



*GE Financial*

**Single Premium  
Immediate Annuity**

*Issued by General Electric  
Capital Assurance Company*

# **Producer Guide & Application Kit**



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# Single Premium Immediate Annuity – Agent Overview

Saving for retirement is crucial, and helping to make sure your clients’ resources last throughout their lifetime is just as important. At General Electric Capital Assurance Company (GE Capital Assurance), we understand your clients’ retirement income challenges.

**Guaranteed Income:**\* An immediate annuity provides guaranteed retirement income for life or a certain period of time in return for a single premium. This product allows your clients to turn a portion of their savings into guaranteed income payments. The income guarantee and variety of payouts can help your clients maintain their standard of living during retirement.

**Dependable:** Immediate annuity income payments are stable and guaranteed for life or a certain period of time.

**Secure:** When your client is relying on a lifetime of benefit payments, it’s important to know that the company providing those payments is financially sound. GE Capital Assurance has received some of the highest financial strength ratings available from independent rating agencies.

**Tax Advantaged:** Receiving income from an immediate annuity may offer significant tax advantages. Not only is income guaranteed, but the tax liability is also spread out over time. Non-qualified immediate annuities are made up of both interest and principal. Only the interest portion of each benefit payment your client receives is taxable. Immediate annuities purchased with qualified funds are fully taxable, but the transfer from your client’s qualified account is a tax-free transfer.

**Flexible:** Immediate annuity income payments can be

- Guaranteed for life or a certain period of time, from 5 to 50 years
- Sent monthly, quarterly, semi-annually or annually
- Owned singly or jointly (Joint and Survivor)
- Left to beneficiaries

*\*All guarantees are based on the claims-paying ability of the insurer.*

## GE Capital Assurance Company Ratings

Rating Company	Rating	Rank	Scope
A.M. Best Company	A+ (Superior)	2nd highest of 16 ratings	Relative financial strength and operating performance in comparison with others in the industry
Standard & Poor’s	AA (Very Strong)	3rd highest of 21 ratings	Financial strength
Moody’s	Aa2 (Excellent)	3rd highest of 21 ratings	Financial strength

These ratings represent the opinion of the rating agency and are not a warranty of the insurer’s ability to meet its contractual obligations. Ratings are current as of 4/2003.

## Product Highlights

<b>Minimum Premium:</b>	\$5,000
<b>Maximum Premium:</b>	\$2,500,000 (\$2,500,000+ requires home office approval)
<b>Maximum Deferral Period:</b>	Up to one year and one payment mode, provided there are no restrictions due to required minimum distributions. Not available in all states.
<b>Annual Increases:</b>	Simple and Compound, up to 6% annually (available ONLY on non-qualified funds)
<b>Method of Payment:</b>	Electronic Funds Transfer (EFT) or check

## ***Payout Types***

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There are several different types of payouts available with a GE Capital Assurance immediate annuity. The type of payout your client chooses determines his or her monthly payment amount and flexibility to leave payments to heirs. Product not available in all states or markets. Features and benefits may vary by state. Check for availability.

### **Certain Income**

Benefits will continue for a guaranteed certain period from 5 to 50 years. If the annuitant (usually the owner of the annuity) dies before the certain period is over, the remainder of the payments for the period of time will be made to a beneficiary. If the annuity contains after-tax dollars, the specified period of time plus the annuitant's age cannot exceed the age of 100. If the annuity contains pre-tax dollars, the time period cannot exceed the annuitant's life expectancy.

### ✓ **Lifetime Income with Certain Period**

Benefits can continue for a certain period of time or a lifetime, whichever is greater. If the annuitant dies before the certain period has ended, the remainder of the payments for the selected time period will be made to a beneficiary.

### ✓ **Lifetime Income**

This payout allows for the highest lifetime benefit payments or lowest premium for specific lifetime payments since there is no guaranteed number of payments. Payments continue for life and end upon the death of the annuitant.

### ✓ **Lifetime Income with Cash Refund**

Benefits can continue for life. If the annuitant dies before the premium amount is recovered, the remainder of the premium, as a lump sum, will be paid to a beneficiary.

### ✓ **Lifetime Income with Installment Refund**

Benefits can continue for life. If the annuitant dies before the initial premium is recovered, the annuity payments will continue to be made to the beneficiary in installments until the balance of the premium has been refunded.

### ✓ **Joint and Survivor**

Any payment can be made for the lives of you and another individual, such as your spouse.

### ✓ **Annual Increaser**

Immediate annuity payments on non-qualified funds can gradually increase each year to help protect against inflation, up to 6% each year.

✓ *Indicates client may apply for impaired risk feature.*

# Process Steps to Sell GE Capital Assurance Single Premium Immediate Annuity (SPIA)

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## After Determining Client Suitability for a SPIA:

1. Consider the annuitant's medical condition to determine if he/she is a candidate for GE Capital Assurance's impaired risk immediate annuity. If applicable, submit medical records for review to determine annuitant's rated age. See *Impaired Risk Feature* page for more information.
2. Use the proposed annuitant's actual date of birth to run a software illustration. If GE Capital Assurance has already assigned the annuitant a "rated age," input the rated age in addition to the client's actual date of birth.
3. Present the proposal to the applicant and assist in completing all application forms.

### Required for all applicants:

- SPIA Acknowledgment Form – (Includes non-refund annuity acknowledgment)
- SPIA Application - For application instructions, please refer to *Completing the Application*.

### For other required forms, refer to:

- *Single Premium Immediate Annuity Form Requirements* checklist
- *Multi-Company Replacement Forms* for state specific requirements

4. Send all completed paperwork and required documentation as follows:

Application with Check or Wire Transfer  
General Electric Capital Assurance Company  
Lockbox Processing  
4 Chase Metrotech Center, 7th Floor  
Lockbox #26345  
Brooklyn, NY 11245

Application with Transfer Authorization Forms Only  
General Electric Capital Assurance Company  
Attn: Mail Stop CSC 2-025  
Immediate Annuities  
3100 Albert Lankford Drive  
Lynchburg, VA 24501

## Helpful Tips for Faster Processing

Review the completed application and forms verifying:

- Applicable selections are clearly marked:
  - Yes       No
  - Gender       M    F
  - Spouse    Non-Spouse
  - etc.
- Required signatures and notarizations have been obtained
- All forms and required documentation have been obtained including:
  - proof of birth date for Lifetime Income payment choices,
  - illustration quote,
  - check or wire transfer form
  - etc.

## Reminder of Premium Deadlines

- Please ensure the illustration quote is valid on the day it is reviewed with the applicant. Allow sufficient time for check, wire transfer funds, and/or copy of transfer authorization form to be received by GE Capital Assurance on or before the expiration date as noted on the illustration quote.
- The agent is responsible for providing GE Capital Assurance with the correct forms to initiate the transfer of funds. In addition, the agent will assist the current financial institution with any additional requirements to ensure the funds are processed and received by GE Capital Assurance within the appropriate time window. See *Transfer Authorization to SPIA* and *Annuity Wire Transfer Instructions* forms.

