

# LIFE QUICK REQUEST WORKSHEET

*This Worksheet cannot be used in NY where any question on form NY-1887 is answered "Yes".*

## PROPOSED INSURED INFORMATION

Will the Proposed Insured require a Spanish Translator?  Yes  No

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Maiden: \_\_\_\_\_

Male  Female Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Evening Phone \_\_\_\_\_

Is the owner other than the Proposed Insured? (if yes, please see overflow page to complete additional information)  Yes  No

## POLICY INFORMATION (Required for Submit)

Solicitation State \_\_\_\_\_ Policy Delivery State \_\_\_\_\_ Death Benefit Amount \$ \_\_\_\_\_

Premium Mode Direct Bill:  Annual  Semi-Annual  Quarterly *or*  PAW Monthly

Company:  GLIC  GLAIC  GLICNY

Product:  Colony<sup>SM</sup> Term UL 10  Colony<sup>SM</sup> Term UL 15  Colony<sup>SM</sup> Term UL 20  Colony<sup>SM</sup> Term UL 30

Optional Riders: (when available)  Children's Insurance (\_\_\_\_ Number of Units) (Term only, 1 unit = \$1,000 of coverage)  Waiver of Specified Premium

Will the Proposed Insured want a Temporary Insurance Application and Agreement (TIAA) issued at time of completing the application?  Yes  No

*Note: Must complete the TIAA Worksheet and submit with this Worksheet. Not available in NJ.*

## PROPOSED INSURED HISTORY

Mark the one item that best describes the Proposed Insured's history of tobacco and other nicotine product use:

Never Used  Totally Stopped  Use Now

If "Totally Stopped," indicate number of years since totally stopped:  Less than 1  1 or more/less than 2  2 or more/less than 3  
 3 or more/less than 5  5 or more

## PURPOSE OF INSURANCE

**If Personal:**  Income Replacement  Debt Repayment  Estate Conservation  Other, Please Specify \_\_\_\_\_

Gross Annual Income \$ \_\_\_\_\_ Household Income \$ \_\_\_\_\_ (if Gross Annual Income is equal to zero)

Total Assets \$ \_\_\_\_\_ Total Liabilities \$ \_\_\_\_\_

**If Business:**  Buy-Sell  Key Employee  Secure Credit  Other, Please Specify \_\_\_\_\_

Total Assets \$ \_\_\_\_\_ Total Liabilities \$ \_\_\_\_\_ Net Worth \$ \_\_\_\_\_

What percentage of the business do you own? \_\_\_\_\_ % Gross Annual Salary (include bonus) \$ \_\_\_\_\_

Is business insurance applied for or in force on other key members of the business?  Yes  No

## BENEFICIARY INFORMATION (If percentage shares are not given, they will be equal.) Please see Overflow page if additional space is needed.

Primary: (Full Name and Address)	% Share	Relationship to Proposed Insured	SSN or Tax ID	Date of Birth/Trust (Mo./Day/Yr.)

## REPLACEMENT INFORMATION

**A.**  Yes  No Does the Proposed Insured/Owner have any existing life insurance or annuities? **If yes - complete questions B-F**

**B.**  Yes  No Will the insurance applied for replace, end or change any existing life insurance or annuities?

**C.**  Yes  No Is Proposed Insured/Owner considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating the existing policy or contract?

**D.**  Yes  No Is the Proposed Insured/Owner considering using funds from existing policies or contracts to pay premiums due on the new policy or contract?

**E.** The Proposed Insured/Owner  declined to have  had the Agent read the "Important Notice: Replacement of Life Insurance or Annuities" form to them.

**F.** Please provide information on the existing policy. If more than one policy exists, use *Life Quick Request Overflow Worksheet*.

