



Genworth®  
Financial

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# Certification of trustee powers

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 provide information about a trust.
- Please read this entire form and complete all required fields before signing.
- If more space is needed, attach a separate sheet of paper.

## Application, contract or policy information

This form is being completed for an

- Existing life insurance policy                       Application for a life insurance policy  
 Existing annuity                                               Application for an annuity

Application, contract or policy number(s) *Use only the spaces needed*

Proposed insured/insured/annuitant name(s)		Date(s) of birth
.		.

## Trust information

This section must be completed. In addition, if the trust is a Grantor Trust, please complete the section below.

Trust title, example: "Jones Family Trust"

Trustee name(s) and address(es) *Printed*

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Trust date	Latest amendment date <i>If any</i>	Tax Identification Number (TIN)
.	.	.

Transaction requests must be authorized by *Select one*

- Any one trustee     All trustees     A majority

## Grantor Trust information

If a Grantor Trust (IRC §§ 671-679), please provide the Grantor name and Social Security Number.

For additional grantors, provide names and Social Security numbers on an additional sheet of paper and attach to this form.

Is this trust a Grantor Trust?

- Yes                       No

If yes, provide the following:

Grantor name	Social Security Number	
.	.	
Grantor name	Social Security Number	
.	.	
Address		
.		
City	State	Zip code
.	.	.



**Certification of trustee powers**

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Proposed insured/insured/annuitant name(s) Date(s) of birth  
.....

Application, contract or policy number(s) Use only the spaces needed  
.....

**Trust information** *Continued*

**Control of Trust and Trustee**

These questions must be answered.

1. Is the trust identified above, or are you as trustee, acting under the control or direction of another person or entity with respect to the application, policy or contract identified above?  
 Yes  No

2. If the answer to the previous question is "Yes,"  
(a) Identify the person(s) or entity under whose control or direction the trust is or you are acting.

.....  
.....

(b) Describe the nature and extent of such control or direction.  
.....

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(c) Provide an explanation of the source of funds used to pay premiums for the policy or contract.  
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3. Please identify:  
(a) The person or entity, if any, who or which has the power to remove you as trustee

.....

(b) The person or entity, if any, who or which has the power to change the beneficiary(ies) of the trust.

.....

**Certification and signatures**

The Genworth Financial companies listed above are referred to as "we" and "us" in this document. The trustee(s) is referred to as "you" in this document.

By signing below, you  
• certify that you have the power under the Trust Agreement to exercise the rights, privileges, options and benefits granted to the Trust pursuant to the terms of the contract(s)/policy(ies) listed above, as issued; and you understand and agree that we are not obligated to verify the trust is in effect or that you are acting within your approved authority when you exercise these rights;  
• jointly and severally indemnify and hold us harmless from any liability for acting according to your instructions under the referenced Trust Agreement; and  
• agree to inform us in writing of any change in the trustee(s) or any change of information provided in this form.

For new life insurance policies and for existing policies in states requiring that an insurable interest exist on transfer of issued policies, you  
• agree that only those who have an insurable interest in the life of the Insured/Proposed Insured are now, can or will be beneficiaries of the trust; and  
• have not, and will not, transfer for consideration any interest in the policy to any party who has no insurable interest in the Insured/Proposed Insured.

Trustee signature X ,Trustee Date  
.....

Trustee signature X ,Trustee Date  
.....

Trustee signature X ,Trustee Date  
.....