



Genworth[®]
Financial

Genworth Life & Annuity
Genworth Life
Genworth Life of New York†
Attn: Licensing
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producerservices@genworth.com

Electronic funds transfer (EFT) authorization

for Commission payments for all product lines

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 may be used for commissions paid by Genworth Financial Agency, Inc.
Please check your banking statements for payment activity after signing up for EFT.

Select one: **New request** **Change to existing EFT authorization**

Representative (account owner) information

Name
• _____

E-mail address
• _____

Social Security Number (SSN) or Tax I.D. Number (TIN)
• _____

This authorization applies to all representative codes and corresponding Genworth Financial companies under the SSN/TIN listed above, unless you check "No."
 No If "No," please provide Representative code(s).
Representative code
• _____

Attach an additional page if more room is needed for multiple codes.

EFT Information

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

This is an example of a personal check. A business check may be different.

Institution name for deposit
• _____

Routing number
• _____

Checking account number
• _____

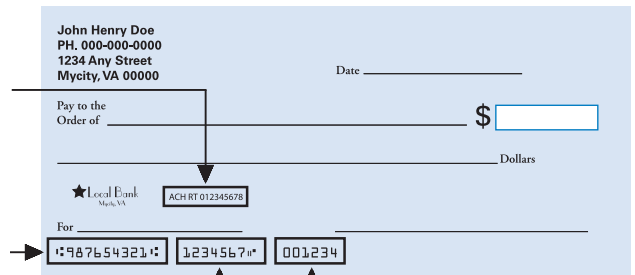
To find the routing and account numbers

For checks with "payable through" under the bank name, please contact the financial institution to help obtain the correct Routing Number.

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

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

The account number is up to 17 characters long and appears next to the **Ⓜ** symbol at the bottom of the check and usually to the right of the bank routing number.



Do not use your check number, usually located here.

Signature

Your signature indicates that you have read and understood all sections of this form.

EFT authorization

You (the account owner or company representative) authorize Genworth Financial to automatically transfer funds to your checking account and make adjustments to your account in the event of errors. Additionally, you authorize the named institution to complete these transactions. This authorization is to remain in full force and effect until we receive written notice from you requesting termination or until we have sent you 10-days written notice of our intention to terminate this agreement.

Signature of bank account owner _____ Title *If signing for an entity* _____ Date _____

X _____