



Attn: Licensing & Commissions
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Agent Change Request

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

Email, fax or mail completed form to address/number shown to the left.

Change Notice

The purpose of this signed authorization is to replace any existing Agent/Agency that services the policy/contract with the New Agent/Agency named below. This document supersedes any previous requests. The effective date of the change will be upon processing by the home office.

Policy Information

Policy numbers	
•	
Policy owner name	SSN (last 4 digits)
•	• XXX-XX-
Email	Telephone
•	•
Joint owner name (if applicable)	SSN (last 4 digits)
•	• XXX-XX-
Email	Telephone
•	•

New Agent Information

Only one agent is allowed to be listed as primary agent. Please list primary agent first. Additional agents will only be noted for phone support.

New Agent Name	SSN (last 4 digits)
•	• XXX-XX-
Email	Telephone
•	•
Address	
•	
Agency/ Firm Name	TIN
•	•
Email	Telephone
•	•

Required Signatures

Policy owner signature authorizes moving of one or more policies between Agents and/or Agencies.



X	•
Policy Owner Signature	Date
Title:	



X	•
Joint Owner Signature	Date
Title:	

†Only Genworth Life Insurance Company of New York is admitted in and conducts business in New York.