

# 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) 352-9910

## 1. Product Information

**A. Product Name:** SecureLiving<sup>SM</sup> SmartRate NY

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

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

## 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<br>(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 |
| _____ - _____ - _____              | _____                      |                              | _____                        |              |  |
| <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 |
| _____ - _____ - _____              | _____                      |                              | _____                        |              |  |
| <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)**

\_\_\_\_\_

\_\_\_\_\_

**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.**

|  |  |                       |
|--|--|-----------------------|
| <b>Insurance Producer Signature</b>                      | 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:** \_\_\_\_\_

# ***Disclosure Notice To New York Applicants Fixed Deferred Annuity***

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**Genworth Life Insurance Company of New York**

PO Box 85093

Richmond, VA 23285-5093

## **New York applicants please note:**

This deferred annuity is a single premium contract, so any additional interest rate will apply to the entire premium payment at issue.

For contracts with additional interest rates:

- the surrender and/or expense charges may be higher and/or last longer
- the interest credits may be lower and/or,
- The optional payment rates may be lower than the charges or credits for contracts without additional interest rates.

**These charges, reduced interest credits, and optional payment rates may exceed the additional interest rate amount.**



**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:**  
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**Fixed Life New Business**, P.O. Box 10717, Lynchburg, VA 24506-0717  
**Variable Life New Business**, 3100 Albert Lankford Drive, Lynchburg, VA 24501

# SECURELIVING<sup>SM</sup> SMARTRATE NY

## Single Premium Deferred Annuity Disclosure

Genworth Life Insurance Company of New York  
Fixed Annuities New Business  
6610 West Broad Street  
Richmond, VA 23230-1702  
800 537.1066

### 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 during the first year only. 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.

### Access to funds

- 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 up to 10% of the contract value or credited interest.

### Withdrawals may be subject to a surrender charge

If the contract is cancelled during the first seven 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  | 7  | Thereafter |
|------------------|----|----|----|----|----|----|----|------------|
| Surrender Charge | 7% | 7% | 7% | 6% | 5% | 4% | 3% | 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.
- Probate may be avoided when beneficiaries other than the estate are named.
- 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.
- The death benefit is the contract value at date of death plus interest required by the state.
- Some non-natural owners (e.g., corporations) are not entitled to tax-deferral of interest accumulations.
- Surrender charges are waived in the event of nursing home confinement. Certain restrictions apply. Refer to contract for details.

SecureLiving SmartRate NY single premium fixed deferred annuity is Genworth Life Insurance Company of New York's policy form series GENY6014 10/05 et al. and GENY6018 10/05 et al., Product ID: SP2.

# SECURELIVING<sup>SM</sup> SMARTRATE NY

## Single Premium Deferred Annuity Disclosure and Acknowledgment

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Fixed Annuities New Business  
6610 West Broad Street  
Richmond, VA 23230-1702  
800 537.1066

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|------------------|----|----|----|----|----|----|----|------------|
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- The death benefit is the contract value at date of death plus interest required by the state.
- Some non-natural owners (e.g., corporations) are not entitled to tax-deferral of interest accumulations.
- 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 SmartRate NY single premium fixed deferred annuity is Genworth Life Insurance Company of New York's policy form series GENY6014 10/05 et al. and GENY6018 10/05 et al., Product ID: SP2.

**Instructions for completing the Disclosure Statement for Annuity to Annuity Replacements** *to comply with NY Reg 60*

**Part D – Agent or Broker’s Statement**

**Disclosure Question 1** – Enter the reason(s) for recommending the new annuity contracts.

**Disclosure Question 2** – Enter the reason(s) why the existing annuity contracts cannot meet the applicant’s objectives (e.g., too expensive, not high enough crediting rates).

**Disclosure Question 3** – List the advantages of continuing the existing annuity contracts (e.g., no surrender charge).

**Disclosure Question 4** – List the percentages and/or amounts of surrender charge(s) of the existing contracts to be replaced. List the year-by-year surrender charges of the proposed contracts. Enter an explanation, if necessary.

**Remarks** – Enter any appropriate comments.

**Proposal Used** – Enter an “x” in the appropriate box indicating if proposal and/or sales material was used to make the sale.

