



Genworth Life & Annuity
 Genworth Life
 Genworth Life of New York
 P.O. Box 40005
 Lynchburg, VA 24506

Third-Party Notifier Designee Election

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

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- Complete the certificate or 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 corrections or we may not be able to accept your request.

Certificate or policy information

Certificate or policy number(s)

.....

Insured Name(s)

.....

Type of change



Third Party Notification (TPN)

Protection against unintended lapse. You have the right to designate at least one person other than yourself to receive notice of lapse or termination of your long term care insurance policy for nonpayment of premium. That notice will not be given until 30 days after a premium is due and unpaid. Designation shall not constitute acceptance of any liability on the third party for services provided to the Insured.

Select one:

- Add Replace Delete
 Waive - I elect **NOT** to designate a person to receive this notice.

Name

.....

Street 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.

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

The signature of the third party designee is required below for all policies issued in the state of New York, and/or all policies currently being held by New York residents.

SIGN HERE

X

Policyholder's signature

Date

Capacity: Trustee Guardian Attorney-in-fact POA
 Title/Office: Other:

SIGN HERE

X

Joint Policyholder's signature(s) if applicable

Date

Capacity: Trustee Guardian Attorney-in-fact POA
 Title/Office: Other:

SIGN HERE

X

Third Party Designee's signature

Date