


3. Annuitant information

 If you do not complete this section, the owner above will be the annuitant, and any joint owner will be the joint annuitant.

Annuitant *If same as owner, you do not need to enter information below*

Annuitant name *First, M.I., Last* Birth date Male
 Female
 Social Security/Tax ID Number
 Address
 City State Zip
 Country of citizenship *If other than U.S.* Relationship to owner Relationship to joint owner


For non-qualified contracts only, you may name a joint annuitant.

Joint annuitant *For non-qualified contracts only*

Same as joint owner shown on page 1
 Yes No
 Joint annuitant name *First, M.I., Last* Birth date Male
 Female
 Social Security/Tax ID Number Relationship to annuitant
 Spouse* Non-spouse
 Address
 City State Zip
 Country of citizenship *If other than U.S.* Relationship to owner Relationship to joint owner

* Includes same sex relationships officially recognized under law of the state where the contract will be delivered.

4. Beneficiary information

 Surviving or existing owners have rights to death benefits prior to any beneficiary.

If there are no surviving or existing owners and you do not name a beneficiary, your estate will be the beneficiary by default.

For each beneficiary type selected, allocated percentages must total 100%. Enter whole percentages only. Unless otherwise noted, beneficiaries will be paid in equal shares.

If you do not indicate a beneficiary type, the beneficiary type will be primary.

Additional beneficiaries can be named on the Beneficiary Overflow Form.

Do you want to make the below beneficiary election(s) irrevocable?

Yes *If marked, beneficiaries cannot be changed in the future*

Beneficiary type *Select one*

Primary Contingent Male
 Female
 Entity
 Beneficiary/trust name *First, M.I., Last* Birth/trust date
 Social Security/Tax ID Number Relationship to owner Allocated percent
 %

Beneficiary type *Select one*

Primary Contingent Male
 Female
 Entity
 Beneficiary/trust name *First, M.I., Last* Birth/trust date
 Social Security/Tax ID Number Relationship to owner Allocated percent
 %

Beneficiary type *Select one*

Primary Contingent Male
 Female
 Entity
 Beneficiary/trust name *First, M.I., Last* Birth/trust date
 Social Security/Tax ID Number Relationship to owner Allocated percent
 %

5. Contract type and source of funds

5a. Purchase payment information

The minimum purchase payment accepted is \$15,000. Please make checks payable to Genworth Life Insurance Company of New York.

Total amount submitted with application
\$

Estimated amount from 1035 tax-free exchange(s) or transfer(s)
\$

 Complete Section 5b or 5c below

5b. Non-qualified contract

Source of funds *Indicate all that apply*

- New purchase *Cash with application*
- 1035 Tax-free exchange
- Liquidation of money market account/certificate of deposit/mutual fund

5c. Qualified contract

Source of funds *Indicate all that apply*

- New contribution *For traditional or Roth IRA only*
Tax year \$
- Conversion *From traditional IRA to Roth IRA only*
- Direct transfer *Transfer from prior plan payable directly to Genworth Life of New York to fund the same type of plan. For example, IRA to IRA. Includes 403(b) In-Plan exchanges.*
- Transfer from inherited IRA *You must select "Transfer from Inherited IRA" below. Do not use for spousal IRAs.*
- Customer rollover *Distribution from prior plan generally payable to owner that owner reinvests with Genworth Life of New York to fund a plan within 60 days*
- Direct rollover from: *Distribution from prior plan payable directly to Genworth Life of New York to fund a plan. For example: 401(k) to IRA.*
 - 401(a) 401(k) TSA/403(b)
 - Gov't 457(b) plan Other:

Type of qualified contract *Select one*

- Traditional IRA *Includes custodial ownership, if marked in section 2, and spousal IRAs*
- Transfer from Inherited IRA *Known as a beneficiary IRA. Do not use for spousal IRAs.*
- SEP IRA *Select only if your employer intends to make contributions to this contract. Otherwise, select "Traditional IRA."*
- Roth IRA *Includes custodial ownership, if marked in section 2*
- 401(k)/profit sharing/pension*
- Gov't 457(b) plan*
- Other qualified plan

*Investment only

6. State notices and disclosures

PLEASE NOTE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

7. Owner signature

You must answer the question to the right.

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

All statements made in this application are true to the best of my knowledge and belief, and the answers to these questions, together with this agreement, are the basis for issuing the contract. I agree to all terms and conditions as shown.