1. Name of Company: \_\_\_\_\_ To be replaced:  Yes  No Policy Number: \_\_\_\_\_ Year Issued: \_\_\_\_\_

Amt.\$ \_\_\_\_\_ Type of Existing Policy:  Term  Universal Life  Annuity Beneficiary: \_\_\_\_\_

Type of exchange of existing coverage (e.g. lapse policy, loan or surrender): \_\_\_\_\_

Optional benefits for existing coverage (e.g. Waiver, Children's Insurance Rider): \_\_\_\_\_

# LIFE QUICK REQUEST OVERFLOW WORKSHEET

## PROPOSED INSURED INFORMATION

Proposed Insured Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

## PROPOSED OWNER INFORMATION (if different from the Proposed Insured)

Full Name \_\_\_\_\_ SSN or TIN \_\_\_\_\_ Date of Birth/Trust \_\_\_\_\_

Relationship \_\_\_\_\_ Owner is:  Partnership  Individual  Corporation  Trust  Other (Specify) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Percentage \_\_\_\_\_

## Additional Owner Information

<input type="radio"/> Owner <input type="radio"/> Contingent Owner: (Full Name and Address)	Relationship to Proposed Insured
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## BENEFICIARY INFORMATION Overflow (If percentage shares are not given, they will be equal)

<input type="radio"/> Primary <input type="radio"/> Contingent: (Full Name and Address)	% Share	Relationship to Proposed Insured	SSN or Tax ID	Date of Birth/Trust (Mo./Day/Yr.)
<input type="radio"/> Primary <input type="radio"/> Contingent: (Full Name and Address)	% Share	Relationship to Proposed Insured	SSN or Tax ID	Date of Birth/Trust (Mo./Day/Yr.)
<input type="radio"/> Primary <input type="radio"/> Contingent: (Full Name and Address)	% Share	Relationship to Proposed Insured	SSN or Tax ID	Date of Birth/Trust (Mo./Day/Yr.)

## REPLACEMENT INFORMATION Overflow

<b>2) Name of Company</b>	<b>Policy No.</b>	<b>Type of Existing Policy</b> <input type="radio"/> Term <input type="radio"/> Universal Life <input type="radio"/> Annuity
<b>To Be Replaced:</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Year Issued:</b>	<b>Amount:</b> \$
<b>Beneficiary:</b>	<b>Type of exchange of existing coverage</b> (e.g. lapse policy, loan or surrender):	<b>Optional benefits for existing coverage</b> (e.g. Waiver, Children's Insurance Rider):
<b>3) Name of Company</b>	<b>Policy No.</b>	<b>Type of Existing Policy</b> <input type="radio"/> Term <input type="radio"/> Universal Life <input type="radio"/> Annuity
<b>To Be Replaced:</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Year Issued:</b>	<b>Amount:</b> \$
<b>Beneficiary:</b>	<b>Type of exchange of existing coverage</b> (e.g. lapse policy, loan or surrender):	<b>Optional benefits for existing coverage</b> (e.g. Waiver, Children's Insurance Rider):



# LIFE QUICK REQUEST AGENT WORKSHEET

## PRODUCER REPLACEMENT SALES CERTIFICATION

**Complete this section only if replacement is applicable.**

*Must be completed and signed by the producer*

Please list all company-approved sales materials used, including any electronically presented materials, in the sale of this policy or contract including, but not limited to, sales material kit names, form numbers and brochure titles. If any individualized company-approved sales materials were used, such as illustrations or ledgers, identify them below and attach copies to this form. Please note that electronically presented sales materials must be given to the policy owner in printed form no later than the time of policy delivery.

I, the producer, certify that: (a) only company-approved sales materials listed above were used in this transaction and they are appropriate for the policy or contract applied for; (b) if used, any company-approved electronic sales materials will be printed and provided to the policy or contract owner prior to or at policy or contract delivery; (c) this sale conforms with the company's replacement policy (set forth below).

