



Genworth Life
Tel: 800 221.9501
Fax: 804 281.6201
genworth.com

SecureLiving® Independence fixed deferred annuity application

from Genworth Life Insurance Company

CT


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- You must return all pages

1. Product and contract information

Product name

• SecureLiving Independence

 Name of state where contract will be **delivered**

• **Connecticut**

Initial Interest Guarantee Term

● 1 year

2. Owner information

Owner type *Select one*

- Individual
- Trust *Certification of trustee powers form required*
- Corporation *Corporate resolution required*
- Partnership *Partnership agreement required*
- IRA Custodian

Owner/Trust name *First, M.I., Last*

Birth/trust date

- Male
- Female
- Entity

Address

City

State

Zip

Social Security/Tax ID Number

Telephone number

Country of citizenship *If other than U.S.*

If non-U.S. citizen *Select one*

- Non-resident alien
- Resident alien

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

Birth date

- Male
- Female

Address

City

State

Zip

Social Security/Tax ID Number

Telephone number

Country of citizenship *If other than U.S.*

If non-U.S. citizen *Select one*

- Non-resident alien
- Resident alien

Relationship to owner

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


The owner(s) address must be a physical U.S. address, and not a P.O. box.

If any owner is not a U.S. citizen, attach IRS Form W-9; if non-resident alien, attach Form W-8 BEN instead.

Joint owners are allowed on non-qualified contracts only.



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.

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 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 to fund a plan within 60 days*
- Direct rollover from: *Distribution from prior plan payable directly to Genworth Life 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.

This Contract guarantees a minimum interest rate of 1.0% or higher. This rate may be lower than the required interest rate for calculating minimum surrender values. Please read your Contract carefully for benefits and restrictions.

7. Owner signature

You must answer the two questions to the right.

- 1. Do you have any existing life insurance policy(ies) or annuity contract(s)?
2. Will the proposed annuity replace and/or change any existing annuity or insurance contract(s)?

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 statements in Section 6.

I/we have read and understand the State Notices in Section 6. Additionally, I/we have received and reviewed an illustration that included the minimum guaranteed rate.

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 section with fields for signature, date, and name of state where signed, including radio button options for Trustee, Attorney-in-fact, Guardian, and Title/office.

Joint owner signature section with fields for signature, date, and name of state where signed, including radio button options for Trustee, Attorney-in-fact, Guardian, and Title/office.


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 two questions to the right.

1. Does the applicant have any existing life insurance policy or annuity contract(s)? Yes No

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

 If the answer to either question above is yes, replacement forms and/or additional forms may be required. Check for specific state requirements.

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®
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Genworth Life & Annuity
Genworth Life
Genworth Life of New York
6620 West Broad Street
Richmond, VA 23230
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†

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This form must be submitted to Genworth as part of the application process.

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: check one
 Single Married Widowed
 Do you currently reside in a nursing home or assisted living facility?
 Yes No

Financial information and situation

Approximate annual gross income:

Approximate 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 explain:

Current assets:	
Checking, savings, money market account(s)	Certificates of deposit
\$	\$
Other fixed annuities	Variable annuities
\$	\$
Investments (Stocks, bonds, mutual funds)	401k plan and pension plan
\$	\$
Other	
\$	
Estimated liquid net worth (excluding current annuity purchase premium):	
\$	

This should include all assets which are readily convertible to cash such as checking and savings accounts, money market, short-term certificates of deposits, mutual funds and annuities that are no longer subject to surrender or withdrawal charge penalties.



