

Cancellation Instructions and Guidelines

Please follow these instructions carefully when submitting a form to prevent any delays caused by unclear or missing information. Be sure to read and fill out the form completely. This instruction page **does not** need to be returned to us.

General Guidelines

1. Use this form to authorize cancellation.
2. Print clearly! Cross-through and initial any corrections or changes.

Cancellation

1. If you cancel your policy, you may return it to the company, but the company will not require you to do so. By signing the cancellation authorization form and sending it to the company, you agree that the company can immediately process your cancellation without submission of the policy.

Signatures

1. Please review and follow the instructions below carefully, to ensure your request is not delayed.
2. Be sure to have all required parties sign in their capacity or with title as required.
3. Be sure to review all requirements and submit any additional documentation as required.
4. Due to passage of time and how signatures change, signature by a notary is recommended but not required unless the signature(s) on this form cannot be matched to the signature(s) we have on file.

Attorney-in-Fact

The attorney-in-fact or Agent must sign in capacity as "attorney-in-fact" or "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 form. An updated Declaration of attorney-in-fact form is required every 12 months if the power of attorney is durable, otherwise an updated form is required with each request submitted.

Collateral Assignee

Any collateral assignee on the policy must sign authorizing the cancellation or submit a release of assignment dated prior to the cancellation request.

Corporation or Limited Liability Corporation (LLC)

A duly authorized officer of the company or member of the LLC must sign with title and provide satisfactory evidence of signatory authority, e.g., corporate or Board of Director's resolution or a copy of the Articles of Incorporation or, for LLC's, an operating agreement.

Guardian/Conservator

The guardian/conservator must sign in capacity and provide a copy of the guardianship documents if not previously submitted.

Irrevocable beneficiary

The individual, trustee or representative must sign with the title "Irrevocable Beneficiary".

Joint owners

All owners must sign.

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, 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 submit the Certification of Trustee Powers form if not previously submitted within the past twelve months.



Genworth Life Insurance Company, Richmond, VA
Genworth Life and Annuity Insurance Company, Richmond, VA
Genworth Life Insurance Company of New York, New York, NY

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

Genworth, Genworth Financial and the Genworth logo are registered service marks of Genworth Financial, Inc. © 2018 Genworth Financial, Inc. All rights reserved.



Genworth Life and Annuity
 Genworth Life
 Genworth Life of New York
 P.O. Box 40016
 Lynchburg, VA 24506-4016
 Tel: 888 GENWORTH (436.9678)
 Fax: 877 300.1280

Cancellation Authorization for Term Life Insurance

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

- Use this form to authorize cancellation of your policy.
- Complete this form in its entirety and sign where indicated.
- The cancellation instructions and guidelines page may be retained for your records.
- **Please print clearly** using blue or black ink and **initial any corrections**; otherwise, we may not be able to accept your request.
- **Once we receive a valid cancellation authorization, cancellation will be effective as of the earlier of: 1) the date to which premiums are paid; or 2) the beginning of the policy month on or immediately following the receipt of the valid authorization.**

Cancellation information

Read the following important information before you cancel your policy

- **WARNING:** Once you sign and date this form and send it to us, your authorization to cancel cannot be reversed, withdrawn, or otherwise changed – your life insurance coverage will end and cannot be reinstated.
- You may want to consider options other than cancellation, such as: reducing your death benefit or changing your payment frequency. Prior to making changes to the status of your policy, you should consult your licensed insurance agent or financial advisor.
- Any excess premium will be refunded.
- Please note, if your policy is currently set up on Electronic Funds Transfer and set to automatically draft funds from your bank account in the next 5 days, please contact customer service to stop the draft.

Policy information (provide Insured information only if the Insured is different from the Owner)

Policy Number .		
Owner Name .	Owner SSN/TIN .	
Owner Mailing Address .		
Insured Name <i>if different from the Owner</i> .	Insured SSN .	Insured DOB .

Cancellation Request

By completing and signing this cancellation authorization, I authorize the cancellation of this policy and the refund of any excess premium.

Declarations and signature(s)

Unless signing as an individual, you might sign in capacity or with title and provide documentation of authority.

- My signature indicates that I have read and understand all sections of this form.
- By signing this form and sending it to us, I agree that the company may immediately process the cancellation without submission of the policy.
- I represent that I am of legal age and am not under any guardianship or legal disability. No proceedings in bankruptcy have been instituted by me or against me. I represent and warrant that there is no assignment, lien, tax lien, bankruptcy, receivership, divorce or separate maintenance agreement, attachment, garnishment, execution, legal claim or other interest under which any other person or legal entity claims rights or an interest under the policy except as indicated below or as previously filed with the company.

SIGN HERE

X
Current Owner Required **Date Signed**
 Capacity *if applicable*: Trustee Guardian Attorney-in-fact Title/officer:

SIGN HERE

X
Joint Owner Signature *If applicable, required* **Date Signed**
 Capacity *if applicable*: Trustee Guardian Attorney-in-fact Title/officer:

SIGN HERE

X
Consenting Party *If applicable, required* **Date Signed**
 Capacity *if applicable*: Collateral Assignee Spouse Irrevocable Beneficiary:

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