## Completing the Application

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Please read the step-by-step instructions / tips on how to complete the immediate annuity application. If you indicate, "Same as Owner? ○" or "Same as Annuitant? ○" then it is not necessary to complete the remainder of that section. **Please be sure to properly complete the entire application as this will enable faster processing.**

- 1. Owner(s) Information:** Identify type of owner. Gender is required for individual owners. Verify name, date of birth, social security number, and all other contact information.
- 2. Annuitant(s) Information:** This section is used for measuring the life of the annuity. Complete only if annuitant is different than owner and/or joint owner. If two annuitants are named, be sure to indicate how payments are to be made in Section 2C.
- 3. Payee(s) Receives Annuity Payments (Referred to as Beneficiary in the Contract):** This information will cover who will receive annuity payments as provided in the contract. Complete only if different from owner and annuitant. Be certain the correct name(s) and address are provided in this section (or designated in the Owner section).
- 4. Contingent Beneficiary:** Receives remaining certain period benefit payments or the appropriate refund (lump sum or installment) upon death of the beneficiary as provided in the contract. If the owner wishes to name more than three beneficiaries, suggest naming the estate. Additional beneficiaries may be listed in Section 8 Additional Information or list the beneficiaries on a separate sheet of paper signed by the owner. Designate specific % of Annuity Payments as instructed in the application.
- 5. Premium Information:** Indicate total amount that will be submitted with the application as well any estimated premium from 1035 exchanges or transfers. Source of premium will determine the contract type issued. Be sure to select all sources, but only within ONE Contract Type. (i.e. Non-Qualified)
- 6. Annuity Payment:** Choose only one payment type that is available in the owner's resident state. Before making a decision, please consult your tax advisor or financial professional regarding tax treatment of funding choice.

### For all life contingent payment types:

- Proof of birth date is required for each annuitant:

#### Primary Proofs of Births (Only 1 is needed)

- Driver's License
- Birth Certificate
- Passport
- Naturalization Record
- Baptismal Record that is signed shortly after birth

#### Secondary Proofs of Births (Must provide 2)

- Marriage License
- Social Security Records – not card
- Census Records
- Employment Records
- Family Bible Record

- If two annuitants are named, a joint contract will be issued

- 7. Annuity Payment Frequency:** Confirm the owner's wishes for frequency of annuity payments. Submit valid illustration quote matching the premium to the annuity payment amount. Be sure to complete the W-4P form included in this kit for all applications. Remember direct deposit is a convenient way to receive automatic annuity payments. If desired, be sure to complete the Electronic Funds Transfer form included in this kit.
- 8. Additional Information/Special Requests:** Open section for information such as:
  - Adding additional contingent beneficiaries
  - Requesting Annual Increase payments (non-qualified contracts only)
  - Adding a Non-assignable endorsement to contract (non-qualified contracts only)
  - To specify if an exact annuity payment is desired \* (i.e. \$1,000.00 / month)  
\* Note: This request may change the first payment date or the premium required.
- 9. Fraud and Disclosure Statements:** Review the state fraud notices that apply to the owner's resident state.
- 10. Owner Signature(s):** Be sure the owner completes the entire section including **questions in bold type**. All owners must sign the application. If a Power of Attorney, officer of a company, or a Trustee signs the application as the owner; the title must be included with the signature. Indicate state in which the application was signed and state where the contract will be delivered.
- 11. Agent Signature:** Be sure to complete the entire section, answer all **questions in bold type**, and sign.
- 12. Where to Mail Application:** Send all documentation to the appropriate address using regular or express mail as listed on the application. The agent is responsible for ensuring all funds are received before the rate scale expires (or within lock-in window for funds transfer).



**GE Financial**

www.gefinancialpro.com

# Single Premium Immediate Annuities

Issued by  
**General Electric Capital Assurance Company**  
 Lynchburg, VA

Subject to the terms of Policy Form No. 19556 et al., or GE-535-12 et al. and 8010 et al.

Single Premium Immediate Annuity (SPIA) Form Requirements		New Business	1035 Exchanges	Qualified Plan Transfers	Annuitizations
Acknowledgment Form No. 19670	Required for all cases. (Note: form includes non-refund annuity acknowledgement.) Must be notarized if the annuitant's age is 85 or older (Age 80 or older in Utah).	✓	✓	✓	✓
Application Form No. by State 19657 All states except CT, IL, MT and NJ 19657A CT and NJ GE-535-12 IL and MT	Photocopy of application is acceptable if all signatures on the application are originals.	✓	✓	✓	
Proof of Date of Birth	Required for Life Contingent cases. A driver's license or birth certificate is acceptable.	✓	✓	✓	✓
Withholding Statement Form No. W-4P.ANN	Required for all cases for tax withholding.	✓	✓	✓	✓
Electronic Funds Transfer Form No. GEFA EFT.ANN	Please include a voided check to prevent errors in processing. Required for direct deposit.	✓	✓	✓	✓
Certificate of Trustee Powers Form No. GEFA-CTP	Required when a Trust is listed on a SPIA application as Owner, Beneficiary or Contingent Beneficiary. Title should be included as part of the trustee's signature.	✓	✓		✓
Copy of the Trust*	A Copy of the Trust will be required instead of a Certification of Trustee Powers Form if the Contract is Qualified & has the Trust as Contingent Beneficiary.	✓		✓	✓
Declaration of Attorney-In-Fact and copy of Power of Attorney* Form No. DAT	Required when a SPIA Application is completed & signed by an Individual using a Power of Attorney. Title should be included as part of Attorney-in-Fact signature. Subject to Legal department approval.	✓	✓	✓	✓
Transfer Authorization to SPIA Form No. GECA/FCL SPIA-TA1	Required when GE Capital Assurance is to send an acceptance letter or request the funds.		✓	✓	
Annuity Wire Transfer Instructions Form No. GECA-AWTI	Provides wire transfer instructions.	✓	✓	✓	
Existing Contract or Lost Policy Statement	Check section 4 of Transfer Authorization to SPIA Form. Surrendering company may have required forms.		✓	✓	
Notice Regarding Income Taxes Form No. GEFA TAX-N	Required when requesting a partial 1035 exchange from an annuity or life insurance contract.		✓		
Replacement Form	See state replacement matrix on the back of this form.	✓	✓	✓	
Important Notice Regarding 10% IRS Penalty Tax Form No. GEFA-TAX-N-P	Required if the source of funds is an annuity and when the Owner is under the age of 59 1/2 and if a period certain payout is requested.	✓	✓	✓	✓
Notice Regarding Minimum Required Distribution Form No. GEFA MRD-N	Required when client is 70 1/2 or over and payments are deferred more than 1 mode or a certain only payout is chosen.	✓		✓	✓
Annuitization Request Form Form No. MC-535-ANN	Required for annuitization of GE Capital Assurance deferred annuities.				✓
Producer Guide and Application Kit Form No. 19632 et al.	Includes all forms necessary to submit SPIA business. Check for state availability.	✓	✓	✓	

\*Copy of the Trust and Power of Attorney is subject to the issuing company's legal approval.