Annuity suitability profile

Page 2 of 3

Financial information and situation *Continued*

Financial experience *Select all that apply*

- Mutual funds
- Variable annuities
- Life insurance
- Other brokerage accounts
- Other:
- Fixed annuities
- Stocks
- Bonds

Overall financial objectives *Select one*

- Income
- Growth
- Income and growth
- Aggressive growth

Overall risk tolerance *Select one*

- Conservative
- Moderate
- Aggressive

Financial needs

Primary use of the annuity *Select all that apply*

- Immediate income
- Future retirement income
- Guaranteed interest rate
- Tax deferred growth
- Capital preservation
- Other:
- Asset accumulation
- Accumulate for beneficiaries/wealth transfer
- Reduced estate tax liability
- Avoid cost or delay of probate
- Fund a long term care insurance policy

Liquidity needs:

1. Do you believe you have sufficient cash or other liquid assets for living expenses and any expenses for unexpected emergencies, such as medical expenses, in excess of the premium you are paying for this annuity?
 Yes No
2. Did you discuss ways to access your money in this annuity?
 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
- Certificate of deposits
- Reverse mortgage/home equity loan
- Other:
- Life insurance
- Checking/savings
- Mutual funds

2. Will you incur a surrender charge or tax penalty to fund the purchase of this annuity?

- Yes No

If yes, how much:

3. Is the proposed annuity a replacement of an existing annuity or life insurance policy?

- Yes No

If yes, what type of product is being replaced?

- Fixed annuity
- Indexed annuity
- Variable annuity
- Life insurance

If yes, I am replacing my existing policy or contract because:

.....

Additional information considered when purchasing this annuity

.....

Product specific questions

Complete this section if purchasing a **fixed deferred annuity** only.

1. **If purchasing a fixed deferred annuity only:** 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, if applicable?
 Yes No
2. **If purchasing a fixed deferred annuity only:** 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

Product specific questions *Continued*

Complete this section if purchasing a fixed deferred annuity only.

3. **If purchasing a fixed deferred annuity only:** How long do you plan to keep your money in this annuity?

- Less than 5 years*
6 - 8 years
9 - 11 years
12+ years

*Explain reason for the short time horizon

.....
.....

4. **If purchasing a fixed deferred annuity only:** Do you understand that withdrawals taken in excess of the penalty free withdrawal amount during the annuity's surrender charge period will incur a penalty?

- Yes
No

5. **If purchasing a fixed deferred annuity only:** Do you intend to withdraw more than the penalty free withdrawal amount in any year during the annuity's surrender charge period?

- Yes
No

Complete this section if purchasing a fixed immediate annuity only.

1. **If purchasing a fixed immediate annuity only:** Have you been advised that after the free look period expires you cannot return the annuity for a refund?

- Yes
No

2. **If purchasing a fixed immediate annuity only:** 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 purchasing a fixed immediate annuity only:** Do you understand if the Life Only payment option is selected, income payments stop upon death of the annuitant(s)?

- Yes
No
N/A

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

.....
.....

Owner signature section

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
.....

- Trustee
Attorney-in-fact POA
Guardian
Title/office:

Joint Applicant or Owner signature Date signed

X
.....

- Trustee
Attorney-in-fact POA
Guardian
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.

I certify that I have received product-specific training materials from the issuing company and I have adequate knowledge of the proposed annuity prior to it being purchased.

Agent signature Date signed

X
.....



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SECURELIVING® INDEPENDENCE

ILLUSTRATION OF MINIMUM GUARANTEED INTEREST RATE

*Single premium
fixed deferred annuity
issued by
Genworth Life
Insurance Company
Lynchburg, VA*

This illustration is based on the SecureLiving® Independence fixed annuity's lowest possible minimum guaranteed interest rate and shows only minimum guaranteed values. It does not necessarily reflect current rates or values unless current rates are equal to the guaranteed minimum interest rate. It assumes a \$100,000 single premium and a 1.0% minimum guaranteed interest rate for all years.

