



**Genworth**  
Financial

Genworth Life & Annuity  
Genworth Life  
Genworth Life of New York

# Annuity contract change form

from Genworth Life and Annuity Insurance Company, Genworth Life Insurance Company and Genworth Life Insurance Company of New York<sup>†</sup>

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- Complete the contract information section and any section(s) that pertain to the change(s) you need.
- Designation changes may have tax consequences. Please contact your tax or legal advisor to discuss your specific needs.
- **Please print clearly, and cross through, initial and date any corrections.**
- See page 3 for Company contact information.

Genworth Life and Annuity Insurance Company, Genworth Life Insurance Company and Genworth Life Insurance Company of New York are collectively referred to as "the Company" in this document.

## 1. Contract information

The current owner is referred to as "you" and "your" in this form.

You must complete this section.

Contract number(s) *Required*

•

Current owner name *Required*

•

Telephone number

•

## 2. Contact information change

Use this section to change your address, telephone number, or Email address.

Address

•

City

•

State

•

Zip

•

Email

•

Telephone number

•

### Change name

Attach legal documentation for name changes, except due to marriage or divorce.

Change name from

•

Change name to

•

Reason for name change

•

## 3. Ownership change

### Primary owner

An ownership change revokes any prior electronic funds transfer (EFT) authorization, Nursing Home Waivers, or systematic withdrawal requests.

New owner name

•

Social Security/Tax ID Number *Required*

•

Birth/trust date

•

Relationship to current owner

•

Phone number

•

Address *Required*

•

City

•

State

•

Zip

•

Type of owner *Select one*

Individual(s)

Trust\* \*

Corporation

Partnership     Other *Please describe* .....

### Joint owner *Optional*

Joint owners will have right of survivorship unless otherwise designated or stated in your contract.

New joint owner name

•

Social Security/Tax ID Number *Required*

•

Birth/trust date

•

Relationship\*

•

Address *Required*

•

City

•

State

•

Zip

•

Type of owner *Select one*

Individual(s)

Trust\* \*

Corporation

Partnership     Other *Please describe* .....

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

\* List relationship to new primary owner. May be required to be spouse, see your contract for more information.

\*\* If you designate a trust as the owner, you must also complete and submit a Certification of Trustee Powers form.

Contract change form


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4. Third Party change

Use this section to add, replace or delete a third party on your contract.

Not available for custodially owned contracts.

Select one:  Add  Replace  Delete existing third parties

  I authorize the Company to disclose contract information verbally to this Third Party individual.

Name Phone number

5. Beneficiary designation A beneficiary change revokes all prior revocable beneficiary designations

For more space, attach page with contract number, all required information, signatures and date.

Designation percentages must total 100%. If no percentage is provided, proceeds will be divided equally among all surviving beneficiaries.

To designate an individual as an "Irrevocable Beneficiary", that individual must sign as such. See page 4 for signing instructions.

Contingent beneficiary becomes primary beneficiary if all primary beneficiaries are deceased.

When the contract owner is a non-natural entity (trust, partnership, etc.), please refer to your contract, as the proceeds may be payable to the Owner and not any beneficiaries designated on this form.

Beneficiary type Select one

Primary

Beneficiary/trust name First, M.I., Last

Birth/trust date

Male

Female

Entity

Social Security/Tax ID Number

Relationship to owner Allocated percent

%

Beneficiary type Select one

Primary

Contingent

Beneficiary/trust name First, M.I., Last

Birth/trust date

Male

Female

Entity

Social Security/Tax ID Number

Relationship to owner Allocated percent

%

Beneficiary type Select one

Primary

Contingent

Beneficiary/trust name First, M.I., Last

Birth/trust date

Male

Female

Entity

Social Security/Tax ID Number

Relationship to owner Allocated percent

%

Beneficiary type Select one

Primary

Contingent

Beneficiary/trust name First, M.I., Last

Birth/trust date

Male

Female

Entity

Social Security/Tax ID Number

Relationship to owner Allocated percent

%

6. Payee designation For immediate annuities only. A payee change revokes all prior payee designations

The payee is entitled to receive annuity payments.

An irrevocable payee assumes tax liability and must sign to accept the designation. See signing instructions on page 4.

Referred to as "beneficiary" in some contracts.

New payee name

Relationship\*

Social Security/Tax ID Number Required

Birth/trust date

Address Required

City

State

Zip

\* List relationship to new primary owner. May be required to be spouse, see your contract for more information.

