

**Single Premium
Immediate Annuity**

*Issued by
GE Capital Life Assurance
Company of New York*

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 GE Capital Life Assurance Company of New York (GE Capital Life), 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.

Tax Advantaged: Receiving income from an immediate annuity may offer 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 GE Capital Life.*

PRODUCT HIGHLIGHTS

Minimum Premium:	\$5,000
Maximum Premium:	\$1,000,000 (\$1,000,000+ requires home office approval)
Maximum Deferral Period:	Up to one year and one payment mode, provided there are no restrictions due to required minimum distributions.
Annual Increases:	Simple and Compound, up to 6% annually (available ONLY on non-qualified funds)
Method of Payment:	Electronic Funds Transfer (EFT) or check

PAYOUT TYPES

There are several different types of payouts available with a GE Capital Life immediate annuity. The type of payout your client chooses determines his or her monthly payment amount and flexibility to leave payments to heirs.

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.

If the Owner is age 59 1/2 or younger, with qualified funds and 1035 exchange or modified endowment, the annuity payments will be reported to the Owner and the IRS as an "early distribution, no known exception." If an exception applies to the owner's situation, the owner will need to claim it on his/her income tax return in order to not incur a 10% IRS penalty tax.

✓ **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 In 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 LIFE SINGLE PREMIUM IMMEDIATE ANNUITY (SPIA)

After Determining Client Suitability for a SPIA:

1. Complete Definition of Replacement form number NY-1887. This form must be submitted prior to the application. See *Regulation 60 Prerequisite Information* for other required forms that may apply.
2. Consider the annuitant's medical condition to determine if he/she is a candidate for GE Capital Life'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.
3. Use the proposed annuitant's actual date of birth to run a software illustration. If GE Capital Life has already assigned the annuitant a "rated age," use the Winflex illustration tool for rated age quotes. Be sure to input the rated age in addition to the client's actual date of birth.
4. Present the proposal to the applicant and assist in completing the application. For application instructions, please refer to *Completing the Application*.

For other required forms, refer to:

- *Single Premium Immediate Annuity Form Requirements* checklist
- *Regulation 60 Prerequisite Information*

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

Overnight/Express Mail:

GE Capital Life Assurance Company of New York
Lockbox #409893
6000 Feldwood Road
College Park, GA 30349

Regular/First Class Mail:

GE Capital Life Assurance Company of New York
P.O. Box 409893
Atlanta, GA 30384

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
 - Important Notice Regarding Income Taxes for partial 1035 Exchange
 - original Transfer Authorization to SPIA form
 - and other forms as specified on the SPIA Forms Requirements

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 Life within the effective period of the prevailing rate scale.
- The agent is responsible for providing GE Capital Life 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 Life within the appropriate time window. See *Transfer Authorization to SPIA* and *Annuity Wire Transfer Instructions* forms.

COMPLETING THE APPLICATION

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; **if no percentages are indicated, benefit will be divided equally.**
- 5. Premium Information:** Indicate total amount that will be submitted with the application as well as 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 Birth Date (Only 1 is needed)	Secondary Proofs of Birth Date (Must provide 2)
– Driver's License	– Marriage License
– Birth Certificate	– Social Security Records – not card
– Passport	– Census Records
– Naturalization Record	– Employment Records
– Baptismal Record that is signed shortly after birth	– Family Bible Record
- If two annuitants are named, a joint and survivor annuity 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.
- 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).

SINGLE PREMIUM IMMEDIATE ANNUITIES

Issued by GE Capital Life Assurance Company of New York
622 Third Avenue - 33rd Floor, New York, NY 10017

Subject to the terms of Policy Form No. 35722NY and GENY-8010 et al.

