

Third-Party Designee Election

from Genworth Life and Annuity Insurance Company,
 Genworth Life Insurance Company, Genworth Insurance Company
 and Genworth Life Insurance Company of New York[†]



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- Complete the 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.

Policy information

File/Policy number(s)
 .

Insured/Owner name(s)
 .

Date of birth *if applicable*
 .

Type of change



Third Party Designation

As a 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 policy for nonpayment of premium. Designation shall not constitute acceptance of any liability on the third party for services provided to the Insured.

Select one:

- Add Replace Delete
 Waive - I elect **NOT** to designate a person to receive this notice.

Name
 .

Street Address
 .

City
 .

State
 .

Zip
 .

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. Jane Smith, Trustee) and attach relevant legal documentation.

Signature of Joint Policy Owner (if any) is required, unless otherwise stated in your contract.

The signature of the third party designee is required below for all policies issued in the state of New York, and/or all policies currently being held by New York residents.

SIGN HERE X

Policy Owner signature

Date

Capacity: Trustee Guardian Attorney-in-fact POA
 Title/Office: Other:

SIGN HERE X

Joint Policy Owner signature *if applicable*

Date

Capacity: Trustee Guardian Attorney-in-fact POA
 Title/Office: Other:

SIGN HERE X

Third Party Designee signature

Date

[†]Only Genworth Life Insurance Company of New York is admitted and conducts business in New York.