



Genworth  
P.O. Box 2000  
Lynchburg, VA 24506  
Tel: 888 GENWORTH (436.9678)  
Fax: 434 948.5440  
genworth.com

# Beneficiary Change Form

from Genworth Life and Annuity Insurance Company,  
Genworth Life Insurance Company, Genworth Insurance Company  
and Genworth Life Insurance Company of New York<sup>†</sup>

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

## Annuity Information

Annuity Contract/Certificate Number

▪

Contract/Certificate Owner

▪

Annuitant/Participant

Social Security Number

▪

▪

## 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

▪

Address

▪

Relationship

Social Security Number

▪

▪

Date of Birth

Primary  Contingent

▪

Name

▪

Address

▪

Relationship

Social Security Number

▪

▪

Date of Birth

Primary  Contingent

▪

Name

▪

Address

▪

Relationship

Social Security Number

▪

▪

Date of Birth

Primary  Contingent

▪

**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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