

# Ownership Change and Beneficiary Designation

## Instructions and Guidelines

Please follow these instructions carefully when submitting a form to prevent any delays caused by unclear or missing information. Be sure to read and fill out the form completely and return all pages. This instruction page does not need to be returned to us.

### General Guidelines

1. **Print clearly! Cross-through, initial and date any corrections or changes. Do not use correction fluid.**
2. We require a specific version of the form if your policy was delivered in NH, VT or WA. Be sure you are using the correct version for your requests.
3. Ownership changes may have tax consequences. Contact your tax or legal advisor to discuss your specific needs.
4. The Certification of Trustee Powers section must be completed for any trust designated as owner or beneficiary.
5. Please allow 7-10 business days processing time. After receipt of your properly completed form, we will send written confirmation of the change.

### Ownership Changes

1. If the owner is changed, any contingent owner is automatically revoked and must be restated.
2. An ownership change revokes any prior electronic funds transfer (EFT) authorization. To continue EFT, you must complete the EFT section and the bank account owner must sign the authorization on page 2.
3. Answer the U.S. citizen question and provide the Permanent Resident Card or Visa number if applicable for any individual designated as owner.
4. Complete the Business information section for any business designated as owner.

### Beneficiary Changes

1. A beneficiary change revokes all prior beneficiary designations. You must restate the primary beneficiary in the primary beneficiary section, even if you only want to change or add a contingent beneficiary.
2. If you wish to designate more than four beneficiaries attach a signed and dated sheet listing additional beneficiaries including all details as indicated in Beneficiary Designation section.

### Signatures

1. Please review and follow the instructions below carefully, to ensure your request is not delayed.
2. Be sure to have all required parties sign in their capacity or with title as required.
3. Be sure to review all requirements below and submit any additional documentation as required.

#### Attorney-in-Fact

The attorney-in-fact or Agent must sign in capacity as "attorney-in-fact" or "Agent", provide a copy of the entire power of attorney document (if not previously submitted), and complete and submit a Genworth Declaration of attorney-in-fact form. An updated Declaration of attorney-in-fact form is required every 12 months if the power of attorney is durable, otherwise an updated form is required with each request submitted.

#### Corporation or Limited Liability Corporation (LLC)

An officer of the company or member of the LLC must sign with title (if the signing officer or member is also the insured/annuitant, a second officer or member must also sign), and provide either a corporate or board of director's resolution, a copy of the Articles of Incorporation or operating agreement (for LLCs), or complete the corporate acknowledgement and sign the form in the presence of a Notary Public.

#### Guardian

The guardian must sign in capacity and provide a copy of the guardianship documents if not previously submitted.

#### Irrevocable beneficiary

The individual, trustee or representative must sign with the title "Irrevocable Beneficiary".

#### Joint owners

All owners must sign.

#### Partnership

All partners must sign with title, or the general or managing partner must sign with title (if the general or managing partner is also the insured/annuitant, another partner must also sign).

#### Spouse

A spouse in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI) must sign.

#### Trust

The trustee(s) must sign with title "trustee," according to the terms of the Trust Agreement, and complete the Certification of Trustee Powers section if not previously submitted.

#### Witness

A witness (over 18 years of age) must sign for all life insurance beneficiary changes when the owner resides in Massachusetts.



Genworth Life and Annuity Insurance Company, Richmond, VA  
 Genworth Life Insurance Company, Richmond, VA  
 Genworth Life Insurance Company of New York, New York, NY  
 Only Genworth Life Insurance Company of New York is admitted in and conducts business in New York.



# Ownership and beneficiary designation request for life insurance policies

Genworth Life and Annuity  
 Genworth Life  
 P.O. Box 40016  
 Lynchburg, VA 24506-4016  
 Tel: 888.436.9678  
 Fax: 877.300.1280

from Genworth Life and Annuity Insurance Company and Genworth Life Insurance Company

Page 1 of 3

**Policy number** *Use only the spaces needed*

.....

## Section I – Policy information

<b>Insured Name</b> .	<b>Insured Birth Date</b> .	<b>Insured SSN</b> .	<b>Insured Telephone Number</b> .
<b>Insured Mailing Address</b> .			
<b>Current Owner Name</b> .	<b>Owner birth/trust date</b> .	<b>Owner SSN</b> .	<b>Owner Telephone Number</b> .
<b>Owner Mailing Address</b> .			

## Section II – Ownership change

- An ownership change revokes all third party notifications, all existing revocable beneficiary designations and all existing settlement options. The new owner becomes the beneficiary unless a beneficiary is designated by this form, or there is an existing irrevocable beneficiary.
- An ownership change revokes any existing Electronic Funds Transfer (EFT) authorization. To continue making EFT withdrawals, the new owner must complete the Electronic Funds Transfer (EFT) section on page 2.