I believe this contract will meet my insurance needs and financial objectives. The undersigned has read and understands the appropriate fraud and disclosure statement in Section 6.

If you are a Trustee, Attorney-in-Fact, Guardian or other fiduciary, indicate the capacity you are acting in and attach relevant legal documentation.

Owner signature X Date of signature Name of state where signed
Trustee Attorney-in-fact POA
Guardian Title/office:
Other

Joint owner signature X Date of signature Name of state where signed
Trustee Attorney-in-fact POA
Guardian Title/office:
Other


Send completed form to:

Regular mail
P.O. Box 40011
Lynchburg, VA 24506
Fax: 804.281.6201


Overnight delivery
3100 Albert Lankford Drive
Lynchburg, VA 24501-4996

8. Producer signature

8a. Primary producer

 You must answer the question to the right.

Do you have reason to believe that the proposed annuity will replace and/or change any existing annuity or insurance contract(s)? Yes No

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

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. I have verified the owner(s) identification information below.

I believe this contract will meet my client's insurance needs and financial objectives.

Licensed representative/producer/agent name <i>Printed</i>	License number
.....
Social Security or Producer Number	Producer telephone number
.....
Firm name	Back office telephone number
.....
Email address	Commission split percentage
.....%
Licensed representative/producer/agent signature	Date of signature
X

8b. Additional producer

For split commissions for more than one producer, the primary producer must complete section 8a. Submit the Additional Producer Information form to provide required information for more than two producers.

Commission split percentage allocations must total 100%. Enter whole percentages only.

Licensed representative/producer/agent name <i>Printed</i>	License number
.....
Social Security or Producer Number	Producer telephone number
.....
Email address	Commission split percentage
.....%
Licensed representative/producer/agent signature	Date of signature
X



Genworth Life & Annuity
 Genworth Life
 Genworth Life of New York
 P.O. Box 40011
 Lynchburg, VA 24501-4996
 Fax: 804.281.6201
 genworth.com

Annuity suitability profile

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

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

Important instructions for completing this form

- In order to prevent delays in processing your application, this form must be completed in its entirety, unless otherwise noted.
- This form must be submitted to Genworth as part of the application process. Please print clearly using blue or black ink, respond to all applicable questions, and sign on page 4.
- If alterations are made to this form, the owner(s) must initial and date at the spot of each alteration.
- All information on this form should be based on the owner applying for the annuity being purchased. If the annuity being purchased will have joint owners, please include information for both owners.

Owner information

Owner name *First, M.I., Last* _____ Age _____

▪ _____

Marital status *Select one* Single Married Widowed

Joint owner name *First, M.I., Last* _____ Age _____

▪ _____

Marital status *Select one* Single Married Widowed

Financial information and situation

Household annual gross income _____

▪ _____

Federal tax bracket _____ %

▪ _____

Sources of income:

- Current wages Social Security Investments
- Qualified Retirement Plans Other: _____

1. If your annual income is less than 120% of your annual living expenses, explain how you cover these expenses (e.g., portfolio withdrawals, CDs, etc.)
 ▪ _____
2. Do you anticipate a significant change in your future income or expenses during the surrender charge period?
 Yes No If yes, please provide details: ▪ _____
3. Do you currently reside in a nursing home or assisted living facility?
 Yes No
4. Do you have a reverse mortgage?
 Yes No

Existing assets: include premium of annuity being purchased

<p>A. Liquid assets</p> <p>\$ _____ Checking/Savings/Money Market</p> <p>\$ _____ Annuities (out of surrender)</p> <p>\$ _____ Mutual Funds (out of surrender/CDSC)</p> <p>\$ _____ Stocks/Bonds</p> <p>\$ _____ CDs</p> <p>\$ _____ Retirement accounts (> age 59½)</p> <p>\$ _____ Life Insurance (out of surrender)</p> <p>\$ _____ (A) Total liquid assets</p>	<p>B. Other assets</p> <p>\$ _____ Retirement accounts (< age 59½)</p> <p>\$ _____ Annuities (in surrender)</p> <p>\$ _____ Mutual Funds (in surrender/CDSC)</p> <p>\$ _____ Real estate*</p> <p>\$ _____ Life Insurance (in surrender)</p> <p>\$ _____ Other <i>Explain:</i> _____</p> <p>\$ _____ (B) Total other assets</p> <p>*Excludes primary residence</p>
--	---

Annuity being purchased:
 \$ _____ **(C) Amount of annuity purchase from liquid assets**
 _____ **% of client's liquid assets = (C) Amount of annuity purchase from liquid assets / (A) Total liquid assets**



Financial information and situation Continued

1. Is there sufficient cash or other liquid assets for living expenses and unexpected emergencies, such as medical expenses, in excess of the premium for this annuity?

