

Genworth Life Contracting Instructions

Some of these forms will be used for some situations and not for others. Please follow the instructions below that pertain to your situation, and remember "Required" means that the forms must be submitted for your contract to be processed.

****This carrier processes the agent's appointment at the time when business has been submitted****

Individual Contract - a contract in which commissions are paid directly to an agent.

- Complete "**Individual applicant appointment information**" section of the Producer Information and Appointment Form (PIF) (Form # 44120PIF 06/30/10) (Required). ***PLEASE DO NOT INCLUDE THE "BUSINESS PRACTICE DETAILS" PAGES IF ALL THE BACKGROUND QUESTIONS ARE ANSWERED "NO"***
- If opting for direct deposit, complete the Electronic Funds Transfer Section on Page 8 of 9 or include a legible voided check. ***PLEASE NOTE THAT IF DIRECT DEPOSIT IS NOT SELECTED, COMMISSIONS ARE PAID QUARTERLY!***
- Sign and date Page 8 of 9 (Required).
- Page 9 of 9 is to be completed by your **recruiter only**.
- Copy of individual resident insurance license (Required).

Corporate Contract – a contract in which all commissions are paid to the corporation and the corporation distributes commissions from within.

- Complete "**Individual applicant appointment information**" AND "**Incorporated Entity, Partnership or LLC appointment information**" sections of the Producer Information and Appointment Form (PIF) (Form # 44120PIF 06/30/10) (Required). ***PLEASE DO NOT INCLUDE THE "BUSINESS PRACTICE DETAILS" PAGES IF ALL THE BACKGROUND QUESTIONS ARE ANSWERED "NO"***
- If opting for direct deposit, complete the Electronic Funds Transfer Section on Page 8 of 9 or include a legible voided check. ***PLEASE NOTE THAT IF DIRECT DEPOSIT IS NOT SELECTED, COMMISSIONS ARE PAID QUARTERLY!***
- Sign and date Page 8 of 9 with acceptable title (list attached) for the principal of the corporation (Required).
- Page 9 of 9 is to be completed by your **recruiter only**.
- Copy of individual resident and corporate licenses (Required).

Licensed-Only Contract - a contract in which the corporation/individual receives all the commissions and credits from every sale. The agent will not be paid by the home office.

- Complete "**Individual applicant appointment information**" section of the Producer Information and Appointment Form (PIF) (Form # 44120PIF 06/30/10) (Required). ***PLEASE DO NOT INCLUDE THE "BUSINESS PRACTICE DETAILS" PAGES IF ALL THE BACKGROUND QUESTIONS ARE ANSWERED "NO"***
- Sign and date Page 8 of 9 (Required).
- Page 9 of 9 is to be completed by your **recruiter only**.
- Copy of individual resident insurance license (Required).

Please forward all necessary forms to:

**THE RECRUITING ENTITY WHO SUPPLIED
YOU WITH THESE DOCUMENTS**



Genworth Life
Genworth Life & Annuity
Genworth Life of New York

Acceptable titles for producer services documents

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

Acceptable titles for producer services documents

We assume that someone with one of the titles below has authority to sign documents and otherwise act on behalf of the business. If the business wants someone else to sign documents or act for it, we need something in writing (a letter, fax, email, etc.) to that effect.

That could be:

- For any business: Something from Person A (someone with one of these designations) saying that Person B (someone without such a designation) has authority to sign documents and otherwise act on behalf of the business.
- For corporations: A copy of the Bylaws or a Resolution of the Board of Directors
- For LLCs: A copy of the operating agreement, a Statement of Authority, or a resolution from a manager's meeting (or member's meeting in a membermanaged LLC).
- For partnerships: Statement of Authority
- Acceptable titles for Corporations:
 - o Chairman or Chairman of the Board
 - o Chief Executive Officer (CEO)
 - o Chief Financial Officer (CFO)
 - o Chief Operating Officer (COO)
 - o Clerk- In Massachusetts only, "Clerk" is the same as corporate secretary and is acceptable signature on behalf of a corporation
 - o Comptroller/Controller
 - o Executive Director
 - o President
 - o Secretary
 - o Senior Vice President, Executive Vice President, Vice President or variations thereof (like SVP, EVP or VP as abbreviated)
 - o Treasurer
- Acceptable titles for Limited Liability Companies (LLC):
 - o Managing Member
 - o Managing Partner
 - o Manager
 - o President or other officer title showing representative capacity will be acceptable
 - o Principal (Articles of Organization or Membership Agreement must be included to show the person with the title of Principal in fact has the authority to legally bind the entity with respect to the matter for which they are signing)
- Acceptable titles for Partnerships:
 - o General or Managing Partner
 - o Partner (but not Limited Partner)
- Acceptable titles for Sole Proprietorships:
 - o Owner
 - o Principal



