



**Genworth**<sup>®</sup>  
Financial

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# Ownership and beneficiary designation request for life insurance policies

from Genworth Life and Annuity Insurance Company, Genworth Life Insurance Company and Genworth Life Insurance Company of New York<sup>†</sup>

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- Complete the policy information section and any section(s) that pertain to the change(s) you need.
- Designation changes may have tax consequences. Please contact your tax or legal advisor to discuss your specific needs.
- For more space, attach additional pages with all required information and signatures.
- **Please print clearly** using blue or black ink, **and cross through, initial and date any corrections** or we may not be able to accept your request.

<sup>†</sup>Only Genworth Life Insurance Company of New York is licensed in New York.

## Policy information

Policy number(s) *Use only the spaces needed*

Insured name(s) Birth date(s)

Current owner name Telephone number

Address *Complete address required*

City State Zip

## Ownership designation *This section is only required when changing ownership of the Policy*

The current owner is referred to as “you” and “your” in this form.

Unless your Policy states otherwise, **an ownership change revokes all third party changes, all prior revocable beneficiary designations and all prior settlement options.** The new owner becomes the beneficiary, unless a beneficiary is designated by this form, or there is an irrevocable beneficiary. An ownership change also revokes any prior electronic funds transfer (EFT) authorization. To continue EFT, the new owner must submit a separate authorization form.

### Primary owner

\* List relationship to the insured.

\*\* If you designate a trust as the owner, you must also complete the Certification of trustee powers form, located on page 5 of this document.

New owner name

Social Security/Tax ID Number *Required* Birth/trust date Relationship\*

Address *Complete address required*

City State Zip

Type of owner *Select one*  Individual(s)  Trust\*\*  Corporation  
 Partnership  Other *Describe*

### Joint owner *Optional*

Joint owners will have right of survivorship unless otherwise designated or stated in your Policy.

New joint owner name

Social Security/Tax ID Number *Required* Birth/trust date Relationship\*

Address *Complete address required*

City State Zip

Type of owner *Select one*  Individual(s)  Trust\*\*  Corporation  
 Partnership  Other *Describe*

### Contingent owner *Optional*

Contingent owner becomes primary owner if all primary and joint owners are deceased.

New contingent owner name

Social Security/Tax ID Number *Required* Birth/trust date Relationship\*

Address *Complete address required*

City State Zip

Type of owner *Select one*  Individual(s)  Trust\*\*  Corporation  
 Partnership  Other *Describe*

Ownership and beneficiary designation request

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Policy number(s) *Print*

**Beneficiary designation** *A beneficiary change revokes all prior revocable beneficiary designations*

**Primary beneficiary**

\* List relationship to the insured.

**For more space, attach page with policy number, all required information, signatures and date.**

Designation percentages must total 100%. If no percentage is provided, proceeds will be divided equally among all surviving beneficiaries.

See page 4 for examples and information about irrevocable designations.

Name or designation		Designation percentage
.		• %
Social Security/Tax ID Number	Birth/trust date	Relationship*
.		•
Address <i>Complete address required</i>		
.		•
City	State	Zip
.		•
Name or designation		Designation percentage
.		• %
Social Security/Tax ID Number	Birth/trust date	Relationship*
.		•
Address <i>Complete address required</i>		
.		•
City	State	Zip
.		•
Name or designation		Designation percentage
.		• %
Social Security/Tax ID Number	Birth/trust date	Relationship*
.		•
Address <i>Complete address required</i>		
.		•
City	State	Zip
.		•
Name or designation		Designation percentage
.		• %
Social Security/Tax ID Number	Birth/trust date	Relationship*
.		•
Address <i>Complete address required</i>		
.		•
City	State	Zip
.		•

**Contingent beneficiary**

If you name a contingent beneficiary, you must also restate the primary beneficiary above.

Contingent beneficiary becomes primary beneficiary if all primary beneficiaries are deceased.

