burden of these costs twice. Annuity contracts usually contain provision for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.
4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.
5. There may have been changes in your health since the purchase of the existing coverage.
6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.



You have the right, within 60 days from the date of delivery of a new life insurance policy or annuity contract, to return it to the insurer and receive an unconditional full refund of all premiums or considerations paid on it, or in the case of a variable or market value adjustment policy or contract, a payment of the cash surrender benefits provided under the policy or contract, plus the amount of all fees and other charges deducted from gross considerations or imposed under the life insurance policy or annuity contract, and may have the right to reinstate or restore any life insurance policies and annuity contracts that were surrendered, lapsed or changed in the transaction to their former status to the extent possible and in accordance with the insurer's published reinstatement rules to the extent such rules are not inconsistent with the provisions of this part.

**IMPORTANT:** THIS RIGHT SHOULD NOT BE VIEWED AS REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT TO THE SAME CONDITION AS IF IT HAD NEVER BEEN REPLACED. THERE MAY BE CONSEQUENCES IN REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT, INCLUDING BUT NOT LIMITED TO:

- The right to reinstate or restore your life insurance policy or annuity contract applies only to companies subject to New York insurance laws;
- Your life insurance policy or annuity contract is subject to your specific company's reinstatement rules, which may vary from company to company. These rules may require payment of both premium and interest; however, you will not be subject to evidence of insurability, or a new contestable or suicide period;
- You may not receive the interest or investment performance during the period the life insurance policy or annuity contract was replaced; and
- There may be unfavorable Federal Income Tax consequences as a result of the reinstatement of your life insurance policy or annuity contract.

**IMPORTANT:** IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, THE VALUE OF OR CONTRACT MAY INCREASE OR DECREASE DURING THE 60 DAY PERIOD DEPENDING ON THE PERFORMANCE OF THE UNDERLYING INVESTMENTS, WHICH MAY EFFECT THE VALUE OF THE REFUND YOU RECEIVE.

**I hereby acknowledge that I read the above "IMPORTANT NOTICE" and have received a copy of same.**

**Date:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_

**Genworth Life Insurance Company of New York**

**Mail form to designated product service center:**  
**Annuity New Business**, 6610 West Broad Street, Richmond, VA 23230. Fax: 804 281.3022  
**Fixed Life New Business**, P.O. Box 10717, Lynchburg, VA 24506-0717  
**Variable Life New Business**, 3100 Albert Lankford Drive, Lynchburg, VA 24501

# SECURELIVING® LIBERTY NY

## Single Premium Fixed Deferred Annuity Disclosure and Acknowledgment

Genworth Life Insurance Company of New York • Fixed Annuities New Business  
6610 West Broad Street • Richmond, VA 23230-1702 • 800 221.9501

### The annuity is issued by Genworth Life Insurance Company of New York (Genworth Life of New York), a life insurance company

Genworth Life of New York and the financial institution at which this annuity was purchased are **not** affiliated. All guarantees are based on the claims-paying ability of Genworth Life of New York.

### The annuity is not a bank product and is not FDIC insured

All non-deposit products involve investment risks including the possible loss of the principal amount invested. The annuity is not a deposit with or obligation of any financial institution, is not guaranteed or endorsed by any financial institution or its affiliates, and is not insured by the FDIC, the Federal Reserve Board or any other government agency. Principal and interest are guaranteed only by Genworth Life of New York.

### The annuity is a long-term investment

The annuity does not mature like a bond or certificate of deposit and may be subject to early surrender charges (refer to the Withdrawal section of the contract).

### Annuity interest rates

The initial interest rate on the annuity will be the rate established by Genworth Life of New York and in effect on the date the premium is received. The initial interest rate is guaranteed for a period of time that you select – one, three, or five years. It may include an additional interest rate credit. Following the initial interest rate guarantee period, the renewal rate is set annually and is guaranteed for one year. The initial interest rate on a new contract may be higher than renewal rates. Renewal rates will not be less than the minimum guaranteed interest rate guaranteed by Genworth Life of New York as specified in the contract. The one, three, and five-year initial rate guarantee term products will also have a bailout provision. Following the initial interest rate guarantee period, if the renewal rate for a particular year is less than the bailout rate, surrender charges will not apply to amounts withdrawn during the bailout withdrawal window for that year. The bailout rate and the bailout withdrawal window are specified in the contract.