Form Requirements		New Business	1035 Exchanges	Qualified Plan Transfers	Annuitizations
Regulation 60 Form No. NY-1887	Complete NY-1887 for all cases. See reverse side for additional prerequisite information and instructions.	✓	✓	✓	
Disclosure for Annuitants 85 or Older Form No. 36117NY	Required only when annuitant is age 85 or older and the Lifetime Income option is chosen. Form must be notarized.	✓	✓	✓	✓
Application Form No. 36124NY	Photocopy 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. W4P-ANNNY	Required for all cases for tax withholding.	✓	✓	✓	✓
Electronic Funds Transfer Form No. GEFA EFT.ANNNY	Please include a voided check to prevent errors in processing. Required for electronic transfer or direct deposit.	✓	✓	✓	✓
Annuity Wire Transfer Instructions Form No. GECLANY-AWTI	Provides wire transfer instructions.	✓	✓	✓	
Producer Guide and Application Kit Form No. 36193NY	Includes all forms necessary to submit SPIA business.	✓	✓	✓	
Certificate of Trustee Powers Form No. GEFA-CTPNY	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. DATNY	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 review.	✓	✓	✓	✓
Transfer Authorization to SPIA Form No. GECLANY/AML SPIA-TA2	Required when GE Capital Life is to send an acceptance letter or request the funds. Section 2 includes notice regarding minimum required distribution. Original must be received.		✓	✓	
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. NY TAX-N	Required when requesting a partial 1035 exchange from an annuity or life insurance contract.		✓		
Annuitization Request Form Form No. MC-535-ANN	Required for annuitization of GE Capital Life deferred annuities.				✓

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

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REGULATION 60

PREREQUISITE INFORMATION

Step 1. FOR ALL CASES:

Sign Form NY-1887 Definition of Replacement prior to the application.

All applicants must complete and submit this form whether a replacement is to occur or not.

If no replacement is to occur, submit this form and the completed application to the address on the form.

Step 2. If "yes" to any questions on Form NY-1887, case is a replacement.

Complete Form NY-1888 Notice of Replacement and submit it without the application. Do not have your client sign and date the application at this point in the process. Sending a completed application at this point will result in having to re-submit one later as the application must be signed and dated after the applicant has reviewed the replacement comparison documentation.

Step 3. If the case is a replacement, the home office will provide the following, which should be signed and dated after NY-1887 and NY-1888 and prior to the application or on the same date as the application:

- Form No. NY-1890 Disclosure Form for Annuity to Annuity Replacement,

OR

- Form No. NY-1891 Disclosure Form for Replacement Other Than Annuity to Annuity,

PLUS

- Form No. NY-1889 Important Notice Regarding Replacement — All applicants must read, sign and return form with the application. Applicant(s) cannot sign or date before NY-1890 or NY-1891.

IMPAIRED RISK FEATURE

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 Life 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, usually 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 Life
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@genworth.com

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

SAMPLE MEDICAL REQUEST

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 agent/producer at address listed below:

Agent/Producer Name _____

Agency Name _____

Agency Address _____

Fax Cover Sheet

American Mayflower Life Insurance Company of New York
GE Capital Life Assurance Company of New York
New York, New York 10017

- Life insurance carrier will not pay for medical documents including Attending Physician's Statement.
- Required – Section II Agent/Producer Information must be completed to process request.

The client listed below is considering the purchase of a medically underwritten annuity:

I. Client Information

Today's Date: _____

Name _____ Date of Birth _____

Gender M F

II. Agent/Producer Information – REQUIRED to process medical request

Agent/Producer Name _____ Agent Phone Number _____

Agency Name _____ Fax Number _____

Agency Address _____

III. Medical Information: Check all that apply

Attached is the following medical information:

- Hospital discharge summary
- Report from a medical examination at the time of diagnosis
- Report from the most recent medical examination
- Reports reflecting significant conditions preceding the primary condition
- Reports of significant hospitalizations, surgeries or rehabilitation
- Other (please indicate) _____

IV. Mailing/Fax Information

Send medical information to:

Annuity Department
Mail Stop – CSC 2-025
3100 Albert Lankford Drive
Lynchburg, VA 24505

Fax: 434-948-5861

Email Address:
GEAnnuityMeds@genworth.com

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure. If the reader of this message is not the intended recipient or an employee or an agent responsible for delivering the message to the intended recipient, you are hereby notified that any distribution or duplication of this communication is strictly prohibited. Any inadvertent receipt by you of such confidential information is not intended to constitute a waiver of any privilege. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail. Thank you.