**FOR BROKER/AGENT INFORMATION ONLY. NOT TO BE REPRODUCED OR SHOWN TO THE PUBLIC.**





### Multi-Company Replacement Forms – Annuities Only

Always use the **application state** when determining replacement forms needed. Oklahoma and Wisconsin – forms need to be submitted whether application state or resident state.

State	Replacement Form No.
Alabama	Not required if immediate annuity is issued
Alaska	Not required if immediate annuity is issued
Arizona	Not required if immediate annuity is issued
Arkansas	GEFA 1907
California	GEFA 1874CA; 30-day free look. Internal replacements: Submit GEFA 1874 & GEFA 1874CA
Colorado*	GEFA 1800 &16747; 30-day free look
Connecticut	Not required if immediate annuity is issued
Delaware	GEFA 1910
Florida	GEFA 1895 plus GEFA 1952. Internal replacements: OR FI Form No. D1411180 submitted to insurer
Georgia*	GEFA 1889
Hawaii*	GEFA 1800 &16747; 30-day free look
Idaho	GEFA 1874
Illinois	GEFA 1913/GEFA 1914
Indiana	GEFA 1893
Iowa*	GEFA 1800 & 16747; 30-day free look
Kansas	GEFA 1851
Kentucky	Not required if immediate annuity is issued
Louisiana*	GEFA 1800 & 16747; 30-day free look
Maine	Not required if immediate annuity is issued
Maryland*	GEFA 1800 &16747; 30-day free look
Massachusetts	GEFA 1928
Michigan	Not required if immediate annuity is issued
Minnesota	GEFA 1886
Mississippi	Product not available
Missouri	GEFA 1904
Montana*	GEFA 1800 &16747; 30-day free look
Nebraska	GEFA 1874; 30-day free look
Nevada	Not required if immediate annuity is issued
New Hampshire*	GEFA 1800 & 16747; 30-day free look
New Jersey	Not required if immediate annuity is issued
New Mexico	GEFA 1874
New York	NY 1887, NY 1888, NY 1899 (NY1890 or NY 1891) 60-day free look. See New York Reg 60
North Carolina	GEFA 1874
North Dakota	Not required if immediate annuity is issued
Ohio	GEFA 1874
Oklahoma▼	GEFA 1900. Client may request notification not to be sent.
Oregon*	GEFA-1800 &16747. 16740; 30-day free look
Pennsylvania	GEFA 1921
Rhode Island	Not required if immediate annuity is issued
South Carolina	GEFA 1874
South Dakota	GEFA 1850
Tennessee	GEFA 1918
Texas	Not required if immediate annuity is issued
Utah	GEFA 1915
Vermont*	GEFA 1800 &16747; 30-day free look
Virginia*	GEFA 1887
Washington	GEFA 1929
West Virginia	Not required if immediate annuity is issued
Wisconsin▼	GEFA 1886
Wyoming	GEFA 1915

- Cash with application: Non annuity to SPIA requires GEFA 1800. Annuity to annuity is exempt. Life to annuity requires all three forms.
- \* Immediate annuities are exempt unless this annuity is replacing a life insurance contract. Exempt from replacement regulations if existing contract is an annuity.
- ▼ Forms need to be submitted whether application state or resident state.

# Impaired Risk Feature

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## Client Benefit

A client with a serious medical condition may qualify for a larger annuity payment for the same premium, or a lower initial premium for the same benefit.

## Eligibility

- ONLY applicable when life contingent payout is selected
- Client must have serious medical condition that will reduce his/her life expectancy allowing a "rated age" to be assigned.

## Serious Medical Conditions Include

- Alcoholism
- ALS (Lou Gehrig's Disease)
- Angioplasty or Heart Surgery
- Cancer (except for basal cell skin cancer)
- Congestive Heart Failure (CHF)
- Cirrhosis of the Liver
- Emphysema/COPD
- Heart Attack or Angina
- Heart Valve Disease
- Hodgkin's Disease (in the past 5 years)
- Injury Due to Falls or Imbalance (in the past 5 years)
- Leukemia
- Lymphoma
- Mental Illness
- Multiple Sclerosis (MS)
- Muscular Dystrophy
- Organic Brain Syndrome
- Paraplegia or Quadriplegia
- Stroke
- Transient Ischemic Attack (TIA) within the past 5 years

## Determining Rated Age

GE Capital Assurance evaluates the applicant's life expectancy, based on current health and medical conditions. If the applicant has a condition that could reduce his/her life expectancy by 25%, a "rated age," which is higher than the applicant's actual age, may be assigned. If a "rated age" is assigned, the applicant has a choice between: a larger annuity payment for the same premium, or a lower initial premium for the same benefit. Maximum rated age available is 85.

## How to Apply for Impaired Risk

Impaired risk underwriting provides pricing advantages and still guarantees income for life (for life contingent annuities). The application process is usually simpler than applying for a life insurance policy. Submit your client's medical information (see list below) to be reviewed by a staff underwriter within 48 hours. Notification will be sent at that time if a "rated age" is assigned.

## Required Medical Information/Forms

The applicant is responsible for requesting all medical information and paying any charges if applicable. To apply for the impaired risk feature, be sure to:

1. Indicate the applicant's name, date of birth and gender.
2. Attach medical information. Reliable information sources include any or all of the following:
  - Hospital discharge summaries, particularly within the past five years
  - Report from a medical examination at the time of diagnosis, particularly within the past five years
  - Most recent medical examination report by a physician
  - Reports reflecting significant conditions preceding the primary condition
  - Reports of significant hospitalizations, surgeries and rehabilitation

## Send Medical Information/Requests To:

GE Capital Assurance  
ATTN: Annuity Dept  
Mail Stop-CSC 2-025  
3100 Albert Lankford Drive  
Lynchburg, VA 24505

Fax: 434-948-5861  
If Busy, Fax To: 434-856-3130

e-mail address: GEAnnuityMeds@ge.com

**An Attending Physicians  
Statement (APS) is not required  
for underwriting review**

## ***Sample Medical Request***

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The information on this page is simply a "sample" for your client to use as a guide when requesting medical information from his/her doctor. This is not a formal medical request form. This is only a sample.

