



Genworth Life & Annuity
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Beneficiary Change Form Structured Settlements

from Genworth Life and Annuity Insurance Company, Genworth Life Insurance Company, and Genworth Life Insurance Company of New York[†]

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[†]Only Genworth Life Insurance Company of New York is admitted in and conducts business in New York.

Annuity Information

Annuity Contract Number *Use only the spaces needed*

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Contract Owner

.....

Annuitant

Social Security Number

.....

I hereby revoke all prior beneficiary and/or Contingent payee designations and make the beneficiary designations set forth below as to the above numbered contract. The amounts of the payment(s) shall be divided equally and paid to the designated surviving beneficiaries unless otherwise specified. If no beneficiary survives, payment will be directed to the Estate of the last payee to die unless otherwise noted. I understand the owner must approve all beneficiary designations.

Beneficiary Designation Information

If you wish to name more than three beneficiaries, please designate your estate.

Name

.....

Address

.....

Relationship

Social Security Number

.....

Date of Birth

Primary Contingent

.....

Name

.....

Address

.....

Relationship

Social Security Number

.....

Date of Birth

Primary Contingent

.....

Name

.....

Address

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Relationship

Social Security Number

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Date of Birth

Primary Contingent

.....

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Beneficiary Designation Information *Continued*

Annuitant Signature

•

Date

•

Company use only:

Approved by Contract Owner (Signature and Title):

Date

•

•

Acknowledgement (Title)

Date

•

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