Name or designation		Designation percentage
.		• %
Social Security/Tax ID Number	Birth/trust date	Relationship*
.		•
Address <i>Complete address required</i>		
.		•
City	State	Zip
.		•
Name or designation		Designation percentage
.		• %
Social Security/Tax ID Number	Birth/trust date	Relationship*
.		•
Address <i>Complete address required</i>		
.		•
City	State	Zip
.		•

## Ownership and beneficiary designation request

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**Policy number(s)** *Print*

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### Add or change third party

The current owner is referred to as “you” and “your” in this form.

#### Select one option and complete all information.

If you would like to change additional third parties, attach an additional sheet of paper to this form that states the requested change(s) and that lists the third parties affected and their addresses and phone numbers. Please be sure to sign and date both the additional sheet of paper and this form.

Once you authorize a third party to receive information about your Policy, that authorization will remain in place unless revoked by a specific request or ownership change. Check the boxes that apply.

#### To receive all policy information by telephone

Add                       Replace                       Delete Existing

Name *Print*

Phone number

Birth date

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Address *Complete address required*

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City

State

Zip

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#### To receive a copy of any premium notice, late payment and lapse

Add                       Replace                       Delete Existing

Name *Print*

Phone number

Birth date

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Address *Complete address required*

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City

State

Zip

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### Signing instructions

#### Attorney-in-Fact

The attorney-in-fact/Agent must sign in capacity as “attorney-in-fact/Agent”, provide a copy of the entire power of attorney document (if not previously submitted), and complete and submit a Genworth Declaration of attorney-in-fact/Agent form. An updated Declaration of attorney-in-fact/Agent form is required every 12 months if the power of attorney has durable provisions, otherwise an updated form is required with each request submitted.

#### Corporation or Limited Liability Corporation (LLC)

An officer of the company or member of the LLC must sign with title (if the signing officer or member is also the insured/annuitant, a second officer or member must also sign), and provide either a corporate or board of director’s resolution, a copy of the Articles of Incorporation or operating agreement (for LLCs), or complete the corporate acknowledgement below and sign the form in the presence of a Notary Public.

#### Guardian

The guardian must sign in capacity and provide a copy of the current guardianship documents.

#### Irrevocable beneficiary/payee

The individual must sign with the title “Irrevocable Beneficiary” or “Irrevocable Payee.”

#### Joint owners

All owners must sign, unless otherwise stated in your Policy.

#### Partnership

All partners must sign with title, or the general or managing partner must sign with title (if the general or managing partner is also the insured/annuitant, another partner must also sign).

#### Spouse

A spouse in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI) must sign.

#### Trust

The trustee(s) must sign with title “trustee,” according to the terms of the Trust Agreement, and complete the Certification of trustee powers form located on page 5 of this document.

#### Witness

A witness (over 18 years of age) must sign for all life insurance beneficiary changes when the owner resides in Massachusetts.

**Ownership and beneficiary designation request**

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**Policy number(s)** *Print*

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**Signature(s)** *You must sign below for all ownership or beneficiary changes*

If you are signing as a fiduciary or representative, you must **sign in capacity or with title** and provide documentation of your authority.

Other signatures that may be required include: **spouse** (*if community property state*), **irrevocable beneficiary** or **payee** or **witness**. See signing instructions below.

By signing below you

- Certify under penalty of perjury that the statements and answers given on this form are true, complete and correct to the best of your knowledge and belief
- Declare that no bankruptcy proceedings are now pending against you and you are not subject to back-up withholding
- Understand that the designations on this form will not be effective unless all designation requirements are completed

Current owner *Required*

**X**

Title *If applicable* Date

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Title *If applicable* Date

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Joint owner *If applicable*

**X**

New owner *If applicable*

**X**

Title *If applicable* Date

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New joint owner *If applicable*

**X**

Title *If applicable* Date

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Other required signature *If applicable*

**X**

Title *If applicable* Date

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**Corporate acknowledgement** *See signing instructions for corporations above*

Notary Public must complete this section if acknowledgement is required.