**Agent or Broker’s Certification** – Agent signs and dates the form.

**Applicant’s Acknowledgment** – Applicant(s) sign and date the form.

# **INSTRUCTIONS**

## **for completing the Disclosure Statement for**

## **Annuity to Annuity Replacements**

to comply with New York Regulation 60

### **Part A**

**Name of Applicant(s)** – Name of person(s) applying for coverage

**Telephone #** – Home telephone number of applicant(s)

**Address(es)** – Address of applicant(s)

**Name of Agent or Broker** – Name of agent writing new coverage

**Telephone #** – Agent's business telephone number

**Agent or Broker's Address** – Agency business address, with Name of Agency or Company affiliation, if any.

**Source of Information on Existing Coverage** – If any information on existing coverage was received from one or more replaced company(ies), mark "X" in "the following replaced company(ies)" box and list the names of the company(ies) which provided the information. If any approximations were used because requested information was not provided by one or more replaced company(ies), mark "X" in the "approximations" box and list the names of the replaced company(ies) which did not provide the information.

**Genworth Life Insurance Company of New York**

**Instructions for completing the Disclosure Statement for Annuity to Annuity Replacements** *to comply with NY Reg 60*

**Part B – Description of Transaction**

**Line 1: Company Name** – Names of insurance companies for proposed and existing contracts

**Line 2: Customer Service Phone No.** – Customer service telephone numbers for proposed and existing contracts

**Line 3: Annuity Contract No.** – Blank for proposed contracts; contract numbers of existing contracts

**Line 4: Type of Annuity** – Type of deferred annuity, e.g., fixed only, variable only or combination fixed/variable, for proposed and existing contracts

**Line 5: Annuity Issue Date** – Blank for proposed contracts; issue date for existing contracts

**Line 6: Current Crediting Rate (If Applicable)** – Current crediting rates of proposed and existing fixed only annuity contracts

**Line 7: Guaranteed Rate (If Applicable)** – Minimum guaranteed crediting rates of proposed and existing fixed only annuity contracts

**Line 8: Account Value:**

**Proposed Contract(s)** – Sum total of the surrender values of the existing contracts shown on line 11

**Existing Contract(s)** – Current account value, before deduction of surrender charges, market value adjustments and other contractual deductions, as of date shown

**As of Date** – As of date values are shown for existing contract(s)

**Line 9: Surrender Charge (If Any)** – For existing contract(s), determine surrender charge as of date shown on line 8, including any applicable contractual charges, other than market value adjustments (MVA).

**Line 10: Market Value Adjustment (If Any)** – For existing contracts, determine MVA as of date shown on line 8. If surrender charge and MVA are not separately determinable, include the combined charges under the surrender charge category and note on the MVA line “included above.”

**Line 11: Surrender Value** – For existing contracts, determine surrender value by deducting the surrender charge and/or MVA from the account value.

**Additional Information (optional)** – Any additional information on proposed contract(s), such as IRS plan type, product trade name, etc., requested by the replacing insurer to identify the particular contract(s) being proposed.

**Instructions for completing the Disclosure Statement for Annuity to Annuity Replacements** to comply with NY Reg 60

**Part C – Summary Result Comparison**

**General Instructions** – Assume **no** future deposits or withdrawals in determining illustrated values in this Part C. If more than one contract is being replaced and/or being proposed, determine the illustrated values in this Part C as the sum total of the values for the individual contracts on the dates shown in Part B.

**Line 1: Surrender Value to Be Invested for Proposed Annuity** – Determine the surrender value as the sum total of the surrender values of the existing contracts shown on line 11 of Part B.

**Line 2: Current Value of Existing Annuity(ies)** – Determine the current value as the sum total of the account values of the existing contracts shown on line 8 of Part B.

**Lines 3-6: Surrender Value of Fixed Annuity** – In the appropriate fixed annuity columns, determine the surrender value as the sum total of the cash surrender values of each of the proposed and the existing contracts at the end of 1, 3, 5 and 10 years after the date of the illustration.

**At Guaranteed Rate** – For a proposed fixed only annuity, accumulate “Surrender Value to be Invested” (line 1) using the current crediting rate (including the effect of bonuses, if applicable) until the end of the current crediting rate guarantee period, and the minimum guaranteed crediting rate thereafter. For the existing fixed only annuity(ies), accumulate “Current Value” (line 2) in a similar manner. Deduct surrender charge and/or market value adjustment, as appropriate.