- Yes No

If no, please explain how any emergency needs will be met:

2. If liquid assets are below \$25,000 after this purchase, please explain why this annuity is suitable in this case:

3. Is the cash surrender value of all annuities owned by applicant including the premium of the annuity being purchased greater than 75% of applicant's estimated liquid assets?

- Yes No

If yes, please explain why this annuity is suitable in this case:

Overall financial objectives Select one

- Income Income and growth Growth
Aggressive growth Protection of Principal

Overall risk tolerance Select one

- Conservative Moderate Aggressive

Financial experience Select all that apply

- Mutual funds Fixed annuities Variable annuities
Life insurance Bonds Stocks
Other brokerage accounts No previous experience Other:

Annuity purchase considerations

Primary use of this annuity Select all that apply

- Income Asset accumulation Fund a long term care insurance policy
Reduce estate tax liability Tax deferred growth Potential growth, followed by income
Capital preservation Guaranteed interest rate Accumulate for beneficiaries/wealth transfer
Avoid cost or delay of probate Other Explain in detail:

Did you discuss ways to access money in this annuity as well as any restrictions on that access?

- Yes No

Source of the funds to purchase this annuity

1. What is the source of the funds for purchasing this annuity? Select all that apply

- Annuity Life insurance Certificates of deposit
Checking/savings Mutual funds Reverse mortgage/home equity loan
Other:

2. Is this a replacement of an annuity or life insurance contract?

- Yes No

If yes, complete Replacement Section.

If this is a replacement of an annuity contract or life insurance policy, answer each of the following:

1. What type is being replaced?
 Fixed Index Variable Life Insurance policy
2. Have you exchanged or replaced another annuity in the last 60 months?
 Yes No If yes, please provide details:
3. Will a surrender charge, negative market value adjustment, interest penalty or tax penalty be incurred?
 Yes No
 If yes, amount incurred: \$..... and.....% of the premium
4. Provide the following for the contract/policy being replaced. Include all income/living and death benefit values. If not applicable, list \$0
 Current contract value \$.....
 Current death benefit value \$.....
 Current income benefit value \$.....
5. Did the agent explain how the existing contract compares to the new contract in regards to surrender charges, interest rates, riders, benefits and other features?
 Yes No
6. Provide an explanation on how the replacement will better assist the Owner in meeting his or her insurance needs and financial objectives.

Product specific questions Answer only the questions that apply for the annuity being purchased

! If purchasing a fixed deferred annuity, complete this section. A fixed deferred annuity includes a Single Premium Deferred Annuity, a Market Value Adjustment Annuity, and a Fixed Index Annuity.

1. Do you understand that withdrawals taken in excess of the penalty free withdrawal amount during the annuity's surrender charge period will incur a surrender charge and may include a market value adjustment or loss of any unvested premium enhancement, if applicable?
 Yes No
2. Do you understand that if this annuity does not have a return of premium feature, after the free look expires, you cannot return the annuity for a refund, without penalties?
 Yes No N/A
3. How do you anticipate taking distributions from this annuity? *Select all that apply*
 Interest or free partial withdrawals Leave to beneficiary
 Income rider/Enhanced withdrawal benefit Lump sum
 Required minimum distribution (Qualified only) Annuitization
4. When do you anticipate taking your first distribution from this annuity? *Select one*
 Less than 1 year Between 1 and 5 years Between 6 and 9 years
 10 or more years None anticipated Undecided at this time
5. Do you intend to withdraw more than the penalty free withdrawal amount in any year during the annuity's surrender charge period?
 Yes No
 If yes, please explain:

! If purchasing a fixed index annuity, you must also answer the first question below, and if applicable, the second.

1. Do you understand that allocations to index crediting strategies are not guaranteed to credit interest and that allocations can only be changed during the 21 day period after each contract anniversary?
 Yes No
2. **If purchasing the Income Protection rider:**
 - 2a. Do you understand that the rider may only be elected at issue and can only be cancelled on any contract anniversary after the surrender charge period has expired?
 Yes No N/A; not electing rider
 - 2b. Do you understand that rider charges are deducted from your contract value each year, and may be greater than the amount of interest credited (if any)?
 Yes No N/A; not electing rider

Product specific questions *Continued Answer only the questions that apply for the annuity being purchased*

! If purchasing a single premium immediate annuity (SPIA) only.