**Producer signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
 (please sign only if replacement is applicable)

## REPLACEMENT POLICY

We believe that replacement of an existing insurance or annuity policy must be appropriate for the customer and meet his or her needs or financial objectives. From a customer's perspective, an appropriate replacement is also one that is justified from either an economic or personal standpoint. The provisions, features and benefits of both the current and proposed product should be considered in relation to the client's needs, circumstances and goals. Some examples of the types of provisions that should be considered are: premium rate differences, differences in suicide and incontestability provisions for individual life insurance and pre-existing conditions, waiting periods, elimination periods, and probationary periods for health insurance policies. In addition, factors such as the age and health of the customer must be considered. Distributors are expected to provide all material information that the customer needs in order to ascertain whether replacement of an existing policy or contract is appropriate.

All replacements must be in compliance with applicable regulations and company rules. Many states require accurate written comparisons of existing and proposed contracts to be provided to the customer when proposing a replacement. Distributors are expected to know and comply with these requirements.

## AGENT ATTESTATION

Proposed Insured Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I state the following:

- I am duly licensed and appointed (if appointment is required) life insurance agent in the state in which the applicant was solicited and in the state in which the policy, if one is issued, will be delivered.
- The product and amount of insurance identified are suitable in view of the owner's insurance needs and financial objectives.
- The information provided is complete, accurate, and correctly recorded.
- I authorize the Genworth Life Fulfillment Center's representative to obtain such administrative information as may be necessary to complete any life insurance application resulting from this lead submission, provided however, that any item of information or question from owner or Proposed Insured requiring the act or advice of a licensed life insurance agent will be referred to me for action before the application can be completed.
- If applicable, I have explained that disbursement options such as loans, withdrawals or surrenders are not available through Life Quick Request and have advised the applicant they should apply outside of this process if they wish to pursue.
- If applicable, required forms have been provided.
- I have obtained sufficient information about the client to mitigate risks associated with money laundering, terrorist activity/funding, and to avoid doing business with a sanctioned individual or resident of a sanctioned country.
- I have read and disclosed the Important Product Information on the back of this worksheet.

Does the Proposed Insured/Owner have any existing life insurance or annuity?  Yes  No

Is this insurance applied for intended to replace, end or change any existing insurance or annuity?  Yes  No

**AGENT/BROKER SIGNATURE *required for submit*** \_\_\_\_\_ **Date** \_\_\_\_\_

Managing Agency/Brokerage Printed Name \_\_\_\_\_ Managing Agency/Brokerage Code No. \_\_\_\_\_

**1) Agent Printed Name** \_\_\_\_\_ **SSN or Tax ID** \_\_\_\_\_ **Agent's Company Code No.** \_\_\_\_\_

Work Phone # ext. \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_ Split % \_\_\_\_\_

2) Agent Printed Name	SSN or Tax ID	Agent's Company Code No.	Split %
3) Agent Printed Name	SSN or Tax ID	Agent's Company Code No.	Split %

## Important Product Information for Colony<sup>SM</sup> Term UL:

Please note Life Quick Request is designed for customers planning on a premium pattern that can guarantee coverage for the same number of years reflected in the product name, e.g., 10 years for Colony<sup>SM</sup> Term UL 10, 20 years for Colony<sup>SM</sup> Term UL 20, etc. If your client wants a different coverage period or plans on a different payment pattern, then please submit a GEFA 599 and a projection, that reflects your client's wishes. The final planned premium will be determined when and if a policy is issued. The Colony<sup>SM</sup> Term UL products do not have level or fixed premiums, and the customer may choose other planned premium patterns that can also provide coverage for the customer's desired number of years.

\*All references to guarantees refer to the policy's death-benefit guarantee. Coverage Protection Benefit, which is a conditional guarantee that can keep the policy in force even if the policy value is not sufficient to do so. Certain policy rights, if exercised, can end this guarantee.

For Colony<sup>SM</sup> Term UL policies, it is possible that the insurance charges for some face amounts near \$200,000, but below it, can be higher than for face amounts near \$200,000, but above it, because of the different risk rates per thousand above and below \$200,000.

Although Colony<sup>SM</sup> Term UL products do not have level or fixed premiums, the Company will set up planned premiums for any mode – annually, semi-annually, quarterly, or monthly (electronic funds transfer only). Because of the interest components of the policy, it will perform better the earlier your customer pays premiums. For example, if your customer chooses a planned periodic premium to guarantee coverage for a period of time, yearly premium costs will be lower with annual payments at the beginning of the year than with semiannually, quarterly or monthly payments.