**New primary owner** *Only the primary owner will receive premium notices and policy notifications.*

Type of owner <i>Select one</i> .	<input type="radio"/> Individual <input type="radio"/> Business <i>Complete business information below</i> <input type="radio"/> Trust <i>Complete Certification of trustee powers on page 3</i>	Relationship to Insured .	
New primary owner name/trust name .	Birth/trust date .	SSN/TIN .	Telephone Number .
Mailing Address .	U.S. Citizen <input type="radio"/> Yes <input type="radio"/> No*	*If no, provide Permanent Resident Card or Visa number .	

**New joint owner** *Joint owners will have right of survivorship unless otherwise designated or stated in your policy.*

Type of owner <i>Select one</i> .	<input type="radio"/> Individual <input type="radio"/> Business <i>Complete business information below</i> <input type="radio"/> Trust <i>Complete Certification of trustee powers on page 3</i>	Relationship to Insured .	
New primary owner name/trust name .	Birth/trust date .	SSN/TIN .	Telephone Number .
Mailing Address .	U.S. Citizen <input type="radio"/> Yes <input type="radio"/> No*	*If no, provide Permanent Resident Card or Visa number .	

**New contingent owner** *Contingent owner becomes primary owner if all primary and joint owners are deceased.*

Type of owner <i>Select one</i> .	<input type="radio"/> Individual <input type="radio"/> Business <i>Complete business information below</i> <input type="radio"/> Trust <i>Complete Certification of trustee powers on page 3</i>	Relationship to Insured .	
New primary owner name/trust name .	Birth/trust date .	SSN/TIN .	Telephone Number .
Mailing Address .	U.S. Citizen <input type="radio"/> Yes <input type="radio"/> No*	*If no, provide Permanent Resident Card or Visa number .	

**Business information** *Complete this section for any business designated as primary or joint owner.*

Full legal name of business .	<b>Type of business</b> <i>Select one</i> <input type="radio"/> Corporation <input type="radio"/> General Partnership <input type="radio"/> Sole Proprietor <input type="radio"/> Limited Liability Company <input type="radio"/> Limited Liability Partnership <input type="radio"/> Other.....	<b>Capacity of authorized person</b> <i>Select one</i> <input type="radio"/> CEO/President/Chairman <input type="radio"/> Managing member(s) <input type="radio"/> Managing/General partner(s) <input type="radio"/> Owner <input type="radio"/> Other.....	
Authorized person(s) .			Purpose of business .
Incorporation/formation date .			Incorporation/formation State/Country .

**Section III – Beneficiary designation**

**All beneficiary changes MUST include the designation of a Primary beneficiary.** Even if you only want to change the Contingent beneficiary, you must restate the Primary beneficiary in the Primary beneficiary section. **Designations must be made in percentages. If not stated, designations will be made in equal shares.**

To designate more than 4 primary or 2 contingent beneficiaries, or for designations that require more space, attach a separate sheet with all designation requirements and policy number. The sheet must be signed and dated with the same date as this form.

1. <b>Primary beneficiary</b> full legal name .	Birth/trust date .	SSN .	Telephone Number .
	Mailing Address .	Relationship to Insured .	Percent .
2. <b>Primary beneficiary</b> full legal name .	Birth/trust date .	SSN .	Telephone Number .
	Mailing Address .	Relationship to Insured .	Percent .
3. <b>Primary beneficiary</b> full legal name .	Birth/trust date .	SSN .	Telephone Number .
	Mailing Address .	Relationship to Insured .	Percent .
4. <b>Primary beneficiary</b> full legal name .	Birth/trust date .	SSN .	Telephone Number .
	Mailing Address .	Relationship to Insured .	Percent .

 **Percentages MUST total 100%**

1. <b>Contingent beneficiary</b> full legal name .	Birth/trust date .	SSN .	Telephone Number .
	Mailing Address .	Relationship to Insured .	Percent .
2. <b>Contingent beneficiary</b> full legal name .	Birth/trust date .	SSN .	Telephone Number .
	Mailing Address .	Relationship to Insured .	Percent .

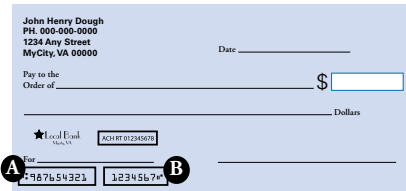
 **Percentages MUST total 100%**

**Section IV – Electronic Funds Transfer (EFT) authorization**

If the bank account is owned by someone other than the policy owner, the bank account owner(s) must sign authorizing the Electronic Funds Transfer (EFT).

