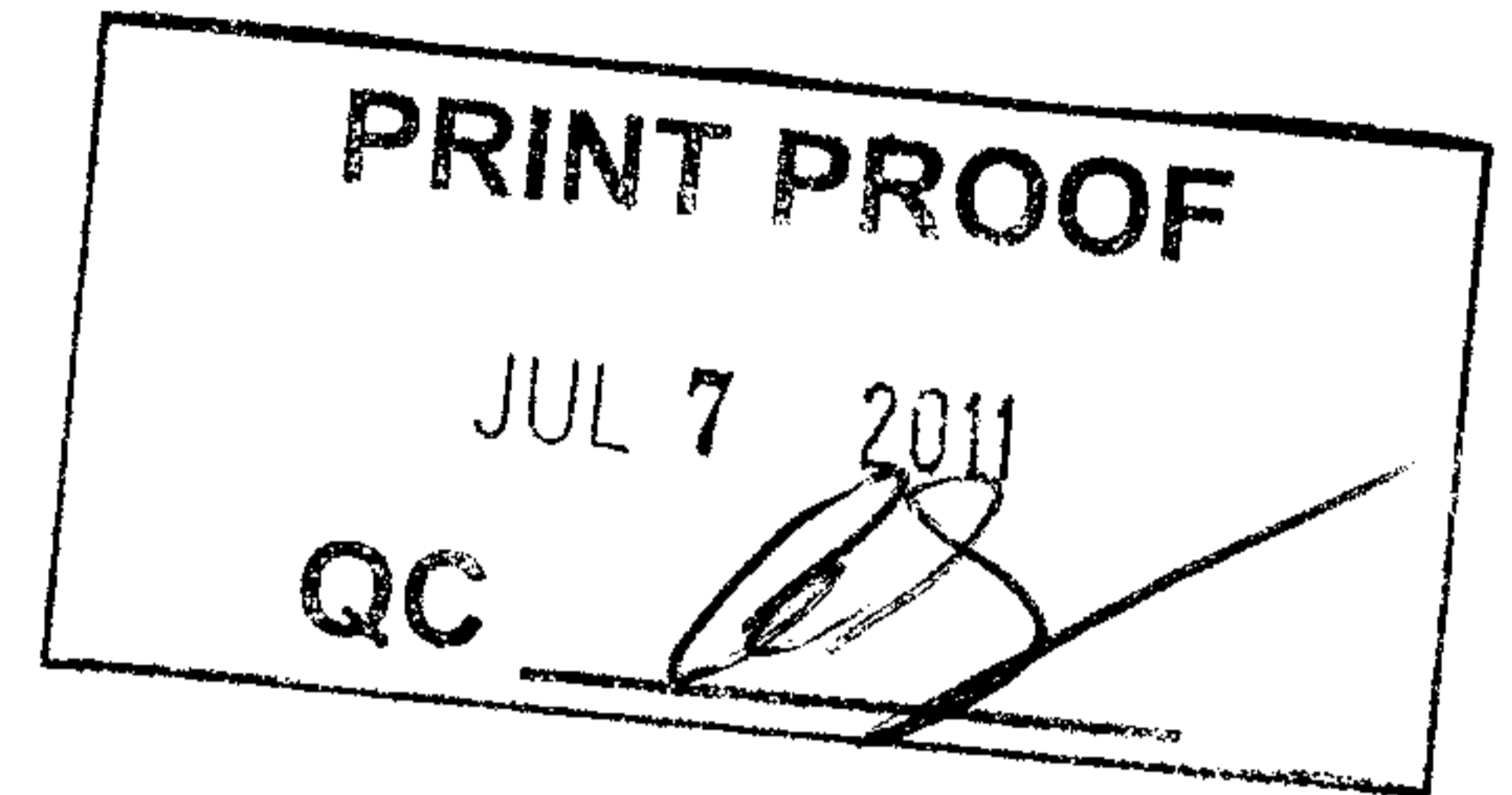
