



Genworth[®]
Financial

Genworth Life and Annuity
Genworth Life
Genworth Life of New York
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Authorization for third party to receive information

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 authorize a third party to receive information about your contract.
- **Please print clearly** using blue or black ink, **and initial any corrections** or we may not be able to accept your request
- Please read this entire form and complete all required fields before signing

Contract or policy information

Contract or policy number(s) *Use only the spaces needed*

.....

Insured/owner/annuitant name(s)

Birth date(s)

.....

Address *Complete address required*

.....

City

State

Zip

.....

Change third party

The current owner is referred to as “you” and “your” in this form.

Select an option(s) and complete all information.

If you would like to change additional third parties, attach an additional sheet of paper to this form that states the requested change(s) and that lists the third parties affected and their addresses and phone numbers. Please be sure to sign and date both the additional sheet of paper and this form.

Once you authorize a third party to receive information about your Contract, that authorization will remain in place unless revoked by a specific request or ownership change. Check the boxes that apply.

Option 1

To receive all policy information as requested

Add Replace Delete Existing

Name *Print*

Phone number

Birth date

.....

Address *Complete address required*

.....

City

State

Zip

.....

Option 2

To receive a copy of any premium notice, late payment and lapse

Add Replace Delete Existing

Name *Print*

Phone number

Birth date

.....

Address *Complete address required*

.....

City

State

Zip

.....

Signature(s) *You must sign below for all third party changes*

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.

Owner's signature

Title

Date

X

Joint owner's signature(s)* *If applicable*

Title

Date

X

Title

Date

X

Title

Date

* Signature of joint owner (if any) is required, unless otherwise stated in your contract.