Producer information and appointment form (PIF) and execution of producer agreement

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

Genworth Life & Annuity
Genworth Life
Genworth Life of New York
P.O. Box 40008
Lynchburg, VA 24506
Tel: 800 991.5684
Fax: 434 948.5058
producerservices@genworth.com

Page 1 of 9

- **Please print clearly** using blue or black ink and **initial any corrections** or we may not be able to process your appointment.
- Keep a copy of this form for your records.

Form purpose

- Initial Appointment/Additional Company Appointment** Complete all sections
- Additional State Appointment with current companies** Complete the appropriate appointment information below, the appointment states requested section, and sign and date on page 8
- Change Hierarchy** Complete the appointing company and commission hierarchy information on page 9, then sign and date it (To be completed by Top Level only)
- EFT Setup/Change** Complete and sign page 8 in order to authorize payments

Individual applicant appointment information

Appointment type entity *Select one*

Individual Officer/Principal

Name *First, Middle, Last, Suffix (As it appears on your Residence License)*

•

Social Security Number (SSN) National Producer Number (NPN) **Required**

•

Date of birth Gender

• Female Male

Residential address *Not a P.O. Box*

•

City State Zip

• • •

Business address

•

City State Zip

• • •

Business phone Business fax

• •

Preferred mailing address *Select one* E-mail address **Required**

Residential Business •

Previous names *List all other names or aliases you have used in the last 7 years*

•

List **all** previous names. Attach a separate sheet if more space is required for additional names.

Incorporated Entity, Partnership or LLC appointment information

Appointment type entity *Select one*

Partnership LLC Incorporated Entity

Other

Entity name *As it appears on your Domicile State License* Tax Identification Number (TIN) **Required**

• •

Entity address

•

City State Zip

• • •

Entity phone Entity fax

• •

Website address E-mail address **Required**

• •

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

Producer information and appointment form (PIF)

Appointment states requested

County listings are required in Florida for in-person solicitation.

For non-pre-appointment states, appointments will not be processed until new business is received.

Resident license state _____ Non-resident state(s) where appointment is requested _____
 • _____
 Counties in which appointment is requested *Required in Florida*
 • _____

- Provide certification or evidence of required training for states that require information for long term care insurance/LTC Partnership appointment requests (See training matrix at www.genworth.com/produceronboarding for state specific requirements).
- Provide certification or evidence of required training for states that require information for annuity appointment requests. (See training matrix at www.genworth.com/produceronboarding for state specific requirements).

Business practices questions *If the answer to all questions is "No," you do not need to complete pages 3 through 6*

If you answer "Yes" to any of these questions, provide details in the corresponding fields of the **Business practices details section** on pages 3 through 6.

If completing for an officer and entity, indicate details for yes answers for each as appropriate.

If the answer to all questions is "No," you do not need to complete pages 3 through 6, so please proceed to page 7.

Please provide official documentation (FINRA, state DOI, or court) for yes answers for questions 1, 2, 3, 5, 11, and 12.

| | Individual/Officer | | Entity | |
|--|--------------------|------|--------|------|
| | ○ Yes | ○ No | ○ Yes | ○ No |
| 1. Have you ever had an insurance license or securities registration denied, suspended, cancelled or revoked? | ○ Yes | ○ No | ○ Yes | ○ No |
| 2. Has any state, federal, or self-regulatory agency ever sanctioned, censured, penalized or otherwise disciplined you? | ○ Yes | ○ No | ○ Yes | ○ No |
| 3. Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes? | ○ Yes | ○ No | ○ Yes | ○ No |
| 4. Has a bonding or surety company ever denied, paid on or revoked a bond for you? | ○ Yes | ○ No | ○ Yes | ○ No |
| 5. Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage? | ○ Yes | ○ No | ○ Yes | ○ No |
| 6. In the past ten years, have you personally filed a bankruptcy petition or declared bankruptcy? | ○ Yes | ○ No | ○ Yes | ○ No |
| 7. In the past ten years, has any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or been declared bankrupt either during your association or within five years after termination of such association? | ○ Yes | ○ No | ○ Yes | ○ No |
| 8. Are there any unsatisfied judgments, garnishments or liens against you? | ○ Yes | ○ No | ○ Yes | ○ No |
| 9. Are you in debt to any insurance company? | ○ Yes | ○ No | ○ Yes | ○ No |
| 10. Have you ever been convicted of, or pled guilty or no contest to any felony or misdemeanor other than a minor traffic offense? | ○ Yes | ○ No | ○ Yes | ○ No |
| 11. Are you currently a party to any litigation or a subject of any investigation(s)? | ○ Yes | ○ No | ○ Yes | ○ No |
| 12. Have you ever been denied appointment or terminated for cause by another insurance company, broker/dealer or insurance agency? | ○ Yes | ○ No | ○ Yes | ○ No |