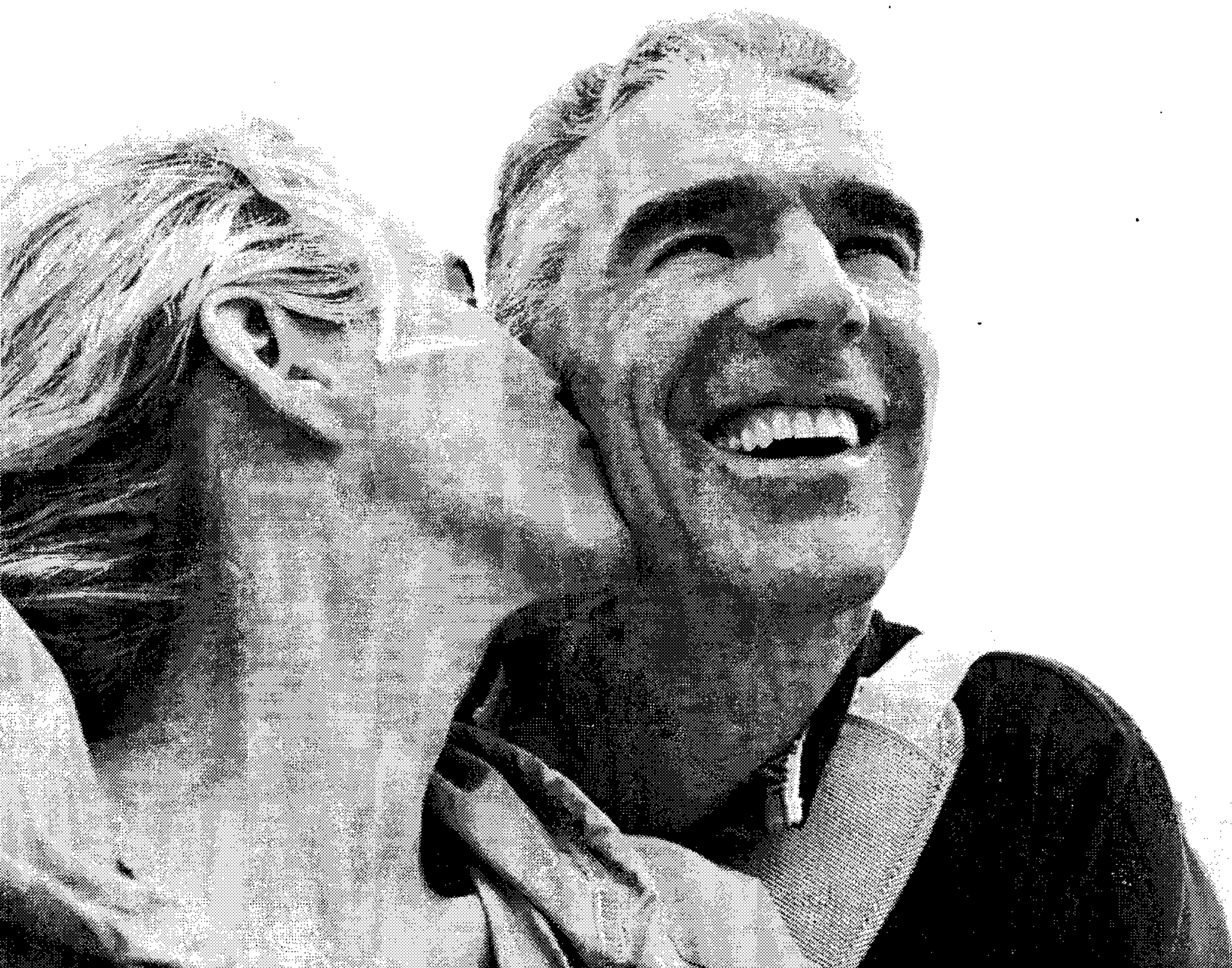