State of .....

City/County of .....

The foregoing instrument was acknowledged before me this ..... day of ..... 20.....

Place official seal here

by ..... (name of officer), ..... (title of officer)

of ..... (name of corporation), a ..... (name of state) corporation, on behalf of the corporation.

Notary Public signature

**X**

My Commission expires .....

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**Owner or beneficiary designation examples**

**Estate of the insured/owner**

- The executors or administrators of the insured, *or*
- The estate of the insured

**Irrevocable beneficiary/payee**

John Doe, irrevocable (*designating an irrevocable beneficiary/payee assigns limited rights of ownership to the beneficiary/payee, who must sign future requests*)

**Partnership**

Doe, Jones and Smith, a partnership

**Sole proprietorship**

John A. Doe, DBA The Glass Menagerie

**Trust**

Provide full name and date of trust: John Doe Trust, dated May 1, 2007

**Trust under Last Will and Testament**

The Trustee, or successors in trust, under the Last Will and Testament of the insured, as admitted to probate; provided, however, should no petition for administration be granted or no Will containing such trust be admitted to probate within 90 days, the proceeds of this policy shall be paid to the insured's, Executors or Administrators

**Uniform Gifts/Transfers to Minors Act**

John Doe, Former Spouse of the Insured, as custodian for John Doe II, Son of the Insured, under the *Maine Uniform Transfers to Minors Act* (the designation must refer to the appropriate act in the specified state)

**With right of survivorship**

All children born of the marriage of, or legally adopted by, John Doe and Mary Doe, in equal shares with right of survivorship among them

**Unnamed children, per capita**

All children born of, or legally adopted by, John Doe during any marriage, per capita

**Unnamed children, per stirpes**

All children born of, or legally adopted by, John Doe during any marriage, per stirpes

Ownership and beneficiary designation request

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Policy number(s) *Print*

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**Certification of trustee powers**

Policy Information

Insured name(s)

Date(s) of birth

 **Complete the Certification of trustee powers section of this form only if your policy is owned by a trust.**

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**Trust information**

This section must be completed. In addition, if the trust is a Grantor Trust, please complete the section below.

Trust title, example: *"Jones Family Trust"*

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Trustee name(s) and address(es) *Printed*

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**Grantor Trust information**

If a Grantor Trust (IRC §§ 671-679), please provide the Grantor name and Social Security Number.

For additional grantors, provide names and Social Security numbers on an additional sheet of paper and attach to this form.

Is this trust a Grantor Trust?

Yes  No

If yes, provide the following:

Grantor name

Social Security Number

.....

Grantor name

Social Security Number

.....

.....

**Certification and signatures**

The Genworth Financial companies listed above are referred to as "we" and "us" in this document. The trustee(s) is referred to as "you" in this document.

By signing below, you

- certify that you have the power under the Trust Agreement to exercise the rights, privileges, options and benefits granted to the Trust pursuant to the terms of the policy(ies) listed above, as issued; and you understand and agree that we are not obligated to verify the trust is in effect or that you are acting within your approved authority when you exercise these rights;
- jointly and severally indemnify and hold us harmless from any liability for acting according to your instructions under the referenced Trust Agreement; and
- agree to inform us in writing of any change in the trustee(s), or any change of information provided in this form.

For new life insurance policies and for existing policies in states requiring that an insurable interest exist on transfer of issued policies, you

- agree that only those who have an insurable interest in the life of the Insured/Proposed Insured are now, can or will be beneficiaries of the trust; and
- have not, and will not, transfer for consideration any interest in the policy to any party who has no insurable interest in the Insured/Proposed Insured.

Trustee signature

Date

**X** ,Trustee

.....

Trustee signature

Date

**X** ,Trustee

.....