

# Beneficiary Designation Instructions and Guidelines

Please follow these instructions carefully when submitting this form to prevent any delays caused by unclear or omitted information. Be sure to read and fill out the form completely and return all pages. [This instruction page does not need to be returned to us.](#)

## General Guidelines

1. Print clearly! Cross-through and initial any corrections or changes. [Do not use correction fluid.](#)
2. If you need additional space for primary or contingent beneficiaries, attach a signed and dated sheet listing additional beneficiaries, including all details, as indicated in Beneficiary Designation section.
3. This form may be returned to us by mail at the address listed on the following page OR via facsimile to the fax number listed on the following page.

## Signatures

1. Please review and follow the instructions below carefully to ensure your request is not delayed.
2. Be sure to have all required parties sign in their capacity or with title, as required.
3. Be sure to review all requirements below and submit any additional documentation as required.

### Attorney-in-Fact

The Power of Attorney (attorney-in-fact) must sign in capacity as Power of Attorney. Provide a copy of the entire power of attorney document (if not previously submitted), and complete and submit a Genworth Declaration of attorney-in-fact form. An updated Declaration of attorney-in-fact form is required every 12 months if the power of attorney is durable, otherwise an updated form is required with each request submitted.

### Corporation

An officer of the company (i.e. President, Vice President) must sign with title (if the signing officer or member is also the insured/annuitant, a second officer or member must also sign), and provide a corporate or board of director's resolution, a copy of the Articles of Incorporation or operating agreement, or complete the corporate acknowledgment and sign the form in the presence of a Notary Public.

### Limited Liability Corporation (LLC)

An officer of the company (i.e. President, Vice President) or member of the LLC must sign with title (if the signing officer or member is also the insured/annuitant, a second officer or member must also sign), and provide a corporate or board of director's resolution, a copy of the Articles of Incorporation or operating agreement, or complete the corporate acknowledgment and sign the form in the presence of a Notary Public.

### Guardian

The guardian must sign in capacity and a copy of the court ordered guardianship documents must accompany the form, if not previously submitted.

### Irrevocable beneficiary

The individual, trustee or representative must sign with the title "Irrevocable Beneficiary". **Please note**, if a minor child is designated as irrevocable beneficiary, this cannot be changed until the minor reaches age of majority.

### Joint owners

All owners must sign.

### Partnership

All partners must sign with title or the managing partner must sign with title (if the managing partner is also the insured/annuitant, another partner must also sign).

### Spouse

A spouse in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI) must sign.

### Trust

The trustee(s) must sign with title "trustee."

### Witness (Massachusetts)

A witness (over 18 years of age) must sign for all life insurance beneficiary changes when the owner resides in Massachusetts. The witness cannot be the same person listed as the beneficiary.



Genworth Life and Annuity Insurance Company, Richmond, VA

Genworth Life Insurance Company, Richmond, VA

Genworth Life Insurance Company of New York, New York, NY

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



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# Beneficiary designation request for life insurance policies

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

†Only Genworth Life Insurance Company of New York is licensed in New York.

## Section I – Policy information

<b>Policy number</b> .			
<b>Insured Name</b> .	<b>Insured Birth Date</b> .	<b>Insured SSN</b> .	<b>Insured Telephone Number</b> .
<b>Insured Mailing Address</b> .		<b>Insured Email Address</b> .	
<b>Current Owner Name</b> .	<b>Owner birth/trust date</b> .	<b>Owner SSN</b> .	<b>Owner Telephone Number</b> .
<b>Owner Mailing Address</b> .		<b>Owner Email Address</b> .	

## Section II – Beneficiary designation

**All beneficiary changes MUST include the designation of a Primary beneficiary.** Even if you only want to change the Contingent beneficiary, you must restate the Primary beneficiary in the Primary beneficiary section. **Designations must be made in percentages. If not stated, designations will be made in equal shares.**

To designate more than 5 primary or 2 contingent beneficiaries, or for designations that require more space (such as Tertiary beneficiary), attach a separate sheet with all designation requirements and policy number. The sheet must be signed and dated with the same date as this form.