### Access to funds each contract year

- You may choose to receive up to 10% of the contract value free of surrender charges; access these funds at anytime up to 12 times a contract year, - or -
- You may choose to systematically take your credited interest or up to 10% of the contract value.

### Withdrawals may be subject to a surrender charge

If the contract is cancelled during the first six years, or if a withdrawal is made in excess of the penalty-free amount, a surrender charge will apply. The surrender charge schedule is based upon the contract year. Refer to the Withdrawal section of the contract for additional information. There are no additional fees. For tax information, see below.

Contract Year	1	2	3	4	5	6	Thereafter
Surrender Charge	9%	9%	8%	7%	6%	5%	0%

### Guaranteed payouts (Contact a tax professional before selecting a payment choice.)

This annuity offers the following guaranteed payout options:

- Lifetime with a 10, 15 or 20-year guarantee period.
- Joint Life and Survivor with a 10-year guarantee period.

### Taxation, beneficiary and additional information

- Distributions of taxable amounts are subject to ordinary income tax and, if taken prior to age 59½, an additional 10% federal penalty tax may apply.
- If more than one tax-deferred annuity is purchased during the same calendar year by the same owner, the interest will be combined for the purpose of reporting the taxable portion of certain distributions.
- Some non-natural owners (e.g., corporations) are not entitled to tax-deferral of interest accumulations.
- Probate may be avoided when beneficiaries other than the estate are named.
- The death benefit is the contract value at date of death plus any interest required by the state.
- Surrender charges are waived in the event of nursing home confinement. Certain restrictions apply. Refer to contract for details.

By signing this form I acknowledge that I have read and understand the above disclosures.

Signature of Owner	Social Security Number	Date
Signature of Joint Owner	Date	
Signature of Licensed Producer	Date	Producer Number

SecureLiving® Liberty NY single premium fixed deferred annuity is Genworth Life Insurance Company of New York's policy form series GENY6020 10/05 et. al. Product ID: SP16.





**Genworth®**  
Financial

Genworth Life  
Genworth Life & Annuity  
Genworth Life of New York  
6610 West Broad Street  
Richmond, VA 23230-1702

# Transfer and exchange authorization

Genworth Life Insurance Company,  
Genworth Life and Annuity Insurance Company and  
Genworth Life Insurance Company of New York\*

\*Only Genworth Life Insurance Company of New York is licensed in the state of New York

Page 1 of 3

- For use with all annuity products.
- Use this form to authorize an exchange or transfer to a new or existing annuity contract.
- In this form, Genworth Life Insurance Company, Genworth Life and Annuity Insurance Company and Genworth Life Insurance Company of New York are referred to individually as the Insurer.

## Existing contract or account information

### Current institution information

Additional forms may be required if the transaction is a replacement or a change to an existing life insurance policy or annuity contract.

### Institution name

•	.....	.....
Street address	.....	Telephone number
•	.....	•
City, state, zip	.....	.....
•	.....	.....
Plan/account type <i>Annuity, life account, other</i>	.....	Policy/contract number
•	.....	•
.....	.....	.....

### Owner information

### Owner name

•	.....	Social Security/Tax ID number
Joint owner name <i>if any</i>	.....	Social Security/Tax ID number
•	.....	•
Annuitant name	.....	.....
•	.....	.....
Joint annuitant name <i>if any</i>	.....	.....
•	.....	.....
.....	.....	.....

### Conservation

- I request that no efforts be made by the current institution to keep my current contract, policy or account.

### Existing policy statement

Does not apply to a mutual fund or certificate of deposit.

### Select one:

- I certify that the existing policy/contract to be exchanged/transferred has been lost or destroyed, and to the best of my knowledge and belief, is not in anyone's possession.
- The original policy/contract is attached.

## Transaction detail

### Processing date for releasing institution

Any date you specify must be within 30 days of our receipt of this form.

Please process the transaction specified herein *select one*

- Immediately
- Before date of: .....
- After date of: .....

### Transfer to an existing contract

Confirm your existing contract allows additional purchase payments before marking "Yes."

Is the transfer or exchange to an existing annuity contract?

- Yes
- No

**If yes**, enter existing contract number: .....



Transfer and exchange authorization

Transfer options Select one of the three options on the left and complete the corresponding information

Non-qualified funds, 1035 tax-free exchange

The surrendering company must provide the cost basis in accordance with the Tax Equity and Fiscal Responsibility Act of 1982.