**At Current Rate** – For a proposed fixed only annuity, accumulate “Surrender Value to be Invested” (line 1) using the current crediting rate (including the effect of bonuses, if applicable) until the end of the current crediting rate guarantee period, and the current one year term crediting rate thereafter. For the existing fixed only annuity(ies), accumulate “Current Value” (line 2) in a similar manner. Deduct surrender charge and/or market value adjustment, as appropriate.

**Lines 3-6: Surrender Value of Variable Annuity** – In the appropriate variable annuity columns, determine the surrender value as the sum total of the cash surrender values of each of the proposed and the existing contracts at the end of 1, 3, 5 and 10 years after the date of the illustration.

**At 0%, 6%, 12%** – For all fixed and/or variable investment division funds of a proposed combination fixed/variable or variable only annuity, accumulate “Surrender Value to be Invested” (line 1) at 0%, 6% and 12% annual investment rates. For all fixed and/or variable investment division funds of existing combination fixed/variable and variable only annuity(ies), accumulate “Current Value” (line 2) in a similar manner. Note that the annual investment rates are assumed to have already been reduced by management and other fund expenses and other contractual charges (other than surrender charge). Deduct surrender charge and/or market value adjustment, as appropriate.

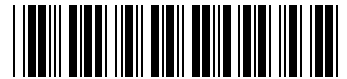
**Lines 7-10: Death Benefit of Fixed Annuity** – In the appropriate fixed annuity columns, determine the death benefit as the sum total of the death benefits of each of the proposed and the existing contracts at the end of 1, 3, 5 and 10 years after the date of the illustration. These values should reflect the effect of any minimum death benefit guarantees of the proposed and existing contracts.

**At Guaranteed Rate** – For a proposed fixed only annuity, accumulate “Surrender Value to be Invested” (line 1) using the current crediting rate (including the effect of bonuses, if applicable) until the end of the current crediting rate guarantee period, and the minimum guaranteed crediting rate thereafter. For the existing fixed only annuity(ies), accumulate “Current Value” (line 2) in a similar manner.

**At Current Rate** – For a proposed fixed only annuity, accumulate “Surrender Value to be Invested” (line 1) using the current crediting rate (including the effect of bonuses, if applicable) until the end of the current crediting rate guarantee period, and the current one year term crediting rate thereafter. For the existing fixed only annuity(ies), accumulate “Current Value” (line 2) in a similar manner.

**Lines 7-10: Death Benefit of Variable Annuity** – In the appropriate variable annuity columns, determine the death benefit as the sum total of the death benefits of each of the proposed and the existing contracts at the end of 1, 3, 5 and 10 years after the date of the illustration. These values should reflect the effect of any minimum death benefit guarantees of the proposed and existing contracts.

**At 0%, 6%, 12%** – For all fixed and/or variable investment division funds of a proposed combination fixed/variable or variable only annuity, accumulate “Surrender Value to be Invested” (line 1) at 0%, 6% and 12% annual investment rates. For all fixed and/or variable investment division funds of existing combination fixed/variable and variable only annuity(ies), accumulate “Current Value” (line 2) in a similar manner. Note that the annual investment rates are assumed to have already been reduced by management and other fund expenses and other contractual charges (other than surrender charge).



# INSURANCE DEPARTMENT OF THE STATE OF NEW YORK

## DISCLOSURE STATEMENT

### (for Annuity to Annuity Replacement Only)

**IMPORTANT** – It may not be in your best interest to surrender, lapse, change or borrow from existing annuity contracts in connection with the purchase of a new annuity contract whether issued by the same or a different insurance company. You are urged to contact your existing agent or insurance company prior to completing the transaction. They can help you decide whether the replacement is in your best interest.

**FOR YOUR PROTECTION**, the Insurance Department of the State of New York requires that you be given this Disclosure Statement, the **IMPORTANT** Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts and the Definition of Replacement, together with policy information on all proposed and existing coverage affected.

#### PART A

Name of Applicant(s) \_\_\_\_\_ Telephone # \_\_\_\_\_

Address(es) \_\_\_\_\_

Name of Agent or Broker \_\_\_\_\_ Telephone # \_\_\_\_\_

Agent or Broker's Address \_\_\_\_\_

The Information On Existing Coverage On This Form Was Obtained From:

- The following replaced company(ies): \_\_\_\_\_
- Approximations if the following replaced company(ies) failed to provide information in the prescribed time: \_\_\_\_\_

**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

# DISCLOSURE STATEMENT

# for Annuity to Annuity Replacement Only

## PART D

### AGENT OR BROKER'S STATEMENT:

1. The primary reason(s) for recommending the new annuity contract is (are):

---

---

2. The existing annuity contract cannot meet the applicant's objectives because:

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---

3. The advantages of continuing the existing annuity contract without changes are:

---

---

4. The surrender charge, if my client replaces his or her existing annuity contract, is \_\_\_% or \$\_\_\_\_\_.

5. The new annuity my client is applying for imposes a new surrender charge as follows:  
(Describe percentage rate of surrender charge for each year in which a surrender charge is imposed.)

