



**Genworth**  
Financial

## Certification and Acknowledgement Form for Compliance with Massachusetts' Long-Term Care Regulation 211 CMR 65, et al.

As a licensed and appointed Producer/Agent, I hereby certify and acknowledge that I have:

- Reviewed, understand and agree to comply with the contents of the Massachusetts Agent Training presentation;
- Reviewed, understand and agree to comply with the contents of the "Suitability" Training presentation;
- Successfully completed the "Suitability" quiz.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Full Name (Print)

\_\_\_\_\_  
Company/Firm Name

\_\_\_\_\_  
Producer Code Number

\_\_\_\_\_  
Date Requirements Met

After completing this certification please return to:

Genworth Financial  
Attn: Agent Licensing  
P.O. Box 40008  
Lynchburg, VA 24506  
Or fax to Agent Licensing at (434) 948-5928