1.	<b>Primary beneficiary</b> full legal name .	Birth date/trust date .	SSN/TIN .	<b>Percent</b> .
	Mailing Address .	Relationship to Insured .	Telephone Number .	
2.	<b>Primary beneficiary</b> full legal name .	Birth date/trust date .	SSN/TIN .	<b>Percent</b> .
	Mailing Address .	Relationship to Insured .	Telephone Number .	
3.	<b>Primary beneficiary</b> full legal name .	Birth date/trust date .	SSN/TIN .	<b>Percent</b> .
	Mailing Address .	Relationship to Insured .	Telephone Number .	
4.	<b>Primary beneficiary</b> full legal name .	Birth date/trust date .	SSN/TIN .	<b>Percent</b> .
	Mailing Address .	Relationship to Insured .	Telephone Number .	
5.	<b>Primary beneficiary</b> full legal name .	Birth date/trust date .	SSN/TIN .	<b>Percent</b> .
	Mailing Address .	Relationship to Insured .	Telephone Number .	




**The sum total of primary beneficiary designation MUST equal 100%**

**Total % =** \_\_\_\_\_

**Section II – Beneficiary designation** *Continued*

1. <b>Contingent beneficiary</b> full legal name .	Birth date/trust date .	SSN/TIN .	<b>Percent</b> .
	Mailing Address .	Relationship to Insured .	Telephone Number .
2. <b>Contingent beneficiary</b> full legal name .	Birth date/trust date .	SSN/TIN .	<b>Percent</b> .
	Mailing Address .	Relationship to Insured .	Telephone Number .
3. <b>Contingent beneficiary</b> full legal name .	Birth date/trust date .	SSN/TIN .	<b>Percent</b> .
	Mailing Address .	Relationship to Insured .	Telephone Number .

 **The sum total of contingent beneficiary designation MUST equal 100%** **Total % =** \_\_\_\_\_

**Section III – OWNERS MUST SIGN AND DATE BELOW.** *See instructions page for signing instructions and documentation requirements.*

IF YOU ARE SIGNING AS OTHER THAN AN INDIVIDUAL, YOU MUST INDICATE CAPACITY AND PROVIDE REQUIRED CERTIFICATION OR DOCUMENTATION. BY SIGNING, YOU:

- Certify that you have the authority as the owner or in the capacity indicated to exercise the rights, privileges, options and benefits under the policy listed; and you understand and agree that we are not obligated to verify 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;
- Agree to inform us in writing of any change in the information provided in this form;
- Certify under penalty of perjury that the statements and answers given on this form are true, complete and correct to the best of your knowledge and belief;
- Declare that no bankruptcy proceedings are now pending against you and you are not subject to back-up withholding; and
- Understand that the designations on this form will not be effective unless all designation requirements are completed.
- In states requiring that an insurable interest exist on the transfer of life insurance policies, you
  - Agree that only those who have an insurable interest in the life of the Insured are now, can or will be beneficiaries of the policy or trust
  - Have not, and will not, transfer for consideration any interest in the policy to any party who has no insurable interest in the Insured.

<b>Current owner</b> <i>Required</i>	Date	<b>Capacity</b> <i>If applicable</i>	<input type="radio"/> Trustee	<input type="radio"/> Guardian
<b>X</b>	.	<input type="radio"/> Power of Attorney	<input type="radio"/> Title/officer:	
<b>Joint owner</b> <i>If applicable, required</i>	Date	<b>Capacity</b> <i>If applicable</i>	<input type="radio"/> Trustee	<input type="radio"/> Guardian
<b>X</b>	.	<input type="radio"/> Power of Attorney	<input type="radio"/> Title/officer:	
<b>Other</b> <i>If applicable</i>	Date	<b>Capacity</b> <i>If applicable</i>	<input type="radio"/> Trustee	<input type="radio"/> Guardian
<b>X</b>	.	<input type="radio"/> Power of Attorney	<input type="radio"/> Title/officer:	
<b>Other</b> <i>If applicable</i>	Date	<b>Role</b> <i>If applicable</i>		
<b>X</b>	.	<input type="radio"/> Collateral Assignee	<input type="radio"/> Irrevocable Beneficiary	
<b>MA Witness</b>	Date			
<b>X</b>	.			
<b>Spouse's signature</b> <i>if in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI)</i>	Date			
<b>X</b>	.			