### Children's Insurance Rider

Provides term life insurance coverage for each dependent child age 15 days – 18 years. Up to \$10,000 coverage may be purchased in \$1,000 increments. Coverage on a dependent child terminates on the earlier of the child's 21st birthday or the policy anniversary nearest the insured's 65th birthday. Please refer to the most current edition of the product's feature guide for additional information and restrictions.

### Waiver of Specified Premium Rider:

In the event that the Insured becomes Totally Disabled, as defined in the Rider, the Company will treat the specified premium as being paid at the beginning of each policy month while the Insured remains totally disabled until the Benefit Expiry Date. The treatment of the specified premium as being paid shall begin on the first day of the policy month on or immediately following the date Total Disability begins. In order for the Company to treat the specified premium as being paid, the Total Disability must begin on, or after, the policy anniversary nearest the Insured's 15th birthday and before the policy anniversary nearest the Insured's 60th birthday. If premium in excess of the specified premium is required to keep the policy in effect, this additional premium must be paid, even though the Insured remains totally disabled, in order to avoid termination of coverage. The amount of premium chosen upon purchase of the policy may not be changed later.

The Company limits the amount of the specified premium to the minimum amount of premium that, if paid at the beginning of each policy month, will keep this policy in effect only to the end of the initially guaranteed period. For example, if a Colony<sup>SM</sup> Term UL 20 policy is chosen and premiums, if paid as planned, would maintain the policy in effect to the end of the 20th policy year, the specified premium is limited to the minimum amount of premium that if paid monthly at the beginning of each policy month would keep the policy in effect for 20 years. If the Insured is totally disabled at the end of the initially guaranteed period, the specified premium being waived will not continue the policy in effect unless more premium is paid.

### **Genworth Life and Annuity Insurance Company (Non-NY)**

Products underwritten by Genworth Life and Annuity Insurance Company, Richmond, VA  
Genworth Life & Annuity is licensed in all states except New York.

Colony<sup>SM</sup> Term UL is subject to Policy Form No. ICC09GA1002 or GA1002-0709 et al.  
Products, features and benefits are not available in all states.

### **Genworth Life Insurance Company (Non-NY)**

Products underwritten by Genworth Life Insurance Company, Richmond, VA  
Genworth Life is licensed in all states except New York.

Colony<sup>SM</sup> Term UL is subject to Policy Form No. ICC09GL1002 or GL1002-0709 et al.  
Products, features and benefits are not available in all states.

### **Genworth Life and Annuity Insurance Company (New York only)**

Products underwritten by Genworth Life Insurance Company of New York, New York, NY  
Only Genworth Life Of New York is licensed to conduct business in New York.

Colony<sup>SM</sup> Term UL NY is subject to Policy Form No. GY1002-0709

**This is a partial product description. To accurately present this product you must fully understand its features, benefits and limitations, which are covered in more detail in the product's latest feature guide. Only the policy contains the actual terms and conditions of coverage.**

# LIFE QUICK REQUEST TEMPORARY INSURANCE APPLICATION AND AGREEMENT (TIAA) WORKSHEET

Not available  
in New Jersey

## PLEASE READ THE FOLLOWING QUESTIONS AND ANSWER EACH TO DETERMINE ELIGIBILITY FOR TIAA:

- (1) Is the Proposed Insured less than 15 days old or more than 70 years old (age nearest birthday) on the date of this TIAA?  
 Yes       No
- (2) Is the policy applied for a joint life insurance policy?  
 Yes       No
- (3) Does the total amount of insurance on the Proposed Insured's life in force with the Insurer under any policies, conditional receipts, or Temporary Insurance Application and Agreements exceed \$1,000,000?  
 Yes       No
- (4) In the past 90 days, has the Proposed Insured been admitted, or medically advised to be admitted to a hospital or other licensed health care facility, had surgery performed or recommended, or been advised to have any diagnostic test (excluding an AIDS-related test) that was not completed?  
 Yes       No
- (5) In the past 5 years, has the Proposed Insured had, been treated for, or been advised to be treated for, heart disease, stroke, cancer, or alcohol or drug dependence or abuse?  
 Yes       No
- (6) Has a medical physician diagnosed the Proposed Insured as having Hepatitis C or Acquired Immunodeficiency Syndrome (AIDS)?  
 Yes       No

