

LIFE QUICK REQUEST WORKSHEET

PROPOSED INSURED INFORMATION Delivery Preference: eDelivery Traditional Paper Delivery

First Name _____ Middle _____ Last _____ Maiden _____

Male Female Social Security Number _____ Date of Birth _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Ext. _____ Evening Phone _____ Email Address _____

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

Will there be a Payor other than the Insured? (If yes, please see overflow page to complete additional information) Yes No

Will the Proposed Insured require a Spanish Translator? Yes No

POLICY INFORMATION (Required for Submit)

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

Premium Mode Direct Bill: Annual Semi-Annual Quarterly or Electronic Funds Transfer (EFT) Monthly

Company: GLIC GLAIC

Product: ColonySM Term 10 ColonySM Term 15 ColonySM Term 20

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

PAYOR INFORMATION

Is the Payor an Individual or Organization? Individual Organization

Full Name _____ SSN or TIN _____
 Date of Birth/Trust _____ Email Address _____
 Address _____ City _____ State _____ Zip _____

PROPOSED OWNER INFORMATION (if different from the Proposed Insured)

Full Name _____ SSN or TIN _____ Date of Birth/Trust _____
 Email Address _____ 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

2) Name of Company	Policy No.	Type of Existing Policy <input type="radio"/> Term <input type="radio"/> Universal Life <input type="radio"/> Annuity
To Be Replaced: <input type="radio"/> Yes <input type="radio"/> No	Year Issued:	Amount: \$
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):
3) Name of Company	Policy No.	Type of Existing Policy <input type="radio"/> Term <input type="radio"/> Universal Life <input type="radio"/> Annuity
To Be Replaced: <input type="radio"/> Yes <input type="radio"/> No	Year Issued:	Amount: \$
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 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

In addition to the authorizations referenced in the preceding paragraphs, signing below will constitute my legally binding signature on the completed application and on all supporting documentation for the client(s) referenced in the quick request associated with this attestation.

I hereby agree to the provisions in this attestation and affix my signature to the attestation and those documents referenced therein by signing below.

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 ColonySM Term (GLIC, GLAIC):

- The term premium includes policy fee of \$50.
- For term policies, in certain instances, face amounts near the upper part of a band may have higher premiums than the minimum face amount of the next higher band. As always, we rely on you to ensure that your client is making a suitable choice.
- Premiums may be paid annually, semi-annually, quarterly or monthly (electronic funds transfer only). These factors and corresponding APRs are .51 for semi-annual (8.2%), .26 for quarterly (10.8%), or .0875 for monthly (10.8%). The yearly premium cost will be higher if premiums are paid semiannually, quarterly or monthly

Children's Insurance Rider

Provides term life insurance for each dependent child ages 15 days – 23 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 twenty-fifth birthday or the policy anniversary nearest the Insured's 65th birthday.

Waiver of Premium

Each premium payment which falls due while the insured is totally disabled will be waived. Waiver of Premium rates change when the policy's premium changes. The rider terminates on the policy anniversary nearest the insured's 60th birthday.

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.

ColonySM Term is subject to Policy Form No. 1420 (96) et al and 1421 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.

ColonySM Term is subject to Policy Form No. GE-1420 et al.

Products, features and benefits are not available in all states.

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?

- Electronic Funds Transfer (EFT) Monthly
 Credit Card (not available in Alaska, California, Maryland, North Carolina, New Jersey, Pennsylvania).

Important notice: replacement of life insurance or annuities

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

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

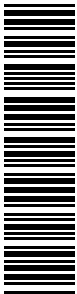
Insurer name Contract/policy number

.....

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:

If you are a Trustee, Attorney-in-Fact, Guardian or other fiduciary, indicate the capacity in which you are acting.

Owner signature	Owner printed name	Date
X	.	.

- | | |
|-----------------------------------|--|
| <input type="radio"/> Trustee | <input type="radio"/> Attorney-in-fact POA |
| <input type="radio"/> Guardian | <input type="radio"/> Title/ Office |
| <input type="radio"/> Other | |

Joint Owner signature	Joint Owner printed name	Date
X	.	.

- | | |
|-----------------------------------|--|
| <input type="radio"/> Trustee | <input type="radio"/> Attorney-in-fact POA |
| <input type="radio"/> Guardian | <input type="radio"/> Title/ Office |
| <input type="radio"/> Other | |

Producer signature	Producer printed name	Date
X	.	.

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

*And copies of all sales material were left with the applicant.

I, the producer, certify that: (a) only company-approved sales materials 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.

Producer signature	Date
X	.

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

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

Mail this form with the application.

Annuity New Business:

P.O. Box 40011 Lynchburg, VA 24506

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: 800 221.9501

Single Premium Immediate Annuities: 888 325.5433

Fixed or variable life: 888 325.5433



Genworth Life & Annuity
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

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

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Both questions to the right must be answered.

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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

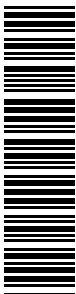
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.

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
.	<input type="radio"/> Replaced <input type="radio"/> Financing
Insurer name	Contract/policy number
.	.
Insured/annuitant name	Select one
.	<input type="radio"/> Replaced <input type="radio"/> Financing
Insurer name	Contract/policy number
.	.
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Signature

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

If you are a Trustee, Attorney-in-Fact, Guardian or other fiduciary, indicate the capacity in which you are acting.

Owner signature	Owner printed name	Date
X	.	.

- | | |
|-----------------------------------|--|
| <input type="radio"/> Trustee | <input type="radio"/> Attorney-in-fact POA |
| <input type="radio"/> Guardian | <input type="radio"/> Title/ Office |
| <input type="radio"/> Other | |

Joint Owner signature	Joint Owner printed name	Date
X	.	.

- | | |
|-----------------------------------|--|
| <input type="radio"/> Trustee | <input type="radio"/> Attorney-in-fact POA |
| <input type="radio"/> Guardian | <input type="radio"/> Title/ Office |
| <input type="radio"/> Other | |

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Producer signature	Date
X	.

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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

Mail this form with the application.

Annuity New Business:

P.O. Box 40011 Lynchburg, VA 24506

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: 800 221.9501

Single Premium Immediate Annuities: 888 325.5433

Fixed or variable life: 888 325.5433