



Address, name or third party changes

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

Genworth Life & Annuity
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- Complete the policy information section and any section(s) that pertain to the change(s) you need
- Please print clearly and use blue or black ink and initial any alterations or corrections

Policy information

Policy number(s) *use only the spaces needed*

 Insured/owner name(s) Date of birth *if applicable*

Type of change

Change address information

Name Owner Insured Beneficiary Third party

 Address

 City State Zip

 Email Phone number

Change name

Attach legal documentation for name changes, except due to marriage or divorce.

Change name from Owner Insured Beneficiary Third party

 Change name to

 Reason for name change

Change third party

Protection against unintentional lapse gives you the right to designate at least one person other than yourself to receive notice of lapse or termination for nonpayment of premium.

Select one: Add Replace Delete existing third parties*
 *I elect not to designate any person to receive the protection against unintentional lapse notice.
 Name

 Address

 City State Zip

 Phone number

Signature

Your signature indicates you have read and understand all sections of this form. **If you are a Trustee, Attorney-In-Fact, Guardian, Conservator or other Fiduciary, you must sign in your capacity:** (e.g. Jane Smith, Trustee) and attach relevant legal documentation.

Policy owner's signature Date *mm/dd/yy*

 Joint policy owner's signature(s) *if applicable* Date *mm/dd/yy*

Signature of Joint Owner (if any) is required, unless otherwise stated in your policy.

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