



Genworth Life & Annuity  
 Genworth Life  
 Genworth Life of New York  
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# Address or Name Change

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



Page 1 of 1

- 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 alterations or corrections

## Policy information

Policy number(s)  
 .  
 Insured/owner name(s) Date of birth if applicable  
 .

## Type of change

### Change address information

Name  Owner  Insured  Beneficiary  Third party  
 .  
 Address  
 .  
 City State Zip code  
 .  
 Email Phone number  
 .

### Change name

Attach legal documentation for name changes, except due to marriage or divorce.

Change name from  Owner  Insured  Beneficiary  
 .  
 Change name to  
 .  
 Reason for name change  
 .

## 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 Owner (if any) is required, unless otherwise stated in your policy.

<b>SIGN HERE</b>	<b>Policy owner's signature</b> X Date <i>mm/dd/yy</i> .
	Joint policy owner's signature <i>if applicable</i> Date <i>mm/dd/yy</i> .
<b>SIGN HERE</b>	X .

†Only Genworth Life Insurance Company of New York is licensed in New York.