Year:    1            2            3            4            5            6            7            —            —            —  
          □ %       □ %       □ %       □ %       □ %       □ %       □ %       □ %       □ %       □ %

Explain, if necessary: \_\_\_\_\_

---

Remarks: \_\_\_\_\_

---

- The attached proposal, including sales material, was used in this sale.
- No proposal or sales material was used in this sale.

If more than three existing annuity contracts are to be affected by this transaction or if more than one new annuity contract is proposed, the second page of this Disclosure Statement must be completed for such additional annuity contracts. In addition, a composite comparison of all existing annuity contracts to all proposed annuity contracts shall be completed. The proposal, including sales material used in the sale of the proposed annuity contract, must accompany the submission of this form to the insurer. Copies must be given to the applicant.

I have personally completed this form and certify that it is correct to the best of my knowledge and ability.

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

I hereby acknowledge that I received and read the above "Disclosure Statement" before I signed the application for the new annuity contract.

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

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

**DISCLOSURE STATEMENT**

**for Annuity to Annuity Replacement Only**

**PART B**  
DESCRIPTION OF TRANSACTION:

The Proposed Annuity Contract

Existing Annuity Contracts Affected

|     |          |  |          |                      |          |                      |          |     |
|-----|----------|--|----------|----------------------|----------|----------------------|----------|-----|
| 1.  | _____    | Company Name                                   | _____    | (1)                  | _____    | (2)                  | _____    | (3) |
| 2.  | _____    | Customer Service Phone No.                     | _____    |                      |          |                      |          |     |
| 3.  | XXXXXXXX | Annuity Contract No.                           | _____    |                      |          |                      |          |     |
| 4.  | _____    | Type of Annuity                                | _____    |                      |          |                      |          |     |
| 5.  | XXXXXXXX | Annuity Issue Date                             | _____    |                      |          |                      |          |     |
| 6.  | _____ %  | Current Crediting Rate<br>(If Applicable)      | _____ %  |                      |          |                      |          |     |
| 7.  | _____ %  | Guaranteed Rate<br>(If Applicable)             | _____ %  |                      |          |                      |          |     |
| 8.  | \$ _____ | Account Value                                  | \$ _____ | As of Date ( _____ ) | \$ _____ | As of Date ( _____ ) | \$ _____ |     |
| 9.  | N/A      | Minus Surrender Charge<br>(If Any)             | \$ _____ |                      | \$ _____ |                      | \$ _____ |     |
| 10. | N/A      | Plus/Minus Market Value Adjustment<br>(If Any) | \$ _____ |                      | \$ _____ |                      | \$ _____ |     |
| 11. | N/A      | Equals Surrender Value                         | \$ _____ |                      | \$ _____ |                      | \$ _____ |     |

Additional Information:

|                                     |                             |
|-------------------------------------|-----------------------------|
| IRS Plan Type (Check Box)           | Product Name (Select One)   |
| <input type="radio"/> Qualified or  | <input type="radio"/> _____ |
| <input type="radio"/> Non-Qualified | <input type="radio"/> _____ |