Privileged Choice® Flex Applicant Materials

Applicant Take-Away Materials Enclosed



Genworth 



Retain these documents for your records:

- Premium Receipt and Conditional Insurance Agreement
- Outline of Coverage
- Partnership Disclosure
- Things You Should Know Before You Buy
- Health Information Authorization (HIPAA Form)
- Potential Rate Increase Disclosure
- Replacement Notice

Underwritten by Genworth Life Insurance Company, Richmond, VA

115971MOD-AAL 06/01/11



Variable annuity annuitization request form

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

Genworth Life & Annuity
Genworth Life of New York
Tel: 800 352.9910
Fax: 804 281.6178
genworth.com

Please complete all sections of this form and return to Genworth Life & Annuity.
†Only Genworth Life Insurance Company of New York is licensed in New York.

Page 1 of 4

Owners, you must sign on page 3.

1. Owner information

The Genworth Financial insurance companies listed above are referred to as "we" or "the Company" in this request.

Under this income request the owner(s) is (are) the annuitant(s) unless stated otherwise.

Contract number

.

Owner name

.

Owner Social Security/Tax ID number

Telephone number

.

Joint owner name *If any*

.

2. Non-annuitization options

Deferral option

Change Annuity Commencement Date to maximum age allowed

Other age, less than maximum allowed: Age _____

Lump sum option *By selecting this option we will pay you the entire surrender value of your contract. Your contract will be terminated once this request has been completed.*

For RetireReady® Retirement Answer contracts, we will pay you the entire value of your contract. Your contract will terminate once the request has been completed, and you will forfeit all rights to any Guaranteed Minimum Income Payments. The lump sum request will not be processed until the contract's Annuity Commencement Date.

3. Annuitization options *Select only one option. MyClearCourseSM contract holders proceed to MyClearCourseSM annuitization section.*

Living benefit rider annuitization

Complete this section to annuitize under a living benefit rider you have purchased.

Payment Optimizer Plus—Life income only *Monthly payment frequency only.*

Principal Protection Advantage—Life income only *Only available on contract anniversary. Monthly payment frequency only. Up to 5 Payment Protection Plans are available within Principal Protection Advantage.*

Indicate a dollar amount for this Payment Protection Plan or select 100%.

\$ _____ of Account Value

100%

Base contract annuitization

Complete this section to annuitize under the base contract.

Select **only one** payment option.

Indicate payment period, period certain, and payment frequency where applicable.

If your monthly payment is less than \$100 per month, we may reduce your payment frequency to a frequency that would result in each payment being at least \$100.

For RetireReady® Retirement Answer contracts, only complete this section if you are annuitizing prior to your Annuity Commencement Date.

Fixed payout options

Life income with period certain *Monthly payment frequency only.*

10 year period 15 year period 20 year period

Income for a fixed period 1–30 years: _____

Monthly Quarterly Semiannually Annually

Income for a definite amount \$ _____

Monthly Quarterly Semiannually Annually

Interest income *Not available on qualified accounts.*

Monthly Quarterly Semiannually Annually

Joint life and survivor income *10 year period certain only. Monthly payment frequency only.*

Variable payout options

Life income with period certain *Monthly payment frequency only.*

10 year period 15 year period 20 year period

Joint life and survivor income *10 year period certain only. Monthly payment frequency only.*

Letter Sample



Genworth Life and Annuity
Genworth Life
Genworth Life of New York
6620 West Broad Street
Richmond, VA 23230
genworth.com

Important update [Date]

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

Owner
[Name]

Customer service
800 352.9910
[M-TH: 8:30AM – 8PM
FRI: 9AM – 8PM]
genworth.com

[Date]

[Name]
[Address Line 1]
[Address Line 2]
[City, State, Zip Code]

Dear [Name]:

We would like to take this opportunity to notify you that the EXL group of companies will start servicing your [Legal Entity] annuity product at the end of November 2011. EXL is a leading annuities service provider, and you will continue to receive the attentive customer service you have come to expect.

Please be assured that there will be no changes to the [underlying investments or any of the] associated guarantees related to your annuity as a result of this transition.

Will there be changes to the current services provided?

Contract owners should not experience any changes in existing service standards.

Please continue to direct all additional premium payments, as applicable, and servicing requests to the addresses below:

Regular Mail
P.O. Box 40012
Lynchburg, VA 24506

Overnight Mail
3100 Albert Lankford Drive
Lynchburg, VA 24501

Who is EXL?

EXL is a publicly traded company and a leading provider of outsourcing services to Global 1000 companies across multiple industries, including insurance and financial services. The EXL group of companies is wholly owned by ExlService Holdings, Inc. ("EXL") (NASDAQ:EXLS). Please see the letter from EXL included in this envelope.

If you have any questions, please contact our customer service team at 800 352.9910.