Dear Dr. \_\_\_\_\_,

I am considering the purchase of a medically underwritten annuity to provide an income stream to supplement my retirement income. These annuities offer a higher payout, or a reduced premium, to persons with medical conditions that may reduce life expectancy. To that end, I request that you provide to the agency indicated below a copy of my records covering the past five years or a summary letter giving the salient points of my medical history. Of particular interest to the annuity underwriters are the following:

1. Hospital discharge summaries, particularly within the past five years
2. Report from a medical examination at the time of diagnosis, particularly within the past five years
3. Report from the most recent medical examination by a physician
4. Reports reflecting significant conditions preceding the primary condition
5. Reports of significant hospitalizations, surgeries or rehabilitation

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

Send records to:

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# Single Premium Immediate Annuity Acknowledgment Form

General Electric Capital Assurance Company  
3100 Albert Lankford Drive  
Lynchburg, VA 24501  
New Business Fax: (434) 948-5856

- Shaded areas required for all applications
- Unshaded areas must be completed when a lifetime income payout is selected

An immediate annuity is designed to provide an immediate guaranteed income.\* As such, there are benefits that cannot be changed after the right to examine period. Please complete this form before purchasing a single premium immediate annuity.

### Required for All Applications QUESTIONS MUST BE ANSWERED

1. Do you understand that you cannot change the Annuity Income Date, Frequency of Payments, the Annuitants, the Guarantee Certain Period if applicable, or the Payment Amount after the right to examine period as stated in the contract?  Yes  No
2. Do you understand that the income paid under this single premium immediate annuity is subject to income taxation on all or part of each payment and that the use of this income to purchase another insurance contract will not avoid this income tax liability?  Yes  No

### Required for All Lifetime Income Payment Types

3. Do you understand that if you choose the Lifetime Income only payout, payments will continue for the life of the Annuitant(s) and will end upon the death of the Annuitant(s)?  Yes  No
4. I understand the Impaired Risk feature is for Annuitants that have a serious medical condition that may reduce life expectancy by 25% or more. (Annuitants must be under age 85.) This feature offers qualified individuals increased income payments or a lower premium cost for a specified life contingent payment amount.

**Please check one:**

- I wish to be considered** for impaired risk underwriting and have submitted or will submit medical records on the Annuitant to the General Electric Capital Assurance Company and/or its agent for consideration.
- I do not wish to be considered** for the impaired risk feature.

### Required for All Applications FORM MUST BE SIGNED

Name of Owner (Please Print)	X Signature of Owner	Date
Name of Joint Owner, if applicable (Please Print)	X Signature of Joint Owner, if applicable	Date

### Notary Required if Lifetime Income only payout is selected and Owner's age is 85 or older. (Age 80 or older for Utah contracts.)

STATE OF \_\_\_\_\_

CITY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_, before me \_\_\_\_\_, a

Notary Public in and for the State of \_\_\_\_\_ personally appeared \_\_\_\_\_, known to me to be the person who executed the foregoing and acknowledged to me that he/she executed the same for the purposes therein stated.

\* All guarantees are based upon the claims-paying ability of the insurer.

# Single Premium Immediate Annuity Application

## General Electric Capital Assurance Company

General Electric Capital Assurance Company (GE Capital Assurance) will provide any additional information you request on the benefits and provisions of the contract. The contract will provide for a period of no less than 20 days after delivery during which you may return it for a return of premium payments. Submit your request to: GE Capital Assurance, 3100 Albert Lankford Drive, Lynchburg, Virginia 24501. (For application mailing instructions, see Section 12 - Where to Mail Application.)

### 1. Owner(s) Information

Individual     Partnership     Corporation     Trust (Attach required Certification of Trustee Powers)

If Owner is not a U.S. citizen, indicate citizenship and residence in Section 8 - Additional Information/Special Requests.

**A. Owner** Name (First, M.I., Last)    Gender  M  F (Required for individual applicants)

Date of birth or trust date (mm-dd-yyyy)

Social Security no. or  EIN

Telephone no.

Address

City

State

Zip code

**B. Joint Owner** (Optional) Name (First, M.I., Last) There can be only one Owner for an IRA or other Qualified contract.

Gender  M  F

Spouse  Non-Spouse

Date of birth (mm-dd-yyyy)

Social Security no. or  EIN

Telephone no.

Address or Same as Owner

City

State

Zip code

### 2. Annuitant(s) Information

Annuitant is a person on whose life expectancy any life contingent Annuity Payments are based.

**A. Annuitant** Name (First, M.I., Last) or Same as Owner?  Gender  M  F

Date of birth (mm-dd-yyyy)

Social Security no.

State of Residency

**B. Joint Annuitant** (Optional) Name (First, M.I., Last) or Same as Joint Owner?  Gender  M  F Relationship to Owner  Spouse  Non-Spouse

Date of birth (mm-dd-yyyy)

Social Security no.

State of Residency

**C.** If two Annuitants are named, Annuity Payments will continue to surviving Annuitant as selected below:

Payments will not reduce

Payments will reduce to \_\_\_\_\_ % at the death of Annuitant only

Payments will reduce to \_\_\_\_\_ % at the death of either Annuitant

### 3. Payee(s) Receives Annuity Payments; referred to as Beneficiary in Contract

Payee is an individual or entity designated by the Owner(s) to receive Annuity Payment(s). Indicate the payee name(s) that should appear on the payment in the space below. If there are additional payees or multiple payee addresses, please indicate in Section 8 - Additional Information/Special Requests. All allocations must equal 100%. No payee can be a minor. Any irrevocable payee designations may be made in Section 8.

**A. Payee** Name (First, M.I., Last) Must be same as Owner for IRA contracts. Same as Owner?  Same as Annuitant?

Date of birth or trust date (mm-dd-yyyy)

Social Security no. or  EIN

Telephone no.

**B. Payee** (Optional) Name (First, M.I., Last) Same as Joint Owner?  Same as Joint Annuitant?

Date of birth or trust date (mm-dd-yyyy)

Social Security no. or  EIN

Telephone no.

**C. Payee(s) Address** or Same as Owner?

City

State

Zip code

# Single Premium Immediate Annuity Application

General Electric Capital Assurance Company

## 4. Contingent Beneficiary

Contingent Beneficiary is a person or entity designated to receive Annuity Payments only after all Beneficiaries (listed in Section 3) have died or ceased to exist. A Successor Contingent Beneficiary would receive Annuity Payments in the event all Beneficiaries (listed in Section 3) and all Contingent Beneficiaries have died or ceased to exist. If multiple beneficiaries are named, Annuity Payment designations must total 100% for all Contingent Beneficiaries, and 100% for all Successor Contingent Beneficiaries. Additional beneficiaries and any irrevocable beneficiary designations can be specified in Section 8—Additional Information/Special Requests. If you wish to name more than three beneficiaries, consider naming your estate.