If the answer to all questions is "No," you do not need to complete pages 3 through 6.

If there are changes to the above answers, you must notify us within 10 days.

Producer information and appointment form (PIF)

Page 3 of 9

Business practices details *If the answer to all questions is "No," do not complete pages 3 through 6*

If you answered "Yes" to any of the **Business practices questions** on page 2, provide details for the corresponding question(s) only.

| | | |
|---|--|------------------------------|
| Question 1: Insurance license or securities registration denied, suspended, cancelled or revoked | | Month and year • |
| Attach a separate sheet with question number and details if more space is required for additional information for questions 1 - 12. | Action taken and reasons | |
| | • | |
| | • | |
| | • | |
| | Your account of the circumstances leading to the situation | |
| • | | |
| • | | |

| | | |
|---|---|------------------------------|
| Question 2: Sanction, censure, penalty or other action against you by state, federal or self-regulatory agency | | Month and year • |
| | Action taken and reasons | |
| | • | |
| | • | |
| | Nature of the activity resulting in the fine or disciplinary action | |
| | • | |
| • | | |
| Your account of the circumstances leading to the situation | | |
| • | | |
| • | | |

| | | |
|---|---|------------------------------|
| Question 3: Complaint, fine, sanction, censure, penalty or other disciplinary action against you for violation of any state, federal or self-regulatory agency regulations or statutes | | Month and year • |
| | Amount of the fine and/or specific disciplinary action taken | |
| | • | |
| | • | |
| | Nature of the activity resulting in the fine or disciplinary action | |
| | • | |
| • | | |
| Your account of the circumstances leading to the situation | | |
| • | | |
| • | | |

| | | |
|---|--|------------------------------|
| Question 4: Bond denied, paid on or revoked for you by bonding or surety company | | Month and year • |
| | Reason for denial, revocation or payment | |
| | • | |
| | • | |
| | Your account of the circumstances leading to the situation | |
| | • | |
| • | | |
| Amount of the payment | | |
| \$ | | |

Producer information and appointment form (PIF)

Business practices details If the answer to all questions is "No," do not complete pages 3 through 6

If you answered "Yes" to any of the Business practices questions on page 2, provide details for the corresponding question(s) only.

Question 5: Coverage denied, paid claims on, or cancelled by any E&O carrier ever
Month and year
Nature of the circumstances resulting in the claim
Disposition of the claim
Amount claimed Amount paid by E&O carrier If any
Your account of the circumstances leading to the situation

Question 6: Filing of personal bankruptcy petition or declared bankruptcy in past 10 years Date of discharge mm/dd/yyyy
Reason for filing (i.e., divorce, loss of employment, business failure, etc.)*
Provide type of business and role/relationship in the business If result of business failure
Dollar amount discharged Average annual income for the last two years
For any outstanding obligations not discharged in bankruptcy, (i.e., taxes, mortgage, car, etc.) provide:
Dollar amount Explanation of obligation
Payment schedule amount Frequency i.e., weekly, monthly, etc.

For Chapter 13
Date of filing mm/dd/yyyy Date of discharge* mm/dd/yyyy
Reason for filing (i.e., divorce, loss of employment, business failure, etc.)*
Provide type of business and role/relationship in the business If result of business failure
*If payments are still being made please provide:
Amount Frequency i.e., weekly, monthly, etc.
Projected completion date mm/dd/yyyy Current balance
Average annual income for the last two years

Producer information and appointment form (PIF)

Business practices details *If the answer to all questions is "No," do not complete pages 3 through 6*

If you answered "Yes" to any of the **Business practices questions** on page 2, provide details for the corresponding question(s) only.

Question 7: Bankruptcy petition or declaration filed by any insurance or securities brokerage firm with whom you have been associated (either during your association or within 5 years after termination of such association)

Approximate filing date *mm/dd/yyyy* Your position with company

.....
.....