**DISCLOSURE STATEMENT**

**for Annuity to Annuity Replacement Only**

PART C

SUMMARY RESULT COMPARISON:\*

**THE PROPOSED ANNUITY**

**IF YOU CONTINUE YOUR EXISTING ANNUITY(ies)\*\***

① Surrender Value to be Invested: \$ \_\_\_\_\_

② Current Value: \$ \_\_\_\_\_

Hypothetical Rates of Return

Hypothetical Rates of Return

← If Fixed Annuity → ← If Variable Annuity →

← If Fixed Annuity → ← If Variable Annuity →

| At Guaranteed Rate | At Current Rate*** | @0% | @6% | @12% |                 | At Guaranteed Rate | At Current Rate | @0% | @6% | @12% |
|--------------------|--------------------|-----|-----|------|-----------------|--------------------|-----------------|-----|-----|------|
|                    |                    |     |     |      | SURRENDER VALUE |                    |                 |     |     |      |
| ③ \$               | \$                 | \$  | \$  | \$   | In 1 Year       | \$                 | \$              | \$  | \$  | \$   |
| ④ \$               | \$                 | \$  | \$  | \$   | In 3 Years      | \$                 | \$              | \$  | \$  | \$   |
| ⑤ \$               | \$                 | \$  | \$  | \$   | In 5 Years      | \$                 | \$              | \$  | \$  | \$   |
| ⑥ \$               | \$                 | \$  | \$  | \$   | In 10 Years     | \$                 | \$              | \$  | \$  | \$   |
|                    |                    |     |     |      | DEATH BENEFIT   |                    |                 |     |     |      |
| ⑦ \$               | \$                 | \$  | \$  | \$   | In 1 Year       | \$                 | \$              | \$  | \$  | \$   |
| ⑧ \$               | \$                 | \$  | \$  | \$   | In 3 Years      | \$                 | \$              | \$  | \$  | \$   |
| ⑨ \$               | \$                 | \$  | \$  | \$   | In 5 Years      | \$                 | \$              | \$  | \$  | \$   |
| ⑩ \$               | \$                 | \$  | \$  | \$   | In 10 Years     | \$                 | \$              | \$  | \$  | \$   |

\*Calculations for both current and proposed policies are based on current values and do not include possible future additional deposits or withdrawals.

\*\*If more than one policy is being replaced, the figures shown reflect the aggregate total of the values for policies currently in force on the dates shown in Part B.

\*\*\*Since the fixed rate declared is subject to change at any time, the rate actually declared in effect on the date of issue may differ from the current rate indicated above, and the return received on the investment may differ from our current rate.

# Authorization to Transfer

## Genworth Life Insurance Company of New York

New York Service Center

P.O. Box 26842

Richmond, Virginia 23261-6842

(800) 537-1066

|                     |  |
|---------------------|--|
| Name of Institution | Owner  |
| Address             | Social Security/Tax ID no.                   |
| City, State, Zip    | Address                                      |
| Phone no.           | City, State, Zip                             |
| Policy/Contract     | Joint Owner                                  |
| Plan/Account Type   | Social Security/Tax ID no.                   |
| Insured/Annuitant   | Insured/Annuitant Social Security/Tax ID no. |

**The above-referenced account/policy funds are an asset of a trust qualified under IRC 401(1)(a) and 501(a) which holds the assets of a retirement plan. PLEASE COMPLETE SECTION 4 FOR THE LIQUIDATION OF CURRENT TRUST ASSETS.**

### 1 Direct transfer or rollover requested for qualified funds (not available for branch issue certificates)

**Please note: Do NOT transfer minimum distribution amount if owner is in distribution phase.**

- IRA Direct Transfer**                       Full Liquidation                       Partial Liquidation of \$ \_\_\_\_\_  
I hereby direct you to liquidate my IRA and remit the proceeds to Genworth Life Insurance Company of New York (Genworth Life of New York). Subject to minimum premium requirements, Genworth Life of New York will accept IRA Direct Transfer funds from your company as allowed under the Internal Revenue Code and will then issue to the Owner an Individual Retirement Annuity.
- 403(b) Annuity Direct Transfer**                       Full Liquidation                       Partial Liquidation of \$ \_\_\_\_\_  
I hereby direct you to liquidate my 403(b) Annuity and remit the proceeds to Genworth Life of New York. These funds will be accepted by Genworth Life of New York which will issue to the Owner a 403(b) Annuity. Genworth Life of New York 403(b) Annuity complies with the distribution requirements established under IRS Revenue Ruling 90-24.

**Choose one of the following:**

- The 12/31/86 account balance of my 403(b) Annuity was \$ \_\_\_\_\_      OR       The 403(b) deposit was originally made after 12/31/86.
- Direct Rollover to a Genworth Life of New York IRA from Qualified Plan or 403(b) Annuity**  
 Full Liquidation                       Partial Liquidation of \$ \_\_\_\_\_  
I hereby direct you to liquidate my Qualified Plan or 403(b) Annuity and remit the proceeds to Genworth Life of New York. This amount represents all or part of my eligible rollover distribution. I understand there will be no 20% mandatory Federal Income Tax withholding from this distribution because it is a direct rollover to an Individual Retirement Annuity as defined under section 402(C)(8)(B) of the Internal Revenue Code ("IRC"). I realize that I will receive an IRS Form 1099R on this distribution from my plan. These funds will be accepted by Genworth Life of New York which will issue to the Owner an Individual Retirement Annuity, as defined under section 408(b) of the IRC.