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Mail form to designated product service center:

Variable Annuity (AML), 6610 West Broad Street, Richmond, VA 23230

Variable Annuity (GECLANY), P.O. Box 409893, Atlanta GA 30384-9893

Variable Life, 6610 West Broad Street, Richmond, VA 23230

Fixed Annuity Products Service Center (AML), 6610 West Broad Street, Richmond, VA 23230

Fixed Annuity Products Service Center (GECLANY), P.O. Box 409893, Atlanta GA 30384-9893

Immediate Annuity Products Service Center (AML), 3100 Albert Lankford Road, Lynchburg, VA 24501

Immediate Annuity Products Service Center (GECLANY), P.O. Box 409893, Atlanta GA 30384-9893

Life Products Service Center (Non-variable Life Products Only), P.O. Box 10717, Lynchburg, VA 24506-0717

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: _____

NOTICE OF REPLACEMENT



To: _____
Replaced Carrier

Attention: Replacement Department

Address: _____

City _____ State _____ Zip _____

Fax Number: _____ (Reg. 60 company contacts available from LICONY website)¹

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 insurance or annuity)	Name of Insured or Annuitant	Contract or Policy Number ²

¹<http://www.licony.org>

²If the applicant does not recall the existing policy or contract number(s), list alternative identification such as social security number and date of birth.

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 _____ Phone # _____

Address _____ Customer D.O.B. _____

City _____ State _____ Zip _____

Agent/Broker _____ Phone # _____

Address _____ Customer D.O.B. _____

City _____ State _____ Zip _____

American Mayflower Life Insurance Company of New York
622 Third Avenue, 33rd Floor
New York, NY 10017

GE Capital Life Assurance Company of New York
622 Third Avenue, 33rd Floor
New York, NY 10017

Mail form and policy information to designated product service center:

Product Name:

Variable Annuity, 6610 West Broad St., Richmond, VA 23230

Variable Life, 6610 West Broad St., Richmond, VA 23230

Fixed Annuity Products Service Center, 6610 West Broad St., Richmond, VA 23230

Immediate Annuity Products Service Center, 3100 Albert Lankford Rd, Lynchburg, VA 24501

Life Products Service Center (Non-variable Life Products Only), P.O. Box 10717, Lynchburg, VA 24506-0717

This authorization is valid until revoked by the undersigned in writing.

Signature of Owner

Date

REMINDER

Definition of Replacement Form no. NY-1887
must be signed prior to the application.

See Regulation 60 Prerequisite Information.

SPIA Disclosure Form for Annuitants 85 or Older

GE Capital Life Assurance Company of New York

REGULAR/FIRST CLASS MAIL: PO Box 409893, Atlanta, GA 30384-9893

EXPRESS MAIL: 6000 Feldwood Road, Lockbox 409893, College Park, GA 30349

American Mayflower Life Insurance Company of New York

REGULAR/FIRST CLASS MAIL: PO Box 6158, Lynchburg, VA 24505-6158

EXPRESS MAIL ADDRESS: Attn: Annuity Premium Services, 6620 West Broad Street,
Building 2, Richmond, VA 23230

- Form is **REQUIRED** when annuitant is **85 or older** and **Lifetime Income Only** payout is selected.
- Complete form prior to purchasing a single premium immediate annuity.
- Form must be signed and submitted with a completed application.

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 and submit it with a completed application.

Disclosures and Applicant(s) Signatures (FORM MUST BE SIGNED)

For all Applicants:

- I understand that I cannot change the Annuity Income Date, the 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.
- I understand that the income paid under this single premium immediate annuity may be 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.
- I understand by choosing 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).

I have read and understand the provisions of this form.

	X		
Name of Owner (Please Print)	Signature of Owner (Capacity/Title**)		Date

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

NOTARY IS REQUIRED

STATE OF _____

CITY OF _____

On this _____ day of _____, 200____, the above-named _____ personally appeared before me and acknowledged the foregoing instrument and signature to be his/her free act and deed.

Notary Public

My Commission Expires:

* All guarantees are based upon the claims-paying ability of the issuing insurance company.

** 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.

Single Premium Immediate Annuity Application

GE Capital Life Assurance Company of New York

GE Capital Life Assurance Company of New York (GE Capital Life) will provide any additional information you request on the benefits and provisions of the contract. The contract will provide for a period of 20 days after delivery during which you may return it for a return of premium payments. Submit your request to: GE Capital Life Assurance Company of New York, 622 Third Avenue - 33rd Floor, New York, NY 10017. (For application mailing instructions, see Section 11 - 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

GE Capital Life Assurance Company of New York

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 Life 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 9.

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

Single Premium Immediate Annuity Application

GE Capital Life Assurance Company of New York

6. Annuity Payment

The Annuity Starting Date, frequency of payments, the Annuitant(s), the Guarantee Certain Period, if applicable, and the payment amount may not be changed after the Right to Examine Period as stated in the contract.

Select one of the following.

