



Genworth Life Insurance Company
 Genworth Life Insurance Company of New York†
 Attn: Long Term Care New Business
 P.O. Box 40004
 Lynchburg, VA 24506-9911

Please print clearly using black ink.

LIFE INSURANCE TO LTCI 1035 TRANSFER AUTHORIZATION

Use this form to authorize an exchange from a non-qualified life insurance policy to a long term care insurance (LTCI) policy.

Instructions:

- Only individual-owned life insurance policy to individual-owned LTCI policy or joint-owned life insurance policy to shared LTCI policy exchanges are permitted. The proposed/current LTCI insured(s) must be the insured(s) of the life insurance policy.
- Only annual mode is available with the 1035 partial exchanges program.
- Genworth Life Insurance Company, and Genworth Life Insurance Company of New York, will be referred to collectively as Genworth throughout.

A. EXCHANGES TO FUND A NEW LONG TERM CARE INSURANCE POLICY

I am applying for a new Genworth long term care insurance policy and wish to fund it with 1035 exchange(s).

Applicant name

Applicant name

.....
 Please print

.....
 Please print

Instructions:

- The first payment (up to the full annual premium but not less than 3 month's premium*) must be included with the application. The balance of the first year's premium and subsequent annual premiums will be withdrawn from the designated life insurance policy.
- Attach this form to the application and submit both to the address provided on the application.

* In states of NH (ages 65 and older) and CA, one month's premium must be submitted.

Premium information

1. Total annual premium: \$ Refer to application or illustration
2. Amount submitted with application: \$
3. Balance of first year's premium due: \$ Subtract line 2 from line 1
4. Subsequent annual premium to transfer: \$ Enter amount from line 1

Payment method requested

- Withdraw from the life insurance policy each year a fixed dollar amount of \$ and bill me for the difference, if any.
- Withdraw from the life insurance policy each year the maximum dollar amount due to keep the LTCI policy in force:
 - Without regard to surrender or other charges (i.e. surrender charges may be assessed)
 - For the maximum dollar amount possible without incurring a surrender charge. I agree to pay the balance due, if any.
- This is a one time exchange. Apply the full life insurance policy cash value (estimated to be \$) to my policy. Cannot exceed 2 year's premium.

Note: Automatic annual withdrawals will be scheduled to occur 60 days prior to the regular premium billing date to ensure timely payment of premiums and to permit billing of the policyholder for any balance due on their normal billing schedule.

B. EXCHANGES TO FUND EXISTING LONG TERM CARE INSURANCE POLICY

I am funding an existing Genworth long term care insurance policy number:

Policyholder name

Policyholder name

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 Please print

.....
 Please print

Premium information

- Partial year premium to transfer (if applicable): \$ Balance due to pay remainder of annual premium
- Subsequent annual transfers: \$ Full annual premium

Payment method requested

- Withdraw from the life insurance policy each year a fixed dollar amount of \$ and bill me for the difference, if any.
- Withdraw from the life insurance policy each year the maximum dollar amount due to keep the LTCI policy in force:
 - Without regard to surrender or other charges (i.e. surrender charges may be assessed)
 - For the maximum dollar amount possible (up to the full annual premium) without incurring a surrender charge. I agree to pay the balance due, if any.
- This is a one time exchange. Apply the full life insurance policy cash value (estimated to be \$) to my policy. Cannot exceed 2 year's premium.

Note: Automatic annual withdrawals will be scheduled to occur 60 days prior to the regular premium billing date to ensure timely payment of premiums and to permit billing of the policyholder for any balance due on their normal billing schedule.

C. LIFE INSURANCE POLICY INFORMATION

Insured's name	Street address	City	State	Zip code
Social Security number	Date of birth mm/dd/yyyy			
Joint insured's name <i>If applicable</i>	Joint insured's Social Security number <i>If applicable</i>			
Institution name	Street address	City	State	Zip code
Telephone number	Life insurance policy number			
Estimated life insurance policy cash value				
\$				

D. TRANSFER AGREEMENT

1035 Exchange and LTCI Premium Payments

I/We understand that the above requested transfer of funds from my/our existing life insurance policy will be handled as 1035 exchange(s). I/We hereby authorize Genworth to process the required exchange(s) on a one time or recurring annual basis, withdrawing necessary funds from the above designated life insurance policy(ies) to fund the premiums of the Long Term Care Insurance Policy referenced above.

Other than the owner(s) mentioned herein, no person, firm or corporation, other than me and the issuing insurer, has an interest in said life insurance policy. No proceedings in insolvency or bankruptcy have been instituted by or against me.

I/We also understand and agree that the necessary withdrawals will occur automatically until I notify Genworth that I/We wish to terminate the withdrawals. I/We understand that, unless otherwise designated in the Payment Options section above, the automatic withdrawals will occur even if the annual withdrawal limit is exceeded and surrender charges are incurred. If such surrender charges are incurred, they will be subtracted from the life insurance policy value. I expressly represent that the sole purpose of this transaction is to effect a partial exchange of a life insurance policy under section 1035(a) of the Internal Revenue Code. The Insurer has made no representation concerning the tax treatment of this transaction. I understand that the Insurer has no responsibility or liability for the validity of this transaction or for my tax treatment related to this transaction.

In the event that the requested annual withdrawal reduces the life insurance policy value below stated minimums, then a full transfer of remaining funds will occur and any excess funds will be applied to future premiums due. In such an event, I hereby assign and transfer without exception, limitation, or reservation to the Insurer, all assignable benefits, interest, property and rights in the life insurance policy referenced herein. I understand that by executing this assignment, I irrevocably waive all rights, claims and demands under the assigned life insurance policy. I understand that the Insurer will not treat this assignment as the equivalent of a cash payment. I further understand that no part of the value of the assigned life insurance policy will be treated as a premium/purchase payment until it is received by the Insurer.

Caution: Effecting an exchange of your life insurance policy may adversely affect your rights and benefits. Please discuss with your Financial Advisor and refer to your prospectus and contract for a description of these rights and benefits.

Insured's name <i>Please print</i>	Proposed LTCI insured's name <i>Please print</i>		
Insured's signature	Date mm/dd/yy	Proposed LTCI insured's signature	Date mm/dd/yy

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.

I authorize the transaction described herein and affirm that the Insurer is participating in this transaction at my request. I confirm the elections made herein. All statements made in this form are true to the best of my knowledge and belief.

Signature of joint-insured, if any, is required.

Insured signature <i>Sign in capacity</i>	Date mm/dd/yy	Joint insured signature <i>Sign in capacity</i>	Date mm/dd/yy
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Mailing instructions (If a new long term care insurance policy is being funded, please attach this form to the application and return both to the address provided on the application. If funding an existing long term care insurance policy, return this form to the address below:

Regular First Class Mail:

Genworth
Attn: Long Term Care New Business
P.O. Box 40004
Lynchburg, VA 24506-9911

Overnight Delivery:

Genworth
Attn: Long Term Care New Business
3100 Albert Lankford Drive
Lynchburg, VA 24501-4948