If you are/were an officer of the company or directly involved with circumstances leading to filing, please provide:

Reasons

.....
.....

Your specific involvement

.....
.....

Question 8: Unsatisfied judgments, garnishments or liens against you

Month and year

Judgments/garnishments

Reason the judgment/garnishment was obtained and your specific involvement

.....

Payment schedule amount

Frequency *i.e., weekly, monthly, etc.*

\$

Original amount of the judgment/garnishment

\$

Outstanding amount of the judgment/garnishment

\$

Average annual income for the last two years

\$

Liens

Name of company placing lien

Month and year

.....

Reason for the lien and your specific involvement

.....

Original amount of the debt

Current balance

\$

\$

Payment schedule amount

Frequency *i.e., weekly, monthly, etc.*

\$

.....

Projected completion date *mm/dd/yyyy*

.....

Average annual income for the last two years

\$

Question 9: Debt to any insurance company

Month and year debt began

Name of insurance company

.....

Reason for the debt and your account of the situation

.....

Original amount of the debt

Current balance

\$

\$

Payment schedule amount

Frequency *i.e., weekly, monthly, etc.*

\$

.....

Projected completion date *mm/dd/yyyy*

.....

Average annual income for the last two years

\$

Producer information and appointment form (PIF)

Business practices details *If the answer to all questions is "No," do not complete pages 3 through 6*

If you answered "Yes" to any of the **Business practices questions** on page 2, provide details for the corresponding question(s) only.

Question 10: Any conviction of, or guilty plea or no contest to, a felony or misdemeanor other than minor traffic offense Month and year

.....

Description of the conviction or plea and your account of circumstances leading to the situation

.....

.....

Type of conviction *Misdemeanor or felony**

.....

Final disposition *Fine, probation, jail, etc.* Have all requirements been satisfied?

..... Yes No

***If a felony, provide exact statute(s) violated**

.....

***If a felony, provide city/county and state where violation occurred**

.....

Question 11: Party to any litigation or a subject of any investigation(s) Month and year litigation began

.....

Litigation

Circumstances surrounding the litigation *Including your account of the situation*

.....

.....

How are you involved in the litigation?

.....

.....

Amount of damages claimed

\$

Current status of the litigation

.....

.....

Investigation Month and year investigation began

.....

Name and jurisdiction of investigating entity

.....

Circumstances surrounding the investigation *Including your account of the situation*

.....

.....

Current status of the investigation

.....

.....

Question 12: Appointment with any insurance company, broker/dealer, or insurance agency denied or terminated for cause

Description of the denial/termination and your account of circumstances leading to the situation

.....

.....

.....

.....

Disclosure of Intent to Obtain Consumer Reports

Please review and print for your records the Disclosure of intent to obtain consumer reports.

This is to advise you that Genworth Financial, Inc. and its affiliates may obtain one or more consumer reports with respect to establishing your eligibility for employment, appointment, promotion, reassignment, and/or retention as an employee, agent and/or representative of Genworth Financial, Inc., or one or more of its affiliates.

If requested, the report may be obtained from one of the consumer-reporting agencies named below or another consumer-reporting agency:

Business Information Group, Inc.

P. O. Box 130
Southampton, PA 18966
800 260.1680

National Insurance Producer Registry

2301 McGee Street
Suite 800
Kansas City, MO 64108-2662
816 783.8468

If a consumer report is obtained and you reside in a state with a legal requirement to provide a free copy of the consumer report upon request, we will automatically instruct the consumer reporting agency to send you a copy of the report at no charge.

The report may contain information regarding your character, general reputation, personal characteristics and mode of living. The nature and scope of the report is: financial and credit history, criminal records search, licensing and disciplinary action history, and employment history verification.

For California Resident Agents Only

Pursuant to the California Investigative Consumer Reporting Agencies Act, Genworth Financial, Inc. is required to provide you with the summary of provisions listed below.

California Investigative Consumer Reporting Agencies Act Summary of the Provisions of Section 1786.22

- (a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
 - 1. In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
 - 2. By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
 - 3. A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- (c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer-reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.
- (d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.
- (e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

Producer information and appointment form (PIF)

Electronic funds transfer (EFT) Complete this section to authorize automatic electronic transfer of commission payments

EFT is required for commission payments. Your signature is required at the bottom of this page to authorize and receive payments via EFT.

If completing this section for an officer and an entity, the EFT authorization will apply to the entity.

You may either attach a voided bank check or complete all information in this section as it appears on your check.

This is an example of a personal check. A business check may be different.