**Please note: This section is to be completed by Transferring Institution and returned with the funds check.**

- 403(b) Annuity**  
Please indicate below, whether the 403(b) Annuity is subject to IRC Section 403(b)(11) or section 403(b)(7)(A)(ii) withdrawal restrictions by returning this information with the funds check.  
**The above annuity:**  is or  is not subject to IRC section 403(b)(11) or 403(b)(7)(A)(ii).

### Required minimum distribution information (if age 70 ½ or older this year)

#### Single Life Expectancy Factor

Previous Minimum Distributions have been withheld based on:       recalculation      **OR**       one year reduction

#### Joint Life Expectancy Factor

Previous Minimum Distributions have been withheld based on a:       recalculation for Owner and Owner's Spouse beneficiary.  
 one-year reduction for Owner and Owner's beneficiary.  
 recalculation for Owner and one-year reduction for Owner's beneficiary.  
 one-year reduction for Owner and recalculation for Owner's Spouse beneficiary.

**\*Please indicate the oldest beneficiary's name, relationship and date of birth below:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**2 1035 Tax-free exchange requested for non-qualified funds**

Please transfer the above listed contract to Genworth Life Insurance Company of New York (Genworth Life of New York). I am exchanging my interest in the above contract for a Genworth Life of New York contract. I am assigning all rights, title, and interest in your contract to Genworth Life of New York who will accept the funds from this exchange, and will issue a new annuity contract. It is my intent to effect a tax-free exchange under Section 1035 of the Internal Revenue Code. I am also aware that the amount transferred will be subject to surrender charges under the terms of the contract with Genworth Life of New York.

**COST BASIS REQUESTED**

In Accordance with the Tax Equity and Fiscal Responsibility Act of 1982, please furnish Genworth Life of New York a statement of cost basis for the above contract with funds check.

**3 Lost Policy Statement**

- Original policy/contract is attached.
- I/We certify that the above listed policy/contract has been lost or destroyed and, to the best of my/our knowledge and belief, is not in anyone's possession.

**4 Liquidate**

- Mutual Fund Account
  - Money Market Account
  - Certificate of Deposit
  - Annuity
  - Other \_\_\_\_\_ (Please Specify)
- Full Liquidation
  - Full Liquidation
  - Full Liquidation
  - Full Liquidation
  - Full Liquidation
- Partial Liquidation of \$ \_\_\_\_\_
  - Partial Liquidation of \$ \_\_\_\_\_
  - Partial Liquidation of \$ \_\_\_\_\_
  - Partial Liquidation of \$ \_\_\_\_\_
  - Partial Liquidation of \$ \_\_\_\_\_ (Please Specify)

**Please liquidate the above-referenced account:**

Immediately OR At Maturity Date of \_\_\_\_/\_\_\_\_/\_\_\_\_

**5 Withholding election**

**Complete:**

- I **elect** to have federal income tax withheld from my surrender. Please withhold \$ \_\_\_\_\_
- I **do not** wish to have federal income tax withheld from my surrender.

**6 Conservation**

I request that no conservation efforts be made to retain the above listed contract with your company.

**7 Signature of Owner/Joint Owner**

**I/We authorize the transaction described above and agree that Genworth Life of New York is participating in this transaction at my/our request.**

*Make check payable to Genworth Life of New York and mail to:*

**Regular/First Class Mail:**

Genworth Life Insurance Company of New York  
P.O. Box 85093  
Richmond, VA 23285-5093

**Overnight/Express Mail:**

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

|                         |      |
|-------------------------|------|
| Owner's signature       | Date |
| Joint Owner's signature | Date |

**The authorized signature below certifies Genworth Life of New York acceptance of the above requested funds as instructed by the Owner of the above listed contract. Genworth Life of New York is a duly licensed insurance company and has received a favorable determination letter from the IRS.**

|                      |      |
|----------------------|------|
| Authorized signature | Date |
|----------------------|------|

**TD-77 Plus** and **Solution** are Genworth Life Insurance Company of New York's individual flexible and single premium deferred annuities, policy forms GENY 1195-96-06 and GENY 5090-93-12, and are available only in the state of New York. They are filed with and regulated by the New York State Insurance Department.