

Genworth Life & Annuity Genworth Life Genworth Life of New York P.O. Box 40005 Lynchburg, VA 24506

or all policies currently being held by New York residents.

## Third-Party Notifier Designee Election

from Genworth Life Insurance Company, Genworth Life and Annuity Insurance Company, and Genworth Life Insurance Company of New York

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- Complete the certificate or policy information section and any section(s) that pertain to the change(s) you need
- Please print clearly and use blue or black ink and initial any corrections or we may not be able to accept your request.

	Certificate or policy number(s) Insured Name(s)				
Type of change					
Third Party Notification (TPN)	Select one	9:			
Protection against unintended lapse. You have the right to designate at least one person other than yourself to receive notice of lapse or termination of your long term care insurance policy for nonpayment of premium. That notice will not be given until	<ul><li>○ Add</li><li>○ Replace</li><li>○ Delete</li><li>○ Waive - I elect <b>NOT</b> to designate a person to receive this notice.</li></ul>				
	Name  Street Address  City State 7in				
not constitute acceptance of any liability on the third party for services provided to the Insured.	Phone number				
Signature					
Your signature indicates you have read and understand all sections of this form. If you	×				
are a Trustee, Attorney-In- Fact, Guardian, Conservator or other Fiduciary, you must sign in your capacity: (e.g.	Policyholder's signature				Date
	Capacity:		○ Guardian	· · · · · · · · · · · · · · · · · · ·	
Jane Smith, Trustee) and attach relevant legal		O litie/Umice:		Utner:	
documentation.					
Signature of Joint Policyholder (if any) is required, unless otherwise stated in your contract.		○ Trustee		○ Attorney-in-fa	Date et POA
The signature of the third party designee is required below for all policies issued in	×				
the state of New York, and/	Third Party Designee's signature				

Third Party Designee's signature

Date