

Genworth Life Genworth Life of New York P.O. Box 40005 Lynchburg, VA 24506 Fax: 800 876.8220

Long Term Care Insurance Request For Beneficiary Designation

Genworth Life Insurance Company and Genworth Life Insurance Company of New York†

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Please print using black ink. Use a separate form for each policy number. Do not send the policy

	Do not send the policy.			
Policy information				
	Policy Number	Policy Number		
	Name of Insured 1		Telephone Number	
	Name of Insured 2 (Only if shared coverage)		• '	
			Telephone Number •	
	Street Address	City	State Zip	
Designation of Beneficiary	•	•		
Genworth is requested to take the following action with respect to the above numbered policy: The undersigned revokes all prior designations of beneficiary and modes of settlement for death claim proceeds under the above numbered policy and designates the following beneficiary(ies). Unless otherwise stated, proceeds payable hereunder shall be in one lump sum for each beneficiary in the same class.	Primary Beneficiary			
	Name (Last, First, MI) OR Name of Trust			
	Trustee Name		Date of Birth	
	Address		Telephone Number •	
	SSN/Tax ID Number	Percent Allocated (Proceeds will be split evenly amongst named beneficiaries if no allocation provided)		
	Additional Primary Beneficiary (Optional)			
	Name (Last, First, MI) OR Name of Trust			
	Trustee Name		Date of Birth	
	Address	Telephone Number		
	SSN/Tax ID Number	Percent Allocated (Proceeds will be split evenly amongst named beneficiaries if no allocation provided)		
	Contingent Beneficiary			
	Name (Last, First, MI) OR Name of Trust			
	Trustee Name		Date of Birth	
	Address •		Telephone Number	
	SSN/Tax ID Number	Percent Allocated (Proceeds will be split evenly amongst named beneficiaries if no allocation provided)		
Authorization		i.		
	Insured (1) Signature		Date	
SIGN HERI	X		•	
	Insured (2) Signature		Date	
SIGN	X		•	

Submit completed form to: Long Term Care Insurance Policyholder Services PO Box 40005

> Lynchburg, VA 24506 Fax number: 800 876.8220