Full transfer

I am assigning all rights, title and interest in my contract to the Insurer to whom I have submitted an application.

I hereby assign and transfer without exception, limitation, or reservation to the Insurer, all assignable benefits, interest, property and rights in the policy/contract referenced herein. I understand that by executing this assignment, I irrevocably waive all rights, claims and demands under the assigned policy/contract.

I understand that if the Insurer approves the application, it will surrender the assigned policy/contract and request the proceeds. If and when received, the proceeds will be applied as all or part of the premium/purchase payment for the new policy or contract. I understand that the Insurer will not treat this assignment as the equivalent of a cash payment. I further understand that no part of the value of the assigned policy/contract will be treated as a premium/purchase payment until it is received by the Insurer.

With this assignment, I revoke any existing beneficiary designations under the assigned policy/contract. I designate the Insurer, its successors or assigns as beneficiary of any death benefits that may become payable under the assigned policy/contract.

Partial transfer

Liquidation amount select one

- Partial transfer of \$
Maximum amount without surrender charge

I wish to execute a partial withdrawal from the policy/contract listed on page 1 of this form for the amount specified above. I understand that surrender charges may apply. I expressly represent that the sole purpose of this transaction is to effect a partial exchange of a life insurance policy or annuity contract under section 1035(a) of the Internal Revenue Code.

The Insurer has made no representation concerning the tax treatment of this transaction. I understand that the Insurer has no responsibility or liability for the validity of this transaction or for my tax treatment related to this transaction.

Other than the owner(s) mentioned herein, no person, firm or corporation, other than myself and the issuing insurer, has an interest in said policy/contract. No proceedings in insolvency or bankruptcy have been instituted by or against me.

Non-qualified funds, transfer from mutual fund or certificate of deposit

If liquidating a mutual fund, a signature guarantee is required on page 3.

Liquidation amount select one

- Full liquidation Partial liquidation of \$
Maximum amount without surrender charge

I authorize the liquidation specified above and the transfer of the net proceeds to the Insurer. I am aware that surrender or withdrawal penalties may apply to this liquidation, and that income tax consequences may result. I have been advised to contact my tax advisor.

Qualified Funds

Type of plan being surrendered select one

- IRA SEP-IRA Simple IRA Roth IRA TSA/403(b)
401(a) 401(k) Keogh 457(b) governmental

Liquidation type select one

- Direct transfer Eligible rollover distribution

Liquidation amount select one

- Full liquidation Partial liquidation of \$
Maximum amount without surrender charge

I hereby direct you to liquidate the qualified funds I have indicated and to remit the proceeds to the Insurer. This liquidation constitutes either a direct transfer or an eligible rollover distribution as noted above. Subject to minimum premium and all other in good order requirements, the Insurer will accept the funds as premium for the qualified contract that I have applied for as referenced in the Insurer's Letter of Acceptance. I am aware that surrender or withdrawal penalties may apply to this liquidation, and that tax consequences may result. I have been advised to contact my tax advisor.

Transfer and exchange authorization

**Signature**

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**If you are a Trustee, Attorney-in-Fact, Guardian, Conservator or other Fiduciary, you must sign in your capacity (e.g. Jane Smith, Trustee) and attach relevant legal documentation.**

Signature of joint owner, if any, is required.

I authorize the transaction described herein and affirm that the Insurer is participating in this transaction at my request. I confirm the elections made herein. All statements made in this form are true to the best of my knowledge and belief.

Owner signature *Sign in capacity*

Date

**X**

•

Joint owner signature *Sign in capacity*

Date

**X**

•

**If liquidating a mutual fund, apply Signature Guarantee below.**

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**Insurer representative authorized signature**

The authorized signature below certifies the Insurer's acceptance of the requested funds as instructed by the owner of the contract or account referenced herein. The Insurer is a duly licensed insurance company and has received a favorable determination letter from the IRS.

Genworth Life/Genworth Life & Annuity/Genworth Life of New York signature Date

**X**

•

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**Mailing instructions**

**Regular First Class Mail:**

P.O. Box 85093  
Richmond, VA 23285-5093

**Overnight delivery:**

6610 West Broad Street  
Richmond, VA 23230-1702

**For questions call:**

Variable Annuities: 800 352.9910  
Fixed Annuities: 800 221.9501  
Single Premium Immediate Annuities: 888 325.5433