



Genworth[®]
Financial

Genworth Life Insurance Company
Genworth Life and Annuity
Insurance Company
700 Main Street, Lynchburg, VA 24504
Phone: 888 325.5433

Electronic funds transfer (EFT) authorization for Life Insurance new business

Page 1 of 2

- Complete, sign, date and return this form to us with your application materials
- Keep a copy of the form for your records

Application information

Proposed Insured's name

•

File or application number(s) (if available)

•

Premium payment

For most products, frequencies other than annual include an additional cost. In those cases, the year's total premiums will be higher than if you paid one annual premium.

If you have a question about your product, contact your agent.

Select payment frequency:

Monthly* **Quarterly** **Semi-Annually** **Annually**

We will withdraw the scheduled premium amount based on the frequency you select.

*If you choose monthly payment frequency, you need to authorize two months of premium payment. This amount will be drafted only for the initial premium payment.

Payment amount authorized

• \$

Account information

If you do not check the initial payment selection, you must submit another form of payment to cover the initial premium payment, and we will use this electronic funds transfer for subsequent premiums only.

I want my initial payment to be made via EFT.

Note: We will draft your account when we receive your application if the Temporary Insurance Application and Agreement (TIAA) is properly completed, signed and dated. If we do not receive the TIAA, or if the TIAA is not properly completed, signed and dated, we will draft your account when we receive all delivery requirements.

Account owner name (if different from proposed insured above – see "A" below)

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Account owner street address (see "A" below)

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Account owner City, State, ZIP (see "A" below)

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Financial institution name (see "B" below)

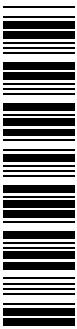
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Bank routing number (see "C" below)

•

Checking account number (see "D" below)

•



This is an example of a personal check. A business check may be different. The circled letters show you where on the check to find the information required to process your electronic funds transfer.

The nine-character bank routing number 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.

John Henry Dough
PH. 000-000-0000
1234 Any Street
Mycity, VA 00000

Date _____

Pay to the Order of _____ \$ _____ Dollars

★ Local Savings Bank
Mycity, VA

For _____

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ ⑬ ⑭ ⑮ ⑯ ⑰ ⑱ ⑲ ⑳ ㉑ ㉒ ㉓ ㉔ ㉕ ㉖ ㉗ ㉘ ㉙ ㉚ ㉛ ㉜ ㉝ ㉞ ㉟ ㊀ ㊁ ㊂ ㊃ ㊄ ㊅ ㊆ ㊇ ㊈ ㊉ ㊊ ㊋ ㊌ ㊍ ㊎ ㊏ ㊐ ㊑ ㊒ ㊓ ㊔ ㊕ ㊖ ㊗ ㊘ ㊙ ㊚ ㊛ ㊜ ㊝ ㊞ ㊟ ㊠ ㊡ ㊢ ㊣ ㊤ ㊥ ㊦ ㊧ ㊨ ㊩ ㊪ ㊫ ㊬ ㊭ ㊮ ㊯ ㊰ ㊱ ㊲ ㊳ ㊴ ㊵ ㊶ ㊷ ㊸ ㊹ ㊺ ㊻ ㊼ ㊽ ㊾ ㊿

Electronic funds transfer (EFT) authorization
for Life Insurance new business

Acknowledgement

By signing below, I (the policyowner) understand and accept these terms and conditions (if applicable):

- Signing the Electronic funds transfer authorization does not mean that insurance is effective. Insurance is effective only as stated in the Application for Life Insurance or in the Temporary Insurance Application Agreement (TIAA).
- We will not provide coverage if the financial institution does not honor the withdrawal, even if we receive all other requirements.
- We will initiate payment of the first premium only after:
(1) we receive the completed and signed Application – Part I and a TIAA has been properly issued; or
(2) we receive and review for proper dates and signatures the Policy Delivery and Acknowledgement form and all requirements we requested when we delivered the policy to you.
- We may issue the policy at a premium rate different from the rate for which you applied. In that case, we will give the payer advance notice of the new premium amount before we withdraw premiums, if there was a TIAA. After the first withdrawal, we will withdraw premiums on the day of the month that corresponds to the policy's effective date. The policy effective date is the date the policy owner signs the TIAA, or the Policy Delivery and Acknowledgement form.
- Coverage is effective under the TIAA only if the premium amount withdrawn equals one premium for the plan and payment frequency (two premium payments must be withdrawn if the premium frequency is monthly).
- If TIAA coverage ends as described in the TIAA's 'Stop Date,' we will return the amount withdrawn to the bank account shown on page 1.

Authorization

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

- We are authorized to withdraw funds periodically from your account to pay your insurance premiums.
- If your financial institution does not honor a withdrawal request, we will NOT consider your premium paid.
- We have the right to end withdrawals at any time and bill you directly either quarterly or less frequently for premiums due.
- If you want to cancel or change this authorization, you must contact us at least three business days before a scheduled withdrawal.

Signatures

Signature of premium payer (*bank account owner*)

Date

X

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Signature of policyowner (*if different from premium payer*)

Date

X

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