



Genworth Life & Annuity
 Genworth Life
 Genworth Life of New York
 Tel: 888 GENWORTH (436.9678)

Declaration of attorney-in-fact

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

Page 1 of 1

- Please read this entire form and complete all sections before signing
- Submit the entire power of attorney document with this form, if not previously submitted
- If more space is needed for additional contract, certificate or policy information, attach a separate sheet of paper

Contract, certificate or policy information

The contract, certificate or policy is referred to as the "Contract" in the rest of this form.

Contract, certificate or policy number(s) *Use only the spaces needed*

• _____

Annuitant/insured name(s) _____ Date of birth _____

• _____

Power of attorney information

¹ A principal is the individual who authorizes another to act on their behalf as an agent.

² Power of attorney date is the date the document was originally signed by the principal or notarized.

Name of attorney-in-fact

• _____

Principal's name¹ _____ Power of attorney date² _____

• _____

Has a medical professional(s) or a court of law determined the principal to be incompetent, disabled, incapacitated or unable to manage his or her own affairs?

Yes No


If yes, submit the physician's statement, affidavit or court documentation to provide proof of the principal's status as required by the power of attorney document.

Declaration and signature

The Genworth Financial companies listed above are referred to as "us" in this document.

The attorney-in-fact is referred to as "you" in this document.

Submit a separate form for each attorney-in-fact.

 Genworth requires that an updated Declaration of attorney-in-fact form be placed on file every 12 months.

By signing below you declare under penalty of perjury under the laws of the state where this declaration is signed that the power of attorney upon which you are acting is still effective and that you agree to each of the following terms and conditions:

- You certify that, to the best of your knowledge and belief, the principal has not revoked, terminated or suspended the power of attorney
- **You certify that the principal is still living**
- You affirm that the principal has authorized you to act on his or her behalf under the power of attorney document provided to us
- You agree to indemnify and hold us harmless from any liability for acting according to your instructions under the referenced power of attorney

Signature of Attorney-in-Fact

X _____ Attorney-in-Fact

City and state where signed _____ Date of signature _____

• _____

Mailing instructions

For annuities, if completed at the time of application:

Regular mail:
 P.O. Box 40011
 Lynchburg, VA 24506

Overnight delivery:
 3100 Albert Lankford Dr.
 Lynchburg, VA 24501-4996

For all products, if completed after issue, or life insurance at the time of application:

P.O. Box 40016
 Lynchburg, VA 24506
 Fax: 877 300.1280