1. Have you been advised that after the free look period expires you cannot return the annuity for a refund?
 Yes No
2. Do you understand that the Genworth companies do not warrant or represent that this annuity will comply with Medicaid qualification rules in your state?
 Yes No N/A
3. If the restrictions endorsement is elected on your application, do you understand that your contract cannot be changed, including the owner and payee provisions, once the contract has been issued and the free look period has past?
 Yes No
4. If eligible and not elected on your application, do you understand that your contract will not be issued with the Income Withdrawal commutation feature and it cannot be added after issue?
 Yes No Not eligible for this feature

If you answered 'No' to any of the above questions, please provide an explanation:

-
.....
- 5. If SPIA is being purchased to replace an existing annuity, why is annuitization of the existing annuity not suitable? *Please explain including a comparison of annuitization benefits of the current and new contract.*
 ▪
.....
.....

Owner signature section

If you are signing as a fiduciary or representative, you must indicate capacity or title and provide documentation of authority. Other signatures that may be required include: spouse (if community property state), irrevocable beneficiary (must sign with title), and collateral assignee (if contract is collaterally assigned).

The issuing insurance company and my agent may rely on the information I have provided herein, and it is true and accurate to the best of my knowledge. By signing below, I acknowledge that this annuity product I am applying for is a long-term contract with substantial penalties for early withdrawal. I acknowledge my agent has fully explained the surrender charges and surrender charge period and I have reviewed any applicable disclosure statement with my agent in determining this annuity is suitable for my financial needs and objectives.

Applicant or Owner signature	Date signed
X	▪
.....	
<input type="radio"/> Trustee <input type="radio"/> Attorney-in-fact <i>POA</i> <input type="radio"/> Guardian <input type="radio"/> Title/office:	

Joint Applicant or Joint Owner signature	Date signed
X	▪
.....	
<input type="radio"/> Trustee <input type="radio"/> Attorney-in-fact <i>POA</i> <input type="radio"/> Guardian <input type="radio"/> Title/office:	

Agent signature section

I recommend the purchase of this proposed annuity. I have provided the Owner a copy of any applicable annuity product disclosure for which the Owner has applied. I have reviewed the Owner's financial information and believe the purchase of this annuity is suitable based on the information provided by the Owner regarding his/her financial needs and objectives.

Agent name *Please print*

Agent signature	Date signed
X	▪
.....	



Genworth[®]
Financial

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

SecureLivingSM Liberty NY single premium fixed deferred annuity disclosure and acknowledgement

from Genworth Life Insurance Company of New York

Page 1 of 1

Disclosure

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.

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. Availability may vary by state. 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 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 59 1/2, 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. Not available in Massachusetts.

Signatures

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

Signature of Owner

X

.....
Social Security Number

.....
Date

.....
.

Signature of Joint Owner

.....
Date

X

Signature of Licensed Producer

.....
Producer Number

.....
Date

X

.....
.





New York Producer Compensation Disclosure

The Producer is an insurance producer licensed by the State of New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.

Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.

The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.

I have received a copy of this disclosure.

Purchaser/Proposed Owner

Date

Producer

This form is not required to be returned to the insurance company. One copy is for the Proposed Owner and one copy is for the Producer. The Producer should keep a copy for at least three years.



New York Producer Compensation Disclosure

The Producer is an insurance producer licensed by the State of New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.

Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.

The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.

I have received a copy of this disclosure.

Purchaser/Proposed Owner

Date

Producer

This form is not required to be returned to the insurance company. One copy is for the Proposed Owner and one copy is for the Producer. The Producer should keep a copy for at least three years.



Mail form to designated product service center:

Annuity New Business, P.O. Box 40011 Lynchburg, VA 24506

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

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: _____



Genworth®
Financial

Genworth Life
Genworth Life & Annuity
Genworth Life of New York

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 *Annuity, life account, other* Policy/contract number

Owner information

Owner name

.....
 Social Security/Tax ID number
 Joint owner name *if any* Social Security/Tax ID number

 Annuitant name

 Joint annuitant name *if any*

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

Page 3 of 3

Signature

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.

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 40011
Lynchburg, VA 24506

Overnight delivery:

3100 Albert Lankford Dr.
Lynchburg, VA 24501-4996

For questions call:

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