A. **Certain Income Guaranteed** for [] years [] months (from 5 to 50 years*) – If all annuitants die 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 all annuitants.

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 all annuitants die 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 all annuitants die 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 all annuitants die 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 Life 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 transfer form.

8. Additional Information/Special Requests

Single Premium Immediate Annuity Application

GE Capital Life Assurance Company of New York

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

The undersigned hereby apply to GE Capital Life 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 Life, 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 acknowledge that they have been strongly advised to consult with a tax professional concerning the taxation of their annuity payments.**

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

By checking this circle, I want my contract considered for impaired risk underwriting and understand that **I must** submit medical records on the Annuitant(s) to my agent. *The impaired risk feature is for Annuitants under age 85 who have a serious medical condition that may reduce their life expectancy by 25% or more. This feature offers qualified individuals increased income payments or a lower premium cost for a specified life contingent payment amount.*

The undersigned hereby acknowledges if Lifetime Income Only Payout is selected, payments will continue for life of the Annuitant(s) and will end upon the death of the Annuitant(s).

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

State in which application was signed _____

This application must be signed in New York and the contract must be delivered in New York.

Joint Owner Signature (if applicable) Capacity/Title (if applicable) * _____
Date of signature (mm-dd-yyyy) _____

* 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.

10. 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

All Regulation 60 requirements must be fulfilled prior to completing this application.

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

11. Where To Mail Application

Send all completed paperwork and required documentation as follows:

Overnight/Express Mail:
GE Capital Life Assurance Company of New York
6000 Feldwood Road
Lockbox # 409893
College Park, GA 30349

Regular/First Class Mail:
GE Capital Life Assurance Company of New York
P.O. Box 409893
Atlanta, GA 30384-9893

Please make check payable to **GE Capital Life Assurance Company of New York.**

W-4P Withholding Form For Annuity Payments

GE Capital Life Assurance Company of New York
American Mayflower Life Insurance Company of New York
TOLL FREE NUMBER: 888 253-2288

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

Send completed form to:

GE Capital Life Assurance Company of New York
If completed at time of application, send to –
REGULAR/FIRST CLASS MAIL: PO Box 409893 • Atlanta, GA 30384-9893
EXPRESS MAIL: 6000 Feldwood Road • Lockbox 409893 • College Park, GA 30349

If completed after contract is issued, send to –
REGULAR/FIRST CLASS MAIL
Deferred Annuities • PO Box 10716 • Lynchburg, VA 24505-0716
Immediate Annuities • PO Box 6158 • Lynchburg, VA 24505-6158
EXPRESS MAIL: 3100 Albert Lankford Drive • Lynchburg, VA 24501

American Mayflower Life Insurance Company of New York
REGULAR/FIRST CLASS MAIL:
Deferred Annuities, PO Box 10716 • Lynchburg, VA 24505-0716
Immediate Annuities, PO Box 6158 • Lynchburg, VA 24505-6158

EXPRESS MAIL ADDRESS
If completed at time of application:
Attn: Annuity Premium Services • 6620 West Broad Street • Building 2 • Richmond, VA 23230
If completed after contract is issued:
3100 Albert Lankford Drive • Lynchburg, VA 24501

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Electronic Funds Transfer Form - NY

GE Capital Life Assurance Company of New York
If completed at time of application, send to —
 REGULAR/FIRST CLASS MAIL: P.O. Box 409893 • Atlanta, GA 30384-9893
 EXPRESS MAIL:
 Lockbox 409893 • 6000 Feldwood Road • College Park, GA 30349

If completed after contract is issued, send to —
 REGULAR/FIRST CLASS MAIL: P.O. Box 6158 • Lynchburg, VA 24505-6158
 EXPRESS MAIL: 3100 Albert Lankford Drive • Lynchburg, VA 24501

American Mayflower Life Insurance Company of New York
REGULAR/FIRST CLASS MAIL:
 PO Box 6158 • Lynchburg, VA 24505-6158
EXPRESS MAIL ADDRESS
 Attn: Annuity Premium Services • 6620 West Broad Street • Building 2
 Richmond, VA 23230

- Bank/brokerage information required to process request
- Attach voided check, deposit slip, or copy of bank account agreement for account referenced

1. Payee Information

Annuity contract payee must be one of the signatories on the bank account. If contract payee is a trust, the signatory on the bank account must be the trust.