**DO NOT PROCEED OR SUBMIT THIS FORM IF ANY ANSWER TO THE ABOVE QUESTIONS IS YES, TIAA IS NOT AVAILABLE.**

### AGENT ATTESTATION

I state the following:

1. I have explained the insurer's procedures for accepting premium with a life insurance application.
2. I have obtained and accurately recorded the answers to the questions on the Temporary Insurance Application and Agreement (TIAA) and this submission form from the Proposed Insured and Proposed Owner, and
3. I have explained the terms of the TIAA to the Proposed Owner, including the terms that coverage will not begin if any of the TIAA questions are answered "Yes" or left blank on the date the TIAA is signed by the Proposed Owner and the premium is paid and that if any answers are false, temporary insurance might be denied or declined.
4. I have also explained that the Proposed Owner and Proposed Insured must be aware that any changes to the information obtained by me when I asked TIAA questions and this submission form must be provided by the Proposed Owner when completing the TIAA and application because the information provided on the TIAA and application must be accurate and up-to-date at the time the TIAA and application are signed by the Proposed Insured and the Proposed Owner.

Agent/Broker signature \_\_\_\_\_ Date \_\_\_\_\_

### How does the Proposed Insured want to pay the initial premium?

- PAW
- Check
- Credit Card (not available in Alaska, California, Maryland, North Carolina, New Jersey, Pennsylvania, New York).



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Genworth Life  
genworth.com

# Important notice: replacement of life insurance or annuities

from Genworth Life and Annuity Insurance Company and Genworth Life Insurance Company

Page 1 of 3

Original to Insurer

This document must be signed by you and the producer, if there is one, and a copy left with you.

Genworth Life Insurance Company     Genworth Life and Annuity Insurance Company

## Replacement information

The Genworth Financial insurance companies listed above are referred to as “we” in this document.

The owner is referred to as “you” and “your.”

### Both questions to the right must be answered.

If either of the answers is “yes,” provide the information noted below and complete the producer replacement sales certification on page 2.

This document must be signed by you and the producer, if there is one, and a copy left with you.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the last page of this form.

### Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?

Yes     No

### Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?

Yes     No

The existing policy or contract is being replaced because:

.....

If you answered “Yes” to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

**Insurer name** ..... Contract/policy number

.....

Insured/annuitant name ..... *Select one*

.....  Replaced     Financing

**Insurer name** ..... Contract/policy number

.....

Insured/annuitant name ..... *Select one*

.....  Replaced     Financing

**Insurer name** ..... Contract/policy number

.....

Insured/annuitant name ..... *Select one*

.....  Replaced     Financing

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.



**Free Look Period**

Upon issuance of your new policy or contract, the policy may be returned within 30 days from the date of delivery. **This return period may be different from what is reflected in your policy or contract; if so, the longer period will be applicable.**

If you return the policy, you will be entitled to receive:

- In Utah: an unconditional full refund of all premiums or considerations paid on the policy or contract
- All other states: an unconditional full refund of all premiums or considerations paid on the policy or contract, including any policy fees or charges or, in the case of a variable or market value adjustment contract, a payment of the cash surrender value provided under the contract plus the fees and other charges deducted from gross premiums or considerations or imposed under the contract.

**Signature**

**I certify that the responses herein are, to the best of my knowledge, accurate:**

Owner signature	Owner printed name	Date
<b>X</b>	.	.
Joint Owner signature	Joint Owner printed name	Date
<b>X</b>	.	.
Producer signature	Producer printed name	Date
<b>X</b>	.	.