### A. Contingent Beneficiary (First, M.I., Last)

Date of birth or trust date (mm-dd-yyyy)  Social Security no. or  EIN % of Annuity Payments  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ \_\_\_\_\_ %

Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### B. Contingent Beneficiary (First, M.I., Last) or Successor Contingent (Receives benefits in the event of death of all Contingent Beneficiary(ies))

Date of birth or trust date (mm-dd-yyyy)  Social Security no. or  EIN % of Annuity Payments  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ \_\_\_\_\_ %

Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### C. Contingent Beneficiary (First, M.I., Last) or Successor Contingent (Receives benefits in the event of death of all Contingent Beneficiary(ies))

Date of birth or trust date (mm-dd-yyyy)  Social Security no. or  EIN % of Annuity Payments  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_ \_\_\_\_\_ %

Address  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

## 5. Premium Information

GE Capital Assurance 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)

Annuity to be issued as contract type indicated below based upon source of premium selected within A, B, C or D.

### A. Contract Type: Non-Qualified Single Premium Immediate Annuity

Source of premium:  Check or Wire Transfer  1035 Exchange from Life Insurance  
(Check all that apply)  1035 Exchange from Annuity  1035 Exchange from Endowment

### B. Contract Type: Single Premium Immediate Individual Retirement Annuity (Other Than Roth IRA)

Source of premium:  Transfer from IRA – By Owner?  By Owner's beneficiary?   
(Check all that apply)  Customer Rollover  
 Direct Rollover from  Qualified Retirement Plan,  401(k),  TSA 403(b),  Government 457 Plan  
 Other \_\_\_\_\_

### C. Contract Type: Single Premium Immediate Roth Individual Retirement Annuity

Source of premium:  Transfer from Roth IRA  
(Check all that apply)  Customer Rollover of Roth IRA Distribution

### D. Contract Type: Single Premium Immediate Qualified Plan Annuity

If Contract is owned by a Plan, then Plan Administrator or Plan Trustee must sign on behalf of Owner in Section 10.

Source of premium:  Defined Benefit Plan – Specify retirement benefit \$ \_\_\_\_\_  
(Check all that apply)  Defined Contribution Plan

# Single Premium Immediate Annuity Application

General Electric Capital Assurance Company

## 6. Annuity Payment

Select one of the following. Not all payment types are available in all states.

- A. **Certain Income Guaranteed for**  years  months (from 5 to 50 years\*) – If annuitant dies before the period is over, the remainder of the payments for the period selected will be made as provided in the contract.

Proof of birth date is required for each annuitant for all life contingent payment types. Contract will be issued based on the life expectancy of joint annuitants if designated in Section 2 - Annuitant(s) Information.

- B. **Lifetime Income** – Payments continue for life and end upon death of annuitant. Attach required Acknowledgement of Non-Refund Annuity Form.
- C. **Lifetime Income with Certain Period**  years  months (from 5 to 50 years\*) – Payments continue for a certain period of time or a lifetime, whichever is greater. If annuitant dies before the certain period is over, the remainder of the payments for the period selected will be paid as provided in the contract.
- D. **Lifetime Income with Cash Refund** – Payments continue for life. If the annuitant dies before the initial premium amount is recovered, a final lump sum equal to the total premium less benefits already paid will be paid as provided in the contract.
- E. **Lifetime Income with Installment Refund** – Payments continue for life. If the annuitant dies before the initial premium amount is recovered, the annuity payments will continue to be made as provided in the contract in installments until the balance of the premium has been returned.

\* GE Capital Assurance approval is required when the guarantee period plus any annuitant's age exceeds 100 on non-qualified contracts. A guarantee past life expectancy cannot be provided on IRA or other Qualified contracts. For Roth IRA contracts, a guarantee past the contingent beneficiary's life expectancy should ordinarily not be selected. Life expectancy is based upon applicable IRS tables.

## 7. Annuity Payment Frequency (Payments will be made in U.S. dollars.)

- Monthly (default)     Quarterly     Semi-Annually     Annually

First Payment Date will be one month from the date all premium is received in lock box unless otherwise requested in Section 8.

Annuity Payment Amount \$ ,,.

Attach W-4P withholding form and the illustration quote with application.

To request electronic deposit of annuity payments, complete the Electronic Funds Transfer form.

## 8. Additional Information/Special Requests

## 9. Fraud and Disclosure Statements

Below are state fraud notices that apply in certain states. Please read the following notices carefully to see if any apply in your state.

### ARIZONA RESIDENTS, PLEASE NOTE: RIGHT TO EXAMINE

On written request, GE Capital Assurance will provide to the Owner within a reasonable time, reasonable factual information regarding the benefits and provisions of this Contract. If for any reason the Owner is not satisfied, the Contract may be returned to the Company or producer within 20 days after delivery, and the Premium will be returned.

**ARKANSAS, COLORADO, DISTRICT OF COLUMBIA, KENTUCKY, LOUISIANA, MAINE, NEW JERSEY, NEW MEXICO, OHIO, OKLAHOMA, PENNSYLVANIA AND TENNESSEE RESIDENTS, PLEASE NOTE:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**In Colorado, any insurance company, or agent of an insurance company, who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding, or attempting to defraud, the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.**

**FLORIDA RESIDENTS:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.



# Single Premium Immediate Annuity Application

General Electric Capital Assurance Company

## 10. Owner Signature(s) QUESTIONS IN BOLD MUST BE ANSWERED.

The undersigned hereby apply to GE Capital Assurance for an Annuity Contract in accordance with the information contained in this application. The undersigned understand that upon acceptance of this application by GE Capital Assurance, they will be bound by the provisions and entitled to the benefits of the Annuity. The undersigned represent to the best of their knowledge that all statements set forth in this application are full, complete, and true as written and are correctly recorded. **The undersigned has read and understand the appropriate fraud and disclosure statement in Section 9 - Fraud and Disclosure Statements, on the previous page.**

**Will the proposed annuity replace and/or change any existing annuity or insurance contract?** Yes  No

**Does the proposed annuitant have any existing life insurance policy or annuity contract?** Yes  No

Owner Signature \_\_\_\_\_ Capacity/Title \* \_\_\_\_\_ Date of signature (mm-dd-yyyy) \_\_\_\_\_

State in which application was signed \_\_\_\_\_ State in which contract is to be delivered \_\_\_\_\_  
Date of signature (mm-dd-yyyy) \_\_\_\_\_  
Joint Owner Signature (if applicable) \_\_\_\_\_ Capacity/Title (if applicable) \* \_\_\_\_\_

\* Trustee, Attorney-in-Fact, Guardian, Conservator, Plan Administrator or Plan Trustee must sign in official capacity (e.g., John Doe, Trustee). Attach appropriate documentation (Certification of Trustee Powers, Declaration of Attorney-In-Fact) or other legal documents.

## 11. Agent Signature QUESTIONS IN BOLD MUST BE ANSWERED.

By signing, you certify that the above signature(s) are genuine and that all information contained in this application is true to the best of your knowledge and belief.

**Do you have reason to believe that the proposed annuity will replace any existing annuity or insurance contract?** Yes  No

**Does the proposed annuitant have any existing life insurance policy or annuity contract?** Yes  No

If the answer to any question above is yes, replacement forms and/or additional forms may be required. Check for specific state requirements.