Name: _____ Contract/Policy Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

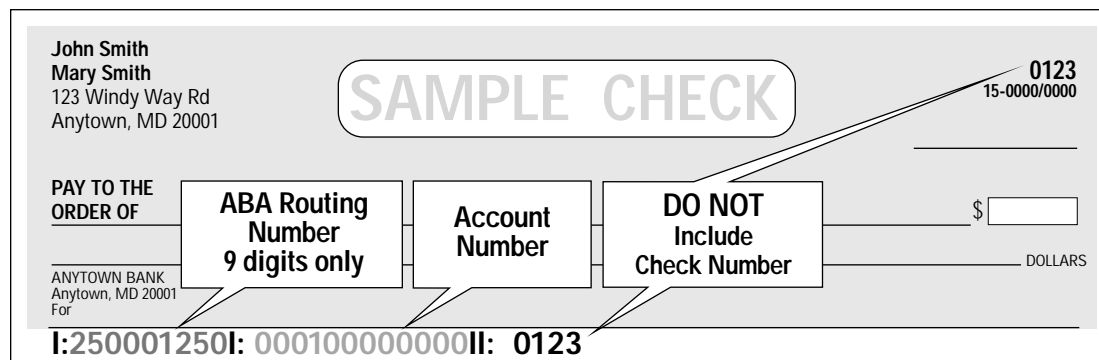
2. Payee Bank Information – REQUIRED

Bank Name: _____ Bank Phone Number: _____

Bank Address: _____ City: _____ State: _____ Zip: _____

My ABA Routing Number: _____
 (See sample check below for routing/account number explanation)

My Account Number: _____
 Checking Savings Money Market (Complete Section 3)



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.

3. Payee Brokerage Information – REQUIRED ONLY IF FUNDS ARE TRANSFERRED TO A BROKERAGE ACCOUNT

Brokerage Firm: _____ My Brokerage Account Number: _____

Broker Name: _____ Broker Phone Number: _____

4. Authorization

I request that the insurer ("Company") which issued the contract identified above make future contract payments by electronic funds transfer to the account number at the financial institution ("Bank" or "Brokerage") identified above ("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's Signature

 Fiduciary Capacity Title*

 Month/Day/Year

 Second Payee's Signature (if applicable)

 Fiduciary Capacity Title*

 Month/Day/Year

* Trustee, Attorney-in-Fact, Guardian or Conservator must sign in official capacity (e.g. John Doe, Trustee).
 If signing as Attorney-In-Fact (POA), must send Declaration of Attorney-In-Fact Form.

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Certification of Trustee Powers - NY

GE Capital Life Assurance Company of New York

If completed at time of application, send to –

REGULAR/FIRST CLASS MAIL: PO Box 409893 • Atlanta, GA 30384-9893

EXPRESS MAIL: 6000 Feldwood Road • Lockbox 409893 • College Park, GA 30349

If completed after contract is issued, send to –

REGULAR/FIRST CLASS MAIL:

Deferred Annuities: PO Box 10716 • Lynchburg, VA 24505-0716

Immediate Annuities: PO Box 6158 • Lynchburg, VA 24505-6158

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

American Mayflower Life Insurance Company of New York

REGULAR/FIRST CLASS MAIL:

Deferred Annuities: PO Box 10716 • Lynchburg, VA 24505-0716

Immediate Annuities: PO Box 6158 • Lynchburg, VA 24505-6158

EXPRESS MAIL ADDRESS

Deferred Annuities: 3100 Albert Lankford Drive • Lynchburg, VA 24501

Immediate Annuities: Attn: Annuity Premium Services

6620 West Broad Street • Building 2 • Richmond, VA 23230

Contract No: _____

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:

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

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

4. Type of Trust: Irrevocable Revocable Charitable Remainder Trust (CRT)

5. Employer Identification Number (EIN): _____

or

Grantor's Social Security Number (SSN): _____

(Grantor Trust defined by Section 671 of the Internal Revenue Code)

Authorized Individuals/Transactions

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

a. any one Trustee independently

b. both co-trustees must authorize

c. multiple Trustees all must authorize

Authorized Transactions

7. I/we certify that I/we have the power under the Trust Agreement and applicable law to purchase and exercise all ownership rights, privileges, options and benefits under the annuity contract, including but not limited to the following: withdrawals, surrenders, transfers, and the ability to change the Beneficiary. I/we understand and agree that when the Trust, as Owner, exercises ownership rights under the contract or the Trust, as Beneficiary, claims benefits under the contract, the Company will have no obligation to verify that a Trust is in effect or that the Trustee is acting within his/her authority.