I do not want this notice read aloud to me. *Applicants must initial only if they do not want the notice read aloud.*

.....

**Producer replacement sales certification** *Must be completed and signed by the producer*

Complete this section if the answer to either question on page 1 is yes.

Please list all company-approved sales materials used, including any electronically presented materials, in the sale of this policy or contract including, but not limited to, sales material kit names, form numbers and brochure titles. If any individualized company-approved sales materials were used, such as illustrations or ledgers, identify them below and attach copies to this form. Please note that electronically presented sales materials must be given to the policy owner in printed form no later than the time of policy delivery.

- .....
- .....
- .....
- .....

I, the producer, certify that: (a) only company-approved sales materials listed above were used in this transaction and they are appropriate for the policy or contract applied for; (b) if used, any company-approved electronic sales materials will be printed and provided to the policy or contract owner prior to or at policy or contract delivery; (c) this sale conforms with the company's replacement policy (set forth below).

**Producer must sign at right.**

<b>Producer signature</b>	Date
<b>X</b>	.

**Replacement policy**

We believe that replacement of an existing insurance or annuity policy must be appropriate for the customer and meet his or her needs or financial objectives. From a customer's perspective, an appropriate replacement is also one that is justified from either an economic or personal standpoint. The provisions, features and benefits of both the current and proposed product should be considered in relation to the client's needs, circumstances and goals. Some examples of the types of provisions that should be considered are: premium rate differences, differences in suicide and incontestability provisions for individual life insurance and pre-existing conditions, waiting periods, elimination periods, and probationary periods for health insurance policies. In addition, factors such as the age and health of the customer must be considered. Distributors are expected to provide all material information that the customer needs in order to ascertain whether replacement of an existing policy or contract is appropriate.

All replacements must be in compliance with applicable regulations and company rules. Many states require accurate written comparisons of existing and proposed contracts to be provided to the customer when proposing a replacement. Distributors are expected to know and comply with these requirements.

## Important notice

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A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts.

You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

### **Premiums**

Are they affordable? Could they change? You're older—are premiums higher for the proposed new policy? How long will you have to pay premiums on the new policy? On the old policy?

### **Policy values**

New policies usually take longer to build cash values and to pay dividends. Acquisition costs for the old policy may have been paid, you will incur costs for the new one. What surrender charges do the policies have? What expense and sales charges will you pay on the new policy? Does the new policy provide more insurance coverage?

### **Insurability**

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down. You may need a medical exam for a new policy. Claims on most new policies for up to the first two years can be denied based on inaccurate statements. Suicide limitations may begin anew on the new coverage.

### **If you are keeping the old policy as well as the new policy**

How are premiums for both policies being paid? How will the premiums on your existing policy be affected? Will a loan be deducted from death benefits? What values from the old policy are being used to pay premiums?

### **If you are surrendering an annuity or interest sensitive life product**

Will you pay surrender charges on your old contract? What are the interest rate guarantees for the new contract? Have you compared the contract charges or other policy expenses?

### **Other issues to consider for all transactions**

What are the tax consequences of buying the new policy? Is this a tax free exchange? (See your tax advisor.) Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code? Will the existing insurer be willing to modify the old policy? How does the quality and financial stability of the new company compare with your existing company?

## Mailing instructions

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Mail this form with the application.

### **Annuity New Business:**

6610 West Broad Street, Richmond, VA 23230

### **Fixed Life New Business for Genworth Life and Annuity Insurance Company:**

P.O. Box 320, Lynchburg, VA 24505-0320

### **Fixed Life and Linked Benefit New Business for Genworth Life Insurance Company:**

P.O. Box 461, Lynchburg, VA 24505-0461

### **For questions call:**

Variable Annuities: 800 352.9910

Fixed Annuities: 800 221.3576

Single Premium Immediate Annuities: 888 322.4629

Fixed Life: 888 325.5433





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# Important notice: replacement of life insurance or annuities

from Genworth Life and Annuity Insurance Company and Genworth Life Insurance Company

Page 1 of 3

Copy to Applicant

This document must be signed by you and the producer, if there is one, and a copy left with you.

