



Genworth Life and Annuity
 Genworth Life
 Genworth Life of New York
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Universal Life Planned Premium Change Request

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



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- Use this form to make a change in planned premium amount or frequency of payment on your universal life policy.

Universal Life Insurance policy information

Policy number		
.		
Insured name	Date of birth	
.	.	
Policy owner's name	SSN/TIN	
.	.	
Policy owner's phone	Policy owner email	
.	.	
Policy owner's address		
.		
City	State	Zip code
.	.	.

Premium change information (both premium and frequency are required fields)

New planned premium*
\$

Frequency of new planned premium payment *Monthly, quarterly, semiannually, annually*
 Monthly** Quarterly Semiannually Annually

**New planned premium will be billed/drafted beginning the next billing cycle. If there is an existing EFT authorization on file, the Company will treat this signed form, with a new planned premium amount, as authorization to draft that amount.*

***Monthly is only available for electronic funds transfer (EFT). The Electronic Funds Transfer form is available on our website, www.genworth.com.*

Signature(s)

Unless signing as an individual, you must sign in capacity or with title.

Policy owner signature

Date

SIGN HERE X

Capacity *if applicable* Trustee Guardian Attorney-in-Fact
 Title/Officer

The bank account owner must sign if the policy is currently on EFT.

Bank Account owner signature

Date

SIGN HERE X

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