**7. Acknowledgement and Signature(s)** *You must sign below*

If you are signing as a fiduciary or representative, you **must** indicate capacity and provide documentation of your authority.

See signing instructions on page 4.

By signing, you:

- Certify under penalty of perjury that the statements and answers given on this form are true, complete and correct to the best of your knowledge and belief
- Understand that the designations on this form will not be effective unless all designation requirements are completed

Other signatures that may be required include: **spouse** (if community property state), **irrevocable beneficiary** or **payee** or **witness**. See signing instructions on page 4.

<b>Current owner signature</b> <i>Required</i>	Date of signature
<b>X</b>	.
<input type="radio"/> Trustee <input type="radio"/> Attorney-in-fact <i>POA</i>	
<input type="radio"/> Guardian <input type="radio"/> Title/office: _____	
<b>Joint owner signature</b> <i>If applicable</i>	Date of signature
<b>X</b>	.
<input type="radio"/> Trustee <input type="radio"/> Attorney-in-fact <i>POA</i>	
<input type="radio"/> Guardian <input type="radio"/> Title/office: _____	
<b>New owner signature</b> <i>If applicable</i>	Date of signature
<b>X</b>	.
<input type="radio"/> Trustee <input type="radio"/> Attorney-in-fact <i>POA</i>	
<input type="radio"/> Guardian <input type="radio"/> Title/office: _____	
<b>New joint owner signature</b> <i>If applicable</i>	Date of signature
<b>X</b>	.
<input type="radio"/> Trustee <input type="radio"/> Attorney-in-fact <i>POA</i>	
<input type="radio"/> Guardian <input type="radio"/> Title/office: _____	
<b>Other required signature</b> <i>If applicable</i>	Date of signature
<b>X</b>	.

**8. Corporate acknowledgement** *See signing instructions for corporations on page 4*

Notary Public must complete this section if acknowledgement is required.

Place official seal here

State of \_\_\_\_\_

City/County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

by \_\_\_\_\_ (name of officer), \_\_\_\_\_ (title of officer)

of \_\_\_\_\_ (name of corporation), a \_\_\_\_\_ (name of state) corporation, on behalf of the corporation.

Notary Public signature

**X**

My Commission expires \_\_\_\_\_

Mail completed form to:

**Regular First Class Mail:**  
 Genworth Life and Annuity Insurance Company  
 P.O. Box 40012  
 Lynchburg, VA 24506

**Overnight Delivery:**  
 Genworth Life and Annuity Insurance Company  
 3100 Albert Lankford Drive  
 Lynchburg, VA 24501

Fax completed form to:

**Contact Information:**  
 Variable annuities  
 Toll free: 800 352.9910  
 Fax: 804 281.6178

Fixed annuities  
 Toll free: 800 221.9501  
 Fax: 434 522.2904

Immediate annuities  
 Toll free: 888 322.4629  
 Fax: 434 948.5440

**9. Signing instructions**

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<b>Attorney-in-Fact</b>	The attorney-in-fact must indicate capacity as "attorney-in-fact," provide a copy of the entire power of attorney document (if not previously submitted), and complete and submit a Genworth Declaration of attorney-in-fact form, if required. An updated Declaration of attorney-in-fact form is required every 12 months if the power of attorney has durable provisions, otherwise an updated form is required with each request submitted.
<b>Corporation or Limited Liability Corporation (LLC)</b>	An officer of the company or member of the LLC must indicate title (if the signing officer or member is also the insured/annuitant, a second officer or member must also sign), and provide either a corporate or board of director's resolution, a copy of the Articles of Incorporation or operating agreement (for LLCs), or complete the corporate acknowledgement below and sign the form in the presence of a Notary Public.
<b>Guardian</b>	The guardian must indicate capacity and provide a copy of the current guardianship documents.
<b>Irrevocable beneficiary/payee</b>	The individual must sign with the title "Irrevocable Beneficiary" or "Irrevocable Payee."
<b>Joint owners</b>	All owners must sign, unless otherwise stated in your contract.
<b>Partnership</b>	All partners must sign with title, or the general or managing partner must sign with title (if the general or managing partner is also the insured/annuitant, another partner must also sign).
<b>Spouse</b>	A spouse in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI) must sign. Failure to include a spouse's signature may delay processing at claims time.
<b>Trust</b>	The trustee(s) must indicate "trustee," according to the terms of the Trust Agreement, and submit a completed Genworth Certification of trustee powers form.