Genworth Life Insurance Company     Genworth Life and Annuity Insurance Company

## Replacement information

The Genworth Financial insurance companies listed above are referred to as “we” in this document.

The owner is referred to as “you” and “your.”

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If either of the answers is “yes,” provide the information noted below and complete the producer replacement sales certification on page 2.

This document must be signed by you and the producer, if there is one, and a copy left with you.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the last page of this form.

### Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?

Yes     No

### Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?

Yes     No

The existing policy or contract is being replaced because:

.....

If you answered “Yes” to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured or annuitant, and the policy or contract number if available) and whether each policy or contract will be replaced or used as a source of financing:

**Insurer name** ..... Contract/policy number

.....

Insured/annuitant name ..... *Select one*

.....  Replaced     Financing

**Insurer name** ..... Contract/policy number

.....

Insured/annuitant name ..... *Select one*

.....  Replaced     Financing

**Insurer name** ..... Contract/policy number

.....

Insured/annuitant name ..... *Select one*

.....  Replaced     Financing

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer. Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.



**Free Look Period**

Upon issuance of your new policy or contract, the policy may be returned within 30 days from the date of delivery. **This return period may be different from what is reflected in your policy or contract; if so, the longer period will be applicable.**

If you return the policy, you will be entitled to receive:

- In Utah: an unconditional full refund of all premiums or considerations paid on the policy or contract
- All other states: an unconditional full refund of all premiums or considerations paid on the policy or contract, including any policy fees or charges or, in the case of a variable or market value adjustment contract, a payment of the cash surrender value provided under the contract plus the fees and other charges deducted from gross premiums or considerations or imposed under the contract.

**Signature**

**I certify that the responses herein are, to the best of my knowledge, accurate:**

Owner signature	Owner printed name	Date
<b>X</b>	.	.
Joint Owner signature	Joint Owner printed name	Date
<b>X</b>	.	.
Producer signature	Producer printed name	Date
<b>X</b>	.	.

I do not want this notice read aloud to me. *Applicants must initial only if they do not want the notice read aloud.*

**Producer replacement sales certification** *Must be completed and signed by the producer*

Complete this section if the answer to either question on page 1 is yes.

Please list all company-approved sales materials used, including any electronically presented materials, in the sale of this policy or contract including, but not limited to, sales material kit names, form numbers and brochure titles. If any individualized company-approved sales materials were used, such as illustrations or ledgers, identify them below and attach copies to this form. Please note that electronically presented sales materials must be given to the policy owner in printed form no later than the time of policy delivery.

- .
- .
- .
- .

I, the producer, certify that: (a) only company-approved sales materials listed above were used in this transaction and they are appropriate for the policy or contract applied for; (b) if used, any company-approved electronic sales materials will be printed and provided to the policy or contract owner prior to or at policy or contract delivery; (c) this sale conforms with the company's replacement policy (set forth below).

**Producer must sign at right.**

<b>Producer signature</b>	Date
<b>X</b>	.

**Replacement policy**

We believe that replacement of an existing insurance or annuity policy must be appropriate for the customer and meet his or her needs or financial objectives. From a customer's perspective, an appropriate replacement is also one that is justified from either an economic or personal standpoint. The provisions, features and benefits of both the current and proposed product should be considered in relation to the client's needs, circumstances and goals. Some examples of the types of provisions that should be considered are: premium rate differences, differences in suicide and incontestability provisions for individual life insurance and pre-existing conditions, waiting periods, elimination periods, and probationary periods for health insurance policies. In addition, factors such as the age and health of the customer must be considered. Distributors are expected to provide all material information that the customer needs in order to ascertain whether replacement of an existing policy or contract is appropriate.

All replacements must be in compliance with applicable regulations and company rules. Many states require accurate written comparisons of existing and proposed contracts to be provided to the customer when proposing a replacement. Distributors are expected to know and comply with these requirements.

