



Genworth[®]
Financial

Genworth Life & Annuity
Genworth Life
Genworth Life of New York
P. O. Box 40016
Lynchburg, Virginia 24506-4016
Phone: 888 GENWORTH
Fax: 877 300.1280
Hours: M-F 9AM-5PM ET

Electronic funds transfer (EFT) authorization

for renewal premiums
from Genworth Life and Annuity Insurance Company,
Genworth Life Insurance Company
and Genworth Life Insurance Company of New York

- Please print clearly and use blue or black ink
- Please keep a copy of the form for your records.

Contract or policy information

Contract or policy number(s). *Use only the spaces needed.*

.....

Insured/owner name(s)

.....

Premium payments

Use this section to **select your payment frequency** for your scheduled premium withdrawals. If no selection is made, withdrawals will be monthly.

Monthly* Quarterly Semi-Annually Annually

**We may initially draft two payments to make sure your coverage is up to date.*

For most products, there is an additional cost if you pay premiums more often than annually.

Payment amount authorized (if other than scheduled premium amount)

\$

Bank account information

You may either attach a voided bank check or complete all information in this section as it appears on your check.

Bank account owner name

.....

Bank account owner address

.....

Financial institution name

.....

Routing number

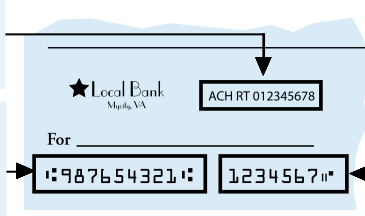
.....

Checking account number

.....

For checks with an ACH RT (Automated Clearing House Routing) number, please use this number.

For all other checks, use the nine-character bank routing number, which appears between the ⑆ symbols, usually at the bottom left corner of the check.



The account number is 5-22 characters long and appears next to the ⑆ symbol at the bottom of the check and usually to the right of the bank routing number.

Authorization

By signing this form, I (the bank account owner) understand and accept these terms and conditions:

- You will withdraw the scheduled premium payments from my account.
- You will only consider a premium paid if a draft is honored by my financial institution.
- You may discontinue withdrawals at any time and bill me directly.
- I must contact you at least three business days before a scheduled withdrawal to change or cancel this authorization.

Signature of bank account owner

Date

X

**Only Genworth Life Insurance Company of New York is licensed in New York.*