By signing, you (the bank account owner) understand and accept these terms and conditions:

- You authorize us to withdraw the scheduled premium payments from your account
- A premium is considered paid only if the draft is honored by your financial institution
- We may discontinue withdrawals at any time and bill you directly
- You must contact us at least three business days before a scheduled withdrawal to change or cancel this authorization
- You must notify us within 60 days of any mistakes in the Electronic Funds Transfer



Bank account owner name(s) .	Financial institution name .	Payment frequency** <i>Select one</i> <input type="radio"/> Monthly* <input type="radio"/> Quarterly <input type="radio"/> Semi-Annually <input type="radio"/> Annually <i>*We may initially draft two payments to make sure your coverage is up to date.</i>
Bank account owner mailing address .		
Routing number (see A) .	Checking account number (see B) .	Payment amount authorized (if other than scheduled premium amount) \$

\*\*For most products, there is an additional cost if you pay premiums more often than annually.

**Section V – Certification of trustee powers**

- Complete the section for any trust designated as owner or beneficiary.
- If more space is needed, attach a separate sheet of paper, signed and dated the same as this form.

**Trust information**

Trust title <i>Example: "Jones Family Trust"</i> .	Trust date .	Last amended .	Tax ID (TIN) .
Trustee name and address .			
Trustee name and address .			
Transaction requests must be authorized by <i>Select one</i> <input type="radio"/> Any one trustee <input type="radio"/> All trustees <input type="radio"/> A majority		Is this a Grantor trust? <input type="radio"/> Yes* <input type="radio"/> No	


**Grantor trust information** \*If yes, complete the Grantor Trust information below (IRC §§ 671-679)

Grantor name .	SSN .	Address .
Grantor name .	SSN .	Address .

**Control of trust and trustee** *These questions must be answered*

1. Is the trust or owner identified above, or are you, acting under the control or direction of another person(s) or entity with respect to the policy identified in this form?  Yes  No
2. **If Yes**, please answer the following questions. If none, state "none."
  - a. Identify the person(s) or entity under whose control or direction the trust is or you are acting: .....
  - b. Describe the nature or extent of such control or direction: .....
  - c. Provide an explanation of the source of funds used to pay premiums for the policy: .....
3. Please identify the following. If none, state "none."
  - a. The person or entity, if any, that has the power to remove you as trustee: .....
  - b. The person or entity, if any, that has the power to change beneficiary(ies) of the trust: .....

**Section V – Signatures** *See instructions page for signing instructions and documentation requirements.*

-  If you are signing as other than an individual, you must indicate capacity and provide required certification or documentation. By signing, you:
- Certify that you have the authority as the owner or in the capacity indicated to exercise the rights, privileges, options and benefits under the policy listed; and you understand and agree that we are not obligated to verify 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; and
  - Agree to inform us in writing of any change in the information provided in this form.
  - Certify under penalty of perjury that the statements and answers given on this form are true, complete and correct to the best of your knowledge and belief
  - Declare that no bankruptcy proceedings are now pending against you and you are not subject to back-up withholding
  - Understand that the designations on this form will not be effective unless all designation requirements are completed.
  - In states requiring that an insurable interest exist on the transfer of life insurance policies, you
    - Agree that only those who have an insurable interest in the life of the Insured are now, can or will be beneficiaries of the policy or trust
    - Have not, and will not, transfer for consideration any interest in the policy to any party who has no insurable interest in the Insured.

<b>Current owner</b> <i>Required</i>	Date	<b>Capacity</b> <i>If applicable</i>
X	.	<input type="radio"/> Trustee <input type="radio"/> Guardian <input type="radio"/> Attorney-in-Fact <input type="radio"/> Title/officer:
<b>Joint owner</b> <i>If applicable, required</i>	Date	<b>Capacity</b> <i>If applicable</i>
X	.	<input type="radio"/> Trustee <input type="radio"/> Guardian <input type="radio"/> Attorney-in-Fact <input type="radio"/> Title/officer:
<b>New owner</b> <i>Required</i>	Date	<b>Capacity</b> <i>If applicable</i>
X	.	<input type="radio"/> Trustee <input type="radio"/> Guardian <input type="radio"/> Attorney-in-Fact <input type="radio"/> Title/officer:
<b>New Joint owner</b> <i>If applicable, required</i>	Date	<b>Capacity</b> <i>If applicable</i>
X	.	<input type="radio"/> Trustee <input type="radio"/> Guardian <input type="radio"/> Attorney-in-Fact <input type="radio"/> Title/officer:
<b>Other</b> <i>If applicable</i>	Date	<b>Capacity</b> <i>If applicable</i>
X	.	<input type="radio"/> Trustee <input type="radio"/> Guardian <input type="radio"/> Attorney-in-Fact <input type="radio"/> Title/officer:
<b>Other</b> <i>If applicable</i>	Date	<b>Capacity</b> <i>If applicable</i>
X	.	<input type="radio"/> Trustee <input type="radio"/> Guardian <input type="radio"/> Attorney-in-Fact <input type="radio"/> Title/officer:
<b>Other</b> <i>If applicable</i>	Date	<b>Role</b> <i>If applicable</i> <input type="radio"/> Bank account owner <input type="radio"/> Witness (MA only)
X	.	<input type="radio"/> Collateral Assignee <input type="radio"/> Irrevocable Beneficiary