Print Agent/Broker Name (First, M.I., Last) \_\_\_\_\_  
Social Security no. \_\_\_\_\_ State License no. \_\_\_\_\_ GE Capital Assurance Agent/Broker no. \_\_\_\_\_  
Telephone no. \_\_\_\_\_ Fax no. \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Agency Name (Firm appointed by GE Capital Assurance) \_\_\_\_\_  
Agency Telephone no. \_\_\_\_\_ e-mail address \_\_\_\_\_  
Agent/Broker Signature \_\_\_\_\_ Date of signature (mm-dd-yyyy) \_\_\_\_\_

## 12. Where To Mail Application

Send all completed paperwork and required documentation as follows:

### Application with Check or Wire Transfer

General Electric Capital Assurance Company  
Lockbox Processing  
4 Chase Metrotech Center, 7th Floor  
Lockbox #26345  
Brooklyn, NY 11245

### Application with Transfer Authorization Forms Only

General Electric Capital Assurance Company  
Attn: Mail Stop CSC 2-025  
Immediate Annuities  
3100 Albert Lankford Drive  
Lynchburg, VA 24501

Please make check payable to **General Electric Capital Assurance Company.**



# W-4P Withholding Form For Annuity Payments

Affiliated Life Insurance Companies of GE Financial Assurance

**First Colony Life Assurance Company • General Electric Capital Assurance Company**

**GE Life and Annuity Assurance Company • Union Fidelity Life Insurance Company**

**Federal Home Life Insurance Company**

SERVICE ADDRESS: Annuity Benefits • P.O. Box 6158 • Lynchburg, VA 24505-6158

EXPRESS MAIL: Immediate Annuities • 3100 Albert Lankford Drive • Lynchburg, VA 24501

TOLL FREE NUMBER: 888 322-4629

## I. Tax Withholding Information

Your payments are subject to Federal income tax withholding unless you elect not to have withholding apply. You make this election on form W-4P, and your election stays in effect until you change or revoke it. You may revoke your election at any time by providing a signed and dated revocation (Form W-4P) to the Company. Form W-4P can be obtained by calling the Company at the toll free number listed above. Withholding applies to the taxable portion of your payments.

If you elect not to have withholding apply to your payments or if you do not have enough Federal income tax withheld from your payments, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

NOTICE: If you need assistance in figuring your personal exemptions, A Personal Allowance Worksheet is available by contacting the above toll free number and asking for a government issued Form W-4P.

NO, I do not want any tax withheld. *Proceed to Section II.*

YES, I do want tax withheld. *Complete the following required information:*

Please indicate your marital status and the number of withholding exemptions you want:

Marital Status:     Single     Married     Married, but withhold at higher Single rate

Number of withholding exemptions: \_\_\_\_\_

IN ADDITION TO THE WITHHOLDING INDICATED ABOVE, I want the following amount withheld from each annuity payment.

\$ \_\_\_\_\_

## II. Agreement

By signing below, I certify under penalties of perjury that:

The number shown below is my correct taxpayer identification number (or I am waiting for one to be issued to me); and

Signature of Owner

Taxpayer ID Number

Date

Contract Number

PAGE  
INTENTIONALLY  
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# Electronic Funds Transfer Form

Affiliated Life Insurance Companies of GE Financial Assurance

**First Colony Life Insurance Company • General Electric Capital Assurance Company • GE Life and Annuity Assurance Company  
Union Fidelity Life Insurance Company • Federal Home Life Insurance Company**

PLEASE MAIL THIS FORM TO: Annuity Benefits • P.O. BOX 6158 • LYNCHBURG, VA 24505-6158

EXPRESS MAIL: Immediate Annuities • 3100 Albert Lankford Drive • Lynchburg, VA 24501

TOLL FREE NUMBER: 888 322-4629

## AUTHORIZATION

I request that the insurer ("Company") which issued the contract identified below make future contract payments by electronic funds transfer to the account number at the financial Institution ("Bank") identified below ("my account"). I authorize Company and Financial Institution to deposit (credit) contract payments to my account and to charge (debit) against my account any payment deposited by Company to my account in error. I represent and warrant that I am an owner of my account and have the power and authority to execute the above request and grant of authority I represent and warrant that neither this request nor the electronic transfer of funds to my account will contravene any statute, regulation, court order, contract or other law. I represent and acknowledge that multiple parties may have the power to withdraw funds from my account and that once funds are deposited to my account Company shall have no control over, or responsibility or liability for, the disposition of such funds. I represent and warrant that this request is made solely for my convenience and is revocable by delivery of my written revocation to company. Company may accept or reject this request without cause or explanation in its sole discretion and, if Company accepts this request, Company may rescind (withdraw) its acceptance at any time without cause or explanation. On behalf of myself, my heirs and my assigns, I hereby release, hold harmless and agree to indemnify Company from any liability, and the costs associated therewith, arising from Company's acceptance of this request and, if accepted, Company's subsequent rescission of such acceptance.

## PAYEE INFORMATION

1) **Contract / Policy Number:** →

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2) **Please print your name:** →

Your Name
-----------

3) **Please print your bank name, address and telephone number.** →

Bank Name
-----------

Bank Address
--------------

City	State	Zip Code
------	-------	----------

Broker's Name
---------------

Telephone Number of Your Bank or Broker	( ) - - - - -
---	---------------

4) **My ABA Routing Number:** →  
*(see sample check below for explanation)*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please verify account type. Without verification we will put in checking account.

5) **My Account Number** →  
*(see sample check below for explanation)*

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Checking account  
 Savings account

**John Smith  
Mary Smith**  
123 Windy Way Rd  
Anytown, MD 20001

SAMPLE CHECK

0123  
15-0000/0000

---

**PAY TO THE ORDER OF** **ABA Routing Number 9 digits only** **Account Number** **DO NOT Include Check Number** \$

ANYTOWN BANK  
Anytown, MD 20001  
For

**I:250001250I: 000100000000II: 0123**

DOLLARS

Note: The routing and account numbers may be in different places on your check. To verify routing number for savings accounts call your financial institution.

6) **Please sign and date this form.** This request will be rejected without your signature. ↓

\_\_\_\_\_  
Payee's signature

\_\_\_\_\_  
Capacity title\*

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Second Payee's signature

\_\_\_\_\_  
Capacity title\* (if applicable)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/Day/Year

\* Trustee, Attorney-in-Fact, Guardian or Conservator must sign in official capacity (e.g. John Doe, Trustee). Please complete the reverse side of this form.

## IMPORTANT !!!

- Please attach a voided preprinted check or deposit slip, or a copy of the bank account agreement for the above Account.
- Our payee must be one of the signatories on the account. If contract payee is a trust, the signatory on the bank account must be the trust.