8. I/we, the Trustee(s), jointly and severally indemnify and hold the Company harmless from any liability for effecting transactions of the types specified in item 7 above, as long as the Company acts pursuant to my instructions. Further, the undersigned Trustee(s) agree that the Company shall not be responsible for the application or disposition of the proceeds of the said contract by the Trustee, and payment to the Trustee of the proceeds shall fully discharge the Company from all liability under the contract to the extent of such payment.

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 the information provided and 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)

Signature / Date Signed

(1) _____, Trustee
(mm/dd/yy)

(2) _____, Trustee
(mm/dd/yy)

(3) _____, Trustee
(mm/dd/yy)

Declaration of Attorney-in-Fact

GE Capital Life Assurance Company of New York
American Mayflower Life Insurance Company of New York

TOLL FREE NUMBER: 888 253-2288

Contract Number(s): _____

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:

1. 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.

2. Please check one of the circles below:

- Principal is alive and is competent
 Principal is alive and is not competent

3. 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.

4. 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

Mailing Information

GE Capital Life Assurance Company of New York
If completed at time of application, send to –
REGULAR/FIRST CLASS MAIL: PO Box 409893 • Atlanta, GA 30384-9893
EXPRESS MAIL: 6000 Feldwood Road • Lockbox 409893 • College Park, GA 30349

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Immediate Annuities: PO Box 6158 • Lynchburg, VA 24505-6158
EXPRESS MAIL ADDRESS
Immediate Annuities: Attn: Annuity Premium Services • 6620 West Broad Street
Building 2 • Richmond, VA 23230
Deferred Annuities: 3100 Albert Lankford Drive • Lynchburg, VA 24501

Transfer Authorization to Single Premium Immediate Annuity

• **GE Capital Life Assurance Company of New York**
 REGULAR/FIRST CLASS MAIL: PO Box 409893 • Atlanta, GA 30384-9893
 EXPRESS MAIL: 6000 Feldwood Road • Lockbox 409893 • College Park, GA 30349

• **American Mayflower Life Insurance Company of New York**
 REGULAR/FIRST CLASS MAIL: PO Box 6158 • Lynchburg, VA 24505-6158
 EXPRESS MAIL ADDRESS: Attn: Annuity Premium Services
 6620 West Broad Street • Building 2 • Richmond, VA 23230

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)			

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.

- IRA Direct Transfer**
- Full Liquidation Partial Liquidation of \$ _____
- I hereby direct you to liquidate my IRA and remit the proceeds to GE Capital Life Assurance Company of New York (GE Capital Life)/American Mayflower Life Insurance Company of New York (American Mayflower). Subject to minimum premium requirements, the insurer 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.
- Qualified Plan or 403(b) Annuity Direct Rollover**
- Full Liquidation Partial Liquidation of \$ _____
- I hereby direct you to liquidate my Qualified Plan or 403(b) Annuity and remit the proceeds to GE Capital Life/American Mayflower. This amount represents all or part of my eligible rollover distribution. I understand that this distribution is a direct rollover to an Individual Retirement Annuity which qualifies for the exception to the 20% mandatory federal income tax withholding found in Section 3405(c)(2) of the Internal Revenue Code. These funds will be accepted by the insurer which will issue to the Owner an Individual Retirement Annuity, as defined under section 408(b) of the Internal Revenue Code.
- Required Minimum Distribution Notice for Owners Age 70 1/2 or Older**
- I understand that required minimum distributions must be met and that GE Capital Life/American Mayflower accepts no responsibility for the sufficiency of my required minimum distribution payments. Additionally, if I do not check this circle and my scheduled SPIA payments are insufficient to satisfy the minimum required distribution, GE Capital Life/American Mayflower will not be able to issue the SPIA contract to me.
- If I have other IRA investments, I may satisfy the minimum required distribution rules by taking a sufficient distribution to cover all of my IRA investments (including GE Capital Life/American Mayflower) from one or more of them. I understand that IRS Publication 590 included with my Disclosure Statement includes the applicable rules and life expectancy tables. I am also aware that my tax professional may help guide me through the required minimum distribution process.

