Certification and Acknowledgement Form
for Compliance with Michigan's Long-Term Care Training Requirement

I hereby certify and agree that I have completed the mandatory Long Term Care training requirement, as required by the State of Michigan. In addition, I certify that I have neither solicited nor sold Michigan Long Term Care policies prior to completion of the mandatory training.

Course Title: Michigan Required Training for Long Term Care

Course Administered by: Genworth Financial

Date of Course:_____

_____ _____
Producer Signature Date Signed

_____
Producer Full Name (Print)

_____
Producer Code Number or Social Security Number

_____
Address

_____
City, State, Zip Code

After completing this certification please return this form to:
Genworth Financial
Attn: Agent Licensing
3100 Albert Lankford Drive
Lynchburg, VA 24501
Fax: 434 948.5928

MICertFormAgent Aug2007