Sincerely,

Annuity Services Team

Email Sample



Subject Line: Changes to Genworth Interest Sensitive Whole Life

Dear [Broker Contact Name],

Genworth Life Insurance Company would like to inform you that effective [_____] the servicing of the Genworth Life Insurance Company Interest Sensitive Whole Life Policies will be transferred from our service center in Richmond, VA to Transaction Applications Group (a Dell Inc. Company), a third-party administrator in Lincoln, NE.

The terms and conditions of the policy will not change as a result of this transfer. You can still expect the same great service you have always received.

We are enclosing individually addressed courtesy notification letters to the Policyholder of each policy for whom you are broker of record for delivery by you. In a few days, official Policyholder notification letters will also be sent to you from Transaction Applications Group.

For all policy inquiries on or after [(the effective date provided above)], please direct your correspondence to:

Genworth Life Insurance Company
Transaction Applications Group, Inc.
Dell Services
P O Box 80437
Lincoln, NE 68501-0437
1-800-671-0939
Email: DS-Lincoln_NE_COLI_Team@dell.com

If you have any questions or concerns about the transition, please let us know.

Mary Gayle Brittingham
Genworth Financial
Manager, Servicing - Institutional Markets Group
6620 West Broad St.
Richmond, VA 23230
804.281.6475

Application for Life Insurance

Packet Sample

Genworth Life Insurance Company Genworth Life and Annuity Insurance Company

Please complete this application properly and ensure that you have satisfied all of our requirements. Follow the submission instructions provided through your marketing distribution channel. If special mailing envelopes have been provided, submitting the application in such an envelope will help avoid delays in processing your client's application. We sincerely appreciate your business.

LICENSED INSURANCE AGENT CHECKLIST

This checklist is not part of the application. Please remove this page before submitting the application to the Insurer.

DO

- ▶ Give the *Notice to Proposed Insured and Owner* to the Proposed Insured or Owner before completing the application.
- ▶ Make sure that the circle for the appropriate Insurer is marked in item 4.a. on Page 1.
- ▶ Ask all questions and fully and accurately record all answers given — the application will be part of any policy issued.
- ▶ Enter each beneficiary's SSN — it will help us locate the beneficiary at claim time.
- ▶ Print in dark ink.
- ▶ Obtain all the necessary signatures.
- ▶ Complete and sign the Licensed Insurance Agent's Report.
- ▶ Promptly schedule any required medical exam.
- ▶ Obtain proper identification and sufficient information about the customer and source of funds to ensure that money laundering is not involved in the transaction.
- ▶ If you accept payment with the application:
 - Accept payment only in the form of a currently dated check or money order made payable to the selected Insurer.
 - Enter the full amount accepted in Section 7.f. on Page 1.
 - Complete the Temporary Insurance Application section of the Temporary Insurance Application and Agreement (TIAA), making sure that all questions are answered "No."
 - Explain the terms and conditions of the TIAA to the Owner and Proposed Insured and have them sign it.
 - Complete and sign the Licensed Insurance Agent's Statement on the TIAA.
 - Give the Owner the COPY of the TIAA. Keep the ORIGINAL with the application.
 - Promptly send the payment and the Application – Part I, including the ORIGINAL of the TIAA to the Insurer marked in item 4.a. on Page 1.
- ▶ Check for these most often missed minimum requirements for smooth In Good Order processing:
 - For Payment Method Missing in Section 7.a. on page 1
 - For Annual Income and Bankruptcy Question in Section 9.a. on page 2
 - For Agent Code in Agent Report Section 1.b. and 3

DO NOT

- ▶ DO NOT use pencil or correction fluid.
- ▶ DO NOT attempt to waive any of our requirements or any information that we request; you do not have the authority to make or modify contracts.
- ▶ DO NOT promise or imply that we will provide insurance.
- ▶ DO NOT accept payment in the form of cash/currency or Traveler's checks.
- ▶ DO NOT accept a check or money order made payable to you or with the payee left blank.
- ▶ DO NOT do the following:
 - Do not accept payment when the amount applied for plus existing insurance with the Insurer exceeds \$1,000,000.
 - Do not accept payment if the Proposed Insured's age nearest birthday exceeds 70 years or is less than 15 days.
 - Do not accept payment if any question on the Temporary Insurance Application is answered "Yes" or left blank.