



Genworth Life
 Administrative Offices:
 3100 Albert Lankford Drive
 Lynchburg, VA 24501

Beneficiary Designation for Long Term Care Insurance



from Genworth Life Insurance Company

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Complete only if you have selected a Refund of Premium on Death Benefit.

Applicant A *Print name*

Applicant B *Print name*

.....

Primary Beneficiary

Payment will default to the estate of the deceased if no beneficiary is named, or if form is submitted incomplete. Please complete all fields for a Primary and Contingent Beneficiary.

(Proceeds will be split evenly among named beneficiaries if no allocation provided)

Beneficiaries may be changed at any time, unless made irrevocable by checking here:

Irrevocable

Name (Last, First, MI - or - Name of Trust)

Name (Last, First, MI - or - Name of Trust)

Trustee Name

Trustee Name

DOB or Trust Date (mm/dd/yy) SSN/Tax ID

DOB or Trust Date (mm/dd/yy) SSN/Tax ID

Address

Address

City State Zip

City State Zip

Gender Male Female

Gender Male Female

Allocated Percentage _____%

Allocated Percentage _____%

Additional Beneficiary

Additional (Optional) **Primary** **Contingent**

Name (Last, First, MI - or - Name of Trust)

Name (Last, First, MI - or - Name of Trust)

Trustee Name

Trustee Name

DOB or Trust Date (mm/dd/yy) SSN/Tax ID

DOB or Trust Date (mm/dd/yy) SSN/Tax ID

Address

Address

City State Zip

City State Zip

Gender Male Female

Gender Male Female

Allocated Percentage _____%

Allocated Percentage _____%

Signatures

Signature of Applicant A

Signature of Applicant B

X

X

Date (mm/dd/yy)

Date (mm/dd/yy)

Signature of Witness

X

Printed Name of Witness

Date (mm/dd/yy)

Submit completed form, along with application to:

**Long Term Care Insurance Division
 3100 Albert Lankford Drive
 Lynchburg, VA 24501-4948**