## Important notice

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A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts.

You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

### **Premiums**

Are they affordable? Could they change? You're older—are premiums higher for the proposed new policy? How long will you have to pay premiums on the new policy? On the old policy?

### **Policy values**

New policies usually take longer to build cash values and to pay dividends. Acquisition costs for the old policy may have been paid, you will incur costs for the new one. What surrender charges do the policies have? What expense and sales charges will you pay on the new policy? Does the new policy provide more insurance coverage?

### **Insurability**

If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down. You may need a medical exam for a new policy. Claims on most new policies for up to the first two years can be denied based on inaccurate statements. Suicide limitations may begin anew on the new coverage.

### **If you are keeping the old policy as well as the new policy**

How are premiums for both policies being paid? How will the premiums on your existing policy be affected? Will a loan be deducted from death benefits? What values from the old policy are being used to pay premiums?

### **If you are surrendering an annuity or interest sensitive life product**

Will you pay surrender charges on your old contract? What are the interest rate guarantees for the new contract? Have you compared the contract charges or other policy expenses?

### **Other issues to consider for all transactions**

What are the tax consequences of buying the new policy? Is this a tax free exchange? (See your tax advisor.) Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code? Will the existing insurer be willing to modify the old policy? How does the quality and financial stability of the new company compare with your existing company?

## Mailing instructions

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Mail this form with the application.

### **Annuity New Business:**

6610 West Broad Street, Richmond, VA 23230

### **Fixed Life New Business for Genworth Life and Annuity Insurance Company:**

P.O. Box 320, Lynchburg, VA 24505-0320

### **Fixed Life and Linked Benefit New Business for Genworth Life Insurance Company:**

P.O. Box 461, Lynchburg, VA 24505-0461

### **For questions call:**

Variable Annuities: 800 352.9910

Fixed Annuities: 800 221.3576

Single Premium Immediate Annuities: 888 322.4629

Fixed Life: 888 325.5433



# SUPPLEMENT TO LIFE APPLICATION PART I – ADDITIONAL INSURABLE INTEREST QUESTIONS

**Select one:**     Genworth Life Insurance Company     Genworth Life and Annuity Insurance Company

**Proposed Insured:**

Full name (first, middle, last, suffix or maiden)	Social Security Number	Date of Birth (MM/DD/CCYY)
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1. Will or has the Proposed Insured, Owner, and/or any other person:
  - a. Receive(d) a cash advance or other inducement, such as "free insurance", in connection with this application for life insurance? .....  Yes  No  
If "Yes", provide details in #5 below.
  - b. Borrow(ed) money to pay premiums for this policy? .....  Yes  No  
If "Yes", provide details in #5 below.
  - c. Enter(ed) into a finance agreement that entitles a lender or investor to a portion of the death benefit above and beyond the repayment of principal and interest on the loan? .....  Yes  No  
If yes, please provide a copy of the finance agreement.
2. Will or has the Proposed Insured and/or Owner transferred a policy for value? .....  Yes  No  
If "Yes", provide details in #5 below.
3. Does a viatical or life settlement company own a policy on the Proposed Insured? (A viatical or life settlement company buys existing life insurance policies) .....  Yes  No  
If "Yes", provide details in #5 below.
4. If the policy is issued, does the Owner intend to transfer it by gift or otherwise? .....  Yes  No  
If "Yes", provide details in #5 below.
5. Detail Section for "Yes" answers to questions above:

**Representations**

I represent that the statements and answers given in the application are true, complete, and correctly recorded to the best of my knowledge and belief. I agree that: (1) I will notify the Insurer if any statement or answer given in the application changes prior to delivery; and (2) except as provided in the Temporary Insurance Application and Agreement, if any, insurance will not begin unless all persons proposed for insurance are living and insurance as set forth in the application at the time a policy is delivered to the Owner and the first modal premium is paid.

Signature of Proposed Insured	Date
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Signature of Owner (if other than Proposed Insured)	Date
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