

# LONG TERM CARE INSURANCE REQUEST FOR BENEFICIARY CHANGE

## POLICY INFORMATION

Policy Number

Name of Insured

Telephone Number

Street Address

City

State

Zip Code

## DESIGNATION OF BENEFICIARY

**The Long Term Care Insurance Division is requested to take the following action with respect to the above numbered policy:**

The undersigned revokes all prior designations of beneficiary and modes of settlement for death claim proceeds under the above numbered policy and designates the following beneficiary(ies). Unless otherwise stated in the Mode of Settlement section below, proceeds payable hereunder shall be in one lump sum for each beneficiary in the same class.

### Primary Beneficiary

Name (Last, First, MI) OR Name of Trust

Trustee Name

Gender

Male  Female

Address

SSN/Tax ID Number

Percent Allocated *(Proceeds will be split evenly amongst named beneficiaries if no allocation provided)*

### Additional Primary Beneficiary (Optional)

Name (Last, First, MI) OR Name of Trust

Trustee Name

Gender

Male  Female

Address

SSN/Tax ID Number

Percent Allocated *(Proceeds will be split evenly amongst named beneficiaries if no allocation provided)*

Long term care insurance is underwritten by Genworth Life Insurance Company.

**Submit completed form to: Long Term Care Insurance Policyholder Services, PO Box 40005, Lynchburg, VA 24506**

**Contingent Beneficiary**

Name (Last, First, MI) OR Name of Trust

Trustee Name	Gender <input type="radio"/> Male <input type="radio"/> Female
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Address

SSN/Tax ID Number

Percent Allocated *(Proceeds will be split evenly amongst named beneficiaries if no allocation provided)*

**AUTHORIZATION**

Policyowner Signature	Date
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Witness Name (Print)

Witness Signature	Date
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