



Genworth Life & Annuity  
 Genworth Life  
 Genworth Life of New York  
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# Certification of Trustee Powers

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 provide information about a trust.
- Please read this entire form and complete all required fields before signing.
- If more space is needed, attach a separate sheet of paper.

## Application, contract or policy information

This form is being completed for an

- Existing life insurance policy       Application for a life insurance policy  
 Existing annuity       Application for an annuity

Application, contract or policy number(s)

Proposed insured/insured/annuitant name(s) \_\_\_\_\_ Date(s) of birth \_\_\_\_\_  
 \_\_\_\_\_

## Trust information

This section must be completed.  
 In addition, if the trust is a  
 Grantor Trust, please complete  
 the section below.

Trust title, example: "Jones Family Trust"

Trustee name(s) and address(es) *Printed*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Trust date      Latest amendment date *If any*      Tax Identification Number (TIN)

\_\_\_\_\_

Transaction requests must be authorized by *Select one*

- Any one trustee     All trustees     A majority

## Grantor Trust information

If a Grantor Trust (IRC §§ 671-679), please provide the Grantor name and Social Security Number.

For additional grantors, provide names and Social Security numbers on an additional sheet of paper and attach to this form.

Is this trust a Grantor Trust?

- Yes       No

If yes, provide the following:

Grantor name	Social Security Number
_____	_____
Grantor name	Social Security Number
_____	_____
Address	
_____	
City	State      Zip code
_____	_____      _____

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

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Proposed insured/insured/annuitant name(s)

Date(s) of birth

.....

Application, contract or policy number(s)

.....

**Certification and signatures**

The Genworth companies listed above are referred to as “we” and “us” in this document. The trustee(s) is referred to as “you” in this document.

By signing below, you

- certify that you have the power under the Trust Agreement to exercise the rights, privileges, options and benefits granted to the Trust pursuant to the terms of the contract(s)/policy(ies) listed above, as issued; and you understand and agree that we are not obligated to verify the trust is in effect or that you are acting within your approved authority when you exercise these rights;
- jointly and severally indemnify and hold us harmless from any liability for acting according to your instructions under the referenced Trust Agreement; and
- agree to inform us in writing of any change in the trustee(s) or any change of information provided in this form.

For new life insurance policies and for existing policies in states requiring that an insurable interest exist on transfer of issued policies, you

- agree that only those who have an insurable interest in the life of the Insured/Proposed Insured are now, can or will be beneficiaries of the trust; and
- have not, and will not, transfer for consideration any interest in the policy to any party who has no insurable interest in the Insured/Proposed Insured.

**Trustee signature**

**Date**

**SIGN  
HERE**

X

, Trustee

.....

**Trustee signature**

**Date**

**SIGN  
HERE**

X

, Trustee

.....

**Trustee signature**

**Date**

**SIGN  
HERE**

X

, Trustee

.....