**FIDUCIARY IS A GENERAL TERM FOR A PERSON ACTING ON BEHALF OF AN INDIVIDUAL (I.E. GUARDIAN, POWER OF ATTORNEY, ETC.) COMPLETE PAGE 2 ONLY IF YOU ARE A FIDUCIARY AND YOU SIGNED PAGE 1. DO NOT COMPLETE DECLARATION OF FIDUCIARY, IF YOU DO NOT ACT ON BEHALF OF THE PAYEE AS POWER OF ATTORNEY, GUARDIAN, CONSERVATOR, TRUSTEE, ETC.**



# Declaration of Fiduciary

*Affiliated Life Insurance Companies of GE Financial Assurance*

**First Colony Life Insurance Company • General Electric Capital Assurance Company • GE Life and Annuity Assurance Company  
Union Fidelity Life Insurance Company • Federal Home Life Insurance Company**

PLEASE MAIL THIS FORM TO: Annuity Benefits • P.O. BOX 6158 • LYNCHBURG, VA 24505-6158

EXPRESS MAIL: Immediate Annuities • 3100 Albert Lankford Drive • Lynchburg, VA 24501

TOLL FREE NUMBER: 888 322-4629

## IMPORTANT – READ BEFORE SIGNING

This document asks you to declare under penalty of perjury that the authority upon which you are acting is still effective. The authority under which you are operating may or may not include durable provisions, if it does not include durable provisions the powers may cease if the principal becomes incompetent, disabled or otherwise unable to manage his or her own affairs. "Durable provisions" generally refers to a statement in a power of attorney that continues the powers even in the event the principal becomes incompetent or disabled. Without durable provisions, a power of attorney generally becomes ineffective in the event of disability or incompetence, and a guardianship or conservatorship may then be necessary.

## DECLARATION

\_\_\_\_\_, hereby declares as follows:

- I am acting on behalf of (the "Principal/ward"), under the following authority:  
 Power of attorney dated \_\_\_\_\_  
 Guardianship dated \_\_\_\_\_  
 Conservatorship dated \_\_\_\_\_  
 Trust Agreement dated \_\_\_\_\_
- The Principal/ward is alive and (please circle one) is  is not  competent.
- I represent and warranty that, to the best of my knowledge and belief, my authority has not expired or been revoked, and that my authority includes the power to execute this Request and Authorization.
- I agree to hold harmless and indemnify Company from any liability, and the costs associated therewith, arising from Company's reliance on any misstatements or misrepresentations made in this Declaration. I affirm that I have been authorized by the Principal under the power of attorney document provided to the Company to perform the annuity transaction(s) requested.

I declare under penalty of perjury under the laws of the state where this Declaration is executed that the foregoing is true and correct.

Date	Signature of Fiduciary (Trustee, POA, Guardian, Conservator, etc.)
City	State

## ADDITIONAL DOCUMENTS

Please provide a copy of Power of Attorney, Guardianship, Conservatorship or other applicable documents certifying your authority to act on behalf of the payee. If you have previously submitted the following documents please indicate below:

- Power of attorney
- Guardianship
- Conservatorship
- Trust Agreement
- Other (please verify): \_\_\_\_\_



# Certification of Trustee Powers

Affiliated Life Insurance Companies of GE Financial Assurance

**First Colony Life Assurance Company • General Electric Capital Assurance Company  
GE Life and Annuity Assurance Company • Union Fidelity Life Insurance Company  
Federal Home Life Insurance Company**

SERVICE ADDRESS: Annuity Benefits • P.O. Box 6158 • Lynchburg, VA 24505-6158

EXPRESS MAIL: Immediate Annuities • 3100 Albert Lankford Drive • Lynchburg, VA 24501

I/we the undersigned Trustee(s) certify as follows:

### Trust Information

1. The full title of the trust to which this Certification applies is:

Example: "Jones Family Trust"

2. The date of the trust is:

3. The date of the latest Trust Amendment, if any, is:

4. The Grantor(s) of the Trust is/are:

5. The name(s) of the successor Trustee(s), if any, is/are:

### Authorized Individuals

6. The Trust Agreement authorizes you to accept orders and other instructions from: (please check one)

- a. any one Trustee independently
- b. multiple Trustees all must authorize
- c. other (please specify): \_\_\_\_\_

### Investments Permitted

7. I/we certify that I/we have the power under the Trust Agreement and applicable law to purchase, surrender and/or withdraw from contracts of the type(s) specified below: *(check types of contracts which are permitted)*

- a. Mutual Funds
- b. Variable Annuities
- c. Immediate Annuities
- d. Deferred Annuities
- e. Life Insurance
- f. Other (please specify): \_\_\_\_\_

8. I/we, the Trustee(s), jointly and severally indemnify you and hold you harmless from any liability for effecting transactions of the types specified in Item 7 above, if you act pursuant to instructions given in accordance with Items 6 and 7 above.

9. I/we agree to inform you in writing of any change in the composition of the Trustees, or any other event which could materially alter the Certifications made above.

### Trustees

10. I/we hereby certify that the undersigned are all of the Trustees:

*(ALL TRUSTEES MUST SIGN IN FIDUCIARY CAPACITY; ATTACH EXTRA PAGE IF NECESSARY.)* Example: "John Jones, Trustee"

**Trustee Name, Fiduciary Capacity, and Address (Print)**

**Signatures / Date Signed**

(1) _____ _____	_____ _____
(2) _____ _____	_____ _____
(3) _____ _____	_____ _____
(4) _____ _____	_____ _____



# Declaration of Attorney-in-Fact

Affiliated Life Insurance Companies of GE Financial Assurance  
**First Colony Life Insurance Company • General Electric Capital Assurance Company**  
**GE Life and Annuity Assurance Company • Union Fidelity Life Insurance Company**  
**Federal Home Life Insurance Company**

SERVICE ADDRESS: Annuity Benefits • P.O. Box 6158 • Lynchburg, VA 24505-6158  
EXPRESS MAIL: Immediate Annuities • 3100 Albert Lankford Drive • Lynchburg, VA 24501  
TOLL FREE NUMBER: 888 322-4629

## Important - Read Before Signing

This document asks you to declare under penalty of perjury that the power of attorney upon which you are acting is still effective. The power of attorney you are operating under may or may not include durable provisions, if it does not include durable provisions the powers cease if the principal becomes incompetent, disabled or otherwise unable to manage his or her own affairs. "Durable provisions" generally refers to a statement in the power of attorney that continues the powers even in the event the principal becomes incompetent or disabled. Without durable provisions, a general power of attorney becomes ineffective in the event of disability or incompetence, and a guardianship or conservatorship may then be necessary.