End of Contract Year	Guaranteed Minimum Contract Value (\$)	Guaranteed Minimum Surrender Value (\$)	End of Contract Year	Guaranteed Minimum Contract Value (\$)	Guaranteed Minimum Surrender Value (\$)
1	101,000	92,819	21	123,239	123,239
2	102,010	94,665	22	124,472	124,472
3	103,030	96,539	23	125,716	125,716
4	104,060	98,441	24	126,973	126,973
5	105,101	100,371	25	128,243	128,243
6	106,152	106,152	26	129,526	129,526
7	107,214	107,214	27	130,821	130,821
8	108,286	108,286	28	132,129	132,129
9	109,369	109,369	29	133,450	133,450
10	110,462	110,462	30	134,785	134,785
11	111,567	111,567	31	136,133	136,133
12	112,683	112,683	32	137,494	137,494
13	113,809	113,809	33	138,869	138,869
14	114,947	114,947	34	140,258	140,258
15	116,097	116,097	35	141,660	141,660
16	117,258	117,258	<i>This is an illustration only and not a contract. For complete details refer to the contract.</i>		
17	118,430	118,430			
18	119,615	119,615			
19	120,811	120,811			
20	122,019	122,019			



The minimum guaranteed contract values shown above are as of the end of each contract year and assume no surrenders or partial withdrawals. The guaranteed minimum surrender values shown above include surrender charges on amounts in excess of the free withdrawal amount (up to 10% of the contract value accessed up to 12 times each year free of surrender charge). Surrender charges are based upon the date the contract is issued and decrease the day prior to the contract anniversary.

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

Insurance and Annuity Products:

- Are not deposits.
- Are not guaranteed by any bank or its affiliates.
- Are not insured by the FDIC or any other federal government agency.
- May decrease in value.

Withdrawals/surrenders have the effect of reducing the death benefit and contract value. Distributions of taxable amounts are subject to ordinary income tax and may be subject to an additional 10% federal penalty tax if taken before age 59½.

All guarantees are based on the claims-paying ability of Genworth Life Insurance Company.

SecureLiving® Independence is Genworth Life Insurance Company's policy form series GEC6008 2-03 et al., Product ID: SP6. Not available in all states and markets. Features and benefits may vary by state.

Genworth Life Insurance Company is a Genworth Financial company.

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

SecureLivingSM Independence single premium fixed deferred annuity disclosure and acknowledgement

from Genworth Life Insurance Company

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Disclosure

The annuity is issued by Genworth Life Insurance Company (Genworth Life), a life insurance company. Genworth Life 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.

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 and in effect on the date the premium is received. It may include an interest rate bonus. Following the initial interest rate guarantee period, the renewal rate is set annually and is guaranteed for one year. The initial rate on a new contract may be higher than renewal rates. Renewal rates will not be less than the minimum rate guaranteed by Genworth Life as 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. Due to surrender charges, you may receive less than the premium paid.

Contract Year	1	2	3	4	5	6	Thereafter
Surrender Charge	9%	9%	8%	7%	6%	5%	0%
	9%	8%	7%	6%	5%	4%	0% (IN, MN, and OR only)

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

.

.





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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

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

•

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



Genworth[®]
Financial

Genworth Life & Annuity
Genworth Life
6610 West Broad Street
Richmond, Virginia 23230

Statement regarding sales outside owner resident state

from Genworth Life and Annuity Insurance Company
and Genworth Life Insurance Company

Page 1 of 1

Use this form when the owner is not a resident of the state in which the contract/certificate/
policy is delivered.

Owner/policyholder information

Contract/certificate/policy number *If available*

.

Owner Name *First, Middle, Last*

Birth date

.

Annuitant Name *First, Middle, Last*

Birth date

.

Signature

Your signature indicates you have
read and understand this form.

I represent that the owner is a resident of the state of____and has applied for a life insurance
policy or annuity contract/certificate that was solicited in the state of____, and that I will deliver this
life insurance policy or annuity contract/certificate in the state of____.

Agent name *Please print*

.

Agent signature

Date

X

.

Delivery instructions

Fax completed form to:

Variable Annuities

Fax: 800 503.0570

Fixed Deferred Annuities

Fax: 866 712.1047

Single Premium Immediate Annuities

Fax: 866 712.1015