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

- I am assigning all rights, title, and interest in my contract to:** **GE Capital Life** **American Mayflower**
- I am exchanging my interest in the contract indicated above in Section 1 for a GE Capital Life/American Mayflower contract. Please transfer this contract to the insurer indicated 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 in my existing contract may be subject to surrender charges.
- Total Transfer Partial Transfer \$ _____
- Remaining Amount With Original Insurer
- Other _____ (must specify)

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 GE Capital Life/American Mayflower 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 _____
(Please Specify) | <input type="radio"/> Full Liquidation | <input type="radio"/> Partial Liquidation of \$ _____
(Please Specify) |

6. Maturity or Liquidation Date

Please process this transaction:

- 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 of Owner / Joint Owner

I/we authorize the transaction described above and agree that GE Capital Life/American Mayflower 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 GE Capital Life's/American Mayflower's acceptance of the above requested funds as instructed by the Owner of the above-listed contract. GE Capital Life/American Mayflower is a duly licensed insurance company and has received a favorable determination letter from the IRS.

GE Capital Life/American Mayflower 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 _____ Contract/Policy Number _____

Attention Extraction Mgr. Ref. Box # _____

• **GE Capital Life Assurance Company of New York**
 REGULAR/FIRST CLASS MAIL:
 PO Box 409893 • Atlanta, GA 30384-9893
 EXPRESS MAIL:
 6000 Feldwood Road • Lockbox 409893 • College Park, GA 30349

• **American Mayflower Life Insurance Company of New York**
 REGULAR/FIRST CLASS MAIL:
 PO Box 6158 • Lynchburg, VA 24505-6158
 EXPRESS MAIL ADDRESS:
 Attn: Annuity Premium Services
 6620 West Broad Street • Building 2 • Richmond, VA 23230

Annuity Wire Transfer Instructions

Regular / First Class Mail:
GE Capital Life Assurance Company of New York
P.O. Box 409893
Atlanta, GA 30384-9893
Fax: 434-948-5856

Please wire Single Premium Immediate Annuity Premiums to:

Chase Manhattan Bank
New York, NY
ABA # 021000021
Credit: GE Capital Life Assurance Company of New York
Bank Acct. # 323886973
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 _____

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Important Notice Regarding Income Taxes

GE Capital Life Assurance Company of New York
REGULAR/FIRST CLASS MAIL: PO Box 409893 • Atlanta, GA 30384-9893
EXPRESS MAIL: 6000 Feldwood Road • Lockbox 409893 • College Park, GA 30349

American Mayflower Life Insurance Company
REGULAR/FIRST CLASS MAIL:
Immediate Annuities: PO Box 6158 • Lynchburg, VA 24505-6158
EXPRESS MAIL ADDRESS:
Attn: Annuity Premium Services • 6620 West Broad • Street Building 2 • Richmond, VA 23230

Owner's Name	Current Date
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We have received your request to process a partial 1035 exchange. Pursuant to your request, we will treat as your investment in the contract for income tax purposes the amount furnished by your current carrier. If this amount is less than the single premium, you will receive more taxable income when you receive annuity payments than you would have received if the single premium represented your investment.

We will request investment information (also known as cost basis) from _____ at the same time that we request the funds to be exchanged. Your current carrier is responsible for providing us with the correct cost basis. If this amount is not provided, we will be unable to determine, for tax purposes, which portion of each annuity payment you receive is income and which portion is a return of your investment in the contract, and would report your annuity payments as "taxable amount not determined."

We currently intend to report annuity payments to be made under the immediate annuity contract we expect to issue to you as "amounts received as an annuity" within the meaning of Section 72(b) of the Internal Revenue Code and related regulations. This anticipated reporting is based solely on the form of the transaction and is subject to change in response to any Internal Revenue Service guidance or instructions directing that annuity tax treatment of the amounts to be received is inappropriate. By reporting your payments in this manner, we express no opinion whether the exchange of a portion of your existing deferred annuity contract for our single premium immediate annuity contract qualifies as a partial 1035 exchange. You are strongly advised to consult with your qualified tax advisor concerning the tax consequences of this exchange transaction.

By signing below, you acknowledge that you understand how we will report your payments and cost basis to the IRS and that we are rendering no opinion as to the qualification of this transaction as a Section 1035 exchange.

Owner's Signature	Date
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GE Capital Life Assurance Company of New York

622 Third Avenue, 33rd Floor

New York, NY 10017

Immediate annuities are issued by GE Capital Life Assurance Company of New York, New York, NY, policy form 35722NY and GENY 8010 et al. Available only in New York.