**A new declaration must be completed for each transaction.**

## Declaration of Attorney-in-Fact

\_\_\_\_\_, hereby declares as follows:

- I am acting as the attorney-in-fact for \_\_\_\_\_ (the "Principal"), under the power of attorney dated, \_\_\_\_\_. Such power of attorney is currently in full force and effect.
- Please check one of the circles below:
  - Principal is alive and is competent
  - Principal is alive and is not competent
- I agree to hold all affiliated Life Insurance Companies of GE Financial Assurance harmless for honoring any transaction requested by me under the referenced power of attorney. I affirm that I have been authorized by the Principal under the power of attorney document provided to the Company to perform the annuity transaction(s) requested.
- I certify that, to the best of my knowledge and belief, the principal has not revoked the power of attorney.

I declare under penalty of perjury under the laws of the state where this Declaration is executed that the foregoing is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of attorney-in-fact

\_\_\_\_\_  
City and State

# Transfer Authorization to SPIA

**General Electric Capital Assurance Company (GECA)**  
 A GE Financial company  
 Attn: Immediate Annuity Department • Mail Drop CSC 2-025  
 3100 Albert Lankford Drive • P.O. Box 6158 • Lynchburg, VA 24505-6158

**First Colony Life Insurance Company (FCL)**  
 A GE Financial company  
 Attn: Immediate Annuity Department • Mail Drop CSC 2-025  
 3100 Albert Lankford Drive • P.O. Box 6158 • Lynchburg, VA 24505-6158

## 1. Information on Existing Contract

Name of Institution			Owner
Street Address			Social Security Number
City	State	Zip	Joint Owner
Phone Number			Social Security Number
Plan/Account Type (Annuity, Life Account or Other)			Insured/Annuitant
Policy/Contract(s)			

If this annuity will replace, end, or change any existing life insurance or annuity contracts, additional forms may be required. If you have any questions, please refer to the Multi-Company Replacement forms – Annuities Only matrix found in our Immediate Annuity Producer Guide & Application Kit.

## 2. Direct Transfer or Rollover Requested for Qualified Funds

**Please note: Minimum distributions from qualified plans or 403(b) annuities are not eligible for rollover.**

**Direct Transfer to a GECA/FCL IRA from an IRA**  
 Full Liquidation       Partial Liquidation of \$ \_\_\_\_\_  
 I hereby direct you to liquidate my IRA and remit the proceeds to GECA/FCL. Subject to minimum premium requirements, GECA/FCL will accept IRA Direct Transfer funds from your company as allowed under the Internal Revenue Code and will then issue to me an Individual Retirement Annuity.

**Direct Rollover to a GECA/FCL 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 GECA/FCL. This amount represents all or part of my eligible rollover distribution. These funds will be accepted by GECA/FCL which will issue to me an Individual Retirement Annuity, as defined under section 408(b) of the IRC.

## 3. 1035 Tax-Free Exchange Requested for Non-Qualified Funds

**I am assigning all rights, title, and interest in my contract to:**  
**General Electric Capital Assurance**  
**First Colony Life Insurance Company**  
 I am exchanging my interest in the contract on the prior page for a GECA/FCL contract. Please transfer this contract to GECA/FCL who will accept the funds from this exchange, and will issue a new annuity contract to me as owner. 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 GECA/FCL.  
 Total Transfer       Partial Transfer \$ \_\_\_\_\_

**Please Note:** The surrendering company is required to provide the cost basis in accordance with the Tax Equity and Fiscal Responsibility Act of 1982, please furnish GECA/FCL a statement of cost basis for the above contract with funds check.

## 4. Lost Policy Statement

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.



**5. Liquidate**

- |   |  |   |
|---|--|---|
| <input type="radio"/> Mutual Fund Contract            | <input type="radio"/> Full Liquidation | <input type="radio"/> Partial Liquidation of \$ _____                     |
| <input type="radio"/> Money Market Account            | <input type="radio"/> Full Liquidation | <input type="radio"/> Partial Liquidation of \$ _____                     |
| <input type="radio"/> Certificate of Deposit          | <input type="radio"/> Full Liquidation | <input type="radio"/> Partial Liquidation of \$ _____                     |
| <input type="radio"/> Annuity                         | <input type="radio"/> Full Liquidation | <input type="radio"/> Partial Liquidation of \$ _____                     |
| <input type="radio"/> Other _____<br>(Please Specify) | <input type="radio"/> Full Liquidation | <input type="radio"/> Partial Liquidation of \$ _____<br>(Please Specify) |

**6. Maturity or Liquidation Date**

Please liquidate the above-referenced account:

- Immediately     Before Maturity Date of \_\_\_\_\_ (MM/DD/YY)     After Maturity Date of \_\_\_\_\_ (MM/DD/YY)

**7. Conservation**

- I request that no conservation efforts be made to retain the contract on the prior page with your company. Please confirm other forms and requirements needed to process this transaction with existing company.

**8. Signatures**

**I/we authorize the transaction described above and agree that GECA/FCL is participating in this transaction at my/our request.**

Owner's Signature	Date
Joint Owner's Signature	Date
Irrevocable Contingent Beneficiary's Signature	Date

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

GECA/FCL Authorized Signature	Date
-------------------------------	------

**9. Instructions for Current Carrier (Required for Qualified Funds)**

CERTIFICATION: I certify that the funds are being directly rolled over or transferred from a qualified plan or TSA.  
 Plan Trustee/Annuity Issuer \_\_\_\_\_ Date \_\_\_\_\_  
 By: Signature and Title \_\_\_\_\_

**Make check payable to:** \_\_\_\_\_

**FBO** \_\_\_\_\_ **/SSN** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

**General Electric Capital Assurance Company**  
 Lockbox Processing  
 4 Chase Metrotech Center 7th Floor  
 Lockbox #26345  
 Brooklyn, NY 11245

**First Colony Life Insurance Company**  
 Lockbox Processing  
 4 Chase Metrotech Center 7th Floor  
 Lockbox #26343  
 Brooklyn, NY 11245



# Annuity Wire Transfer Instructions

General Electric Capital Assurance Company  
A GE Financial Assurance Company  
Attn: Immediate Annuities  
3100 Albert Lankford Drive • Lynchburg, VA 24501  
Fax: 434-948-5856

Please wire Single Premium Immediate Annuity Premiums to:

**Chase Manhattan Bank**  
**New York, NY**  
**ABA # 021000021**  
**Credit: General Electric Capital Assurance Company**  
**Bank Acct. # 323887023**  
**Reference: Agency** \_\_\_\_\_

**Agent** \_\_\_\_\_

**Annuitant's Name** \_\_\_\_\_

**Amount of Premium** \_\_\_\_\_

Upon complete execution of wire, please FAX this form to:  
SPIA Premium Verification  
FAX: 434-948-5856

Please include the Fed Reference # \_\_\_\_\_

Date Sent \_\_\_\_\_

Time Sent \_\_\_\_\_



***GE Financial***

---

**General Electric Capital Assurance Company**

*700 Main Street  
Lynchburg, VA 24504*

Immediate annuities are issued by General Electric Capital Assurance Company, Lynchburg, Virginia, policy form 19556 et al. and GE 8010 et al.

Not available in all states or markets. Features and benefits may vary by state.