



Genworth
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Beneficiary Change Form

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

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

Annuity Information

Annuity Contract/Certificate Number

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Contract/Certificate Owner

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Annuitant/Participant

Social Security Number

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Beneficiary Designation Information

If more space is needed, please attach a separate sheet of paper with all designation requirements and contract/certificate number. The sheet must be signed and dated with the same date on this form.

Name

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Address

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Relationship

Social Security Number

.

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Date of Birth

Primary Contingent

.

Name

.

Address

.

Relationship

Social Security Number

.

.

Date of Birth

Primary Contingent

.

Name

.

Address

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Relationship

Social Security Number

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Date of Birth

Primary Contingent

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I hereby revoke all prior beneficiary and/or Contingent payee designations and make the beneficiary designations set forth above as to the above numbered contract/certificate. The amounts of the payment(s) shall be divided equally and paid to the designated surviving beneficiaries unless otherwise specified. If no beneficiary survives, payment will be directed to the Estate of the last payee to die unless otherwise noted. I understand the owner must approve all beneficiary designations.

Annuitant/Participant Signature

Date signed

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