Attach an additional page if more room is needed for multiple codes.

Acknowledgment and signature Signature is required below

The Genworth Financial companies listed at the top of page 1 are referred to as “us,” “our” and “we” in this section.

The appointment applicant is referred to as “you” and “your” in this section.

When submitting for an officer and an entity, this acknowledgement applies for both.

The Producer Agreement & Guide to Ethical Market Conduct are available at www.genworth.com/produceronboarding or by calling 800.991.5684.

You must sign here in order for us to execute your producer agreement, and to execute the required EFT authorization above.

| | |
|------------------|----------------|
| Name | SSN/Tax ID |
| | |
| Institution name | |
| | |
| Routing number | Account number |
| | |

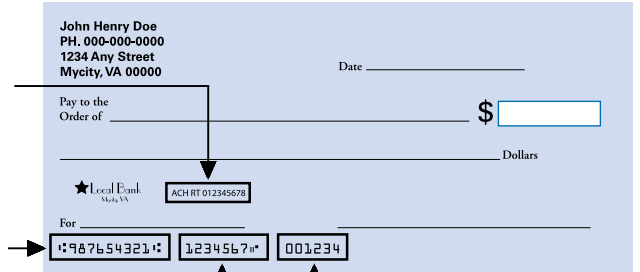
To find the routing and account numbers

For checks with “payable through” under the bank name, please contact the financial institution to help obtain the correct Routing Number.

For checks with an ACH RT (Automated Clearing House Routing) number, please use this routing number.

For all other checks, use the nine-character routing number, which appears between the **Ⓜ** symbols, usually at the bottom left corner of the check.

The account number is up to 17 characters long and appears next to the **Ⓜ** symbol at the bottom of the check and usually to the right of the bank routing number.



This authorization applies to all representative codes and corresponding Genworth Financial companies under the SSN/TIN listed above unless you check “No.”

No If “No,” please provide Representative code(s)

Representative code(s)

By signing below, you

- Certify that you have read, understood, and agree to comply with all provisions contained in the **Producer Agreement**.
- Agree to accept official correspondence from the Company electronically, using your last e-mail address known to the Company. You further agree to notify the Company if you change your e-mail address or if you can no longer accept electronic communications.
- Acknowledge that you have received and read the **‘Disclosure of Intent to Obtain Consumer Reports’** and consent and authorize Genworth Financial, Inc. and its affiliates to obtain additional background information, as we deem necessary, through independent investigation, FINRA CRD reports and/or through a consumer reporting agency’s (consumer reporting agencies including but not limited to those identified in the ‘Disclosure of Intent to Obtain Consumer Reports’) consumer report (collectively, ‘background reports’).
- Authorize us to share the information contained in this PIF or any other information that we may obtain, including background reports, with our affiliates for the purposes of establishing your eligibility and/or continuing eligibility for appointment with us and our affiliates as well as making any other disclosure required or allowed by law.
- Authorize your employers and other insurance companies you are or have been appointed with to release any and all information that they may have about you, personal or otherwise, to us and you release all such parties from all liability that may result from furnishing that information.
- Understand and agree that your appointment will, in part, be based upon this PIF and the background report information; any information that you provide that is inaccurate or incomplete shall be grounds for termination of your appointment and/or termination of the Producer Agreement between you and us.
- Acknowledge that you have read, understood and agree to comply with the **Guide to Ethical Market Conduct**.
- If applicable, authorize the appropriate Genworth company(ies) to automatically transfer funds to your checking account and make adjustments to your account in the event of errors. Additionally, you authorize the named institution to complete these transactions. This authorization is to remain in full force and effect until we receive written notice from you requesting termination or until we have sent you 10-days written notice of our intention to terminate EFT.
- If, in the future, your answer to any of the business practices questions changes, you agree to notify us within 10 days. Failure to do so may result in termination of your Producer Agreement and appointments.

You certify under penalty of perjury that the information provided herein is accurate and complete.

Signature **Title** Required if signing for an entity **Date**
X

Print name

Producer information and appointment form (PIF)

Appointing company and hierarchy information *This page is to be completed by the Top Level (BGA/MGA) only.*

Provided the producer is properly licensed, he/she may be appointed to sell only those products for which your firm or agency is contracted.

Select all product lines for which you are requesting appointment and complete each appropriate section. Provide the producer/agency numbers, and commission plan and schedule for each of the Genworth Financial companies listed below.

Please provide information if completing this page only or if preferred, submit an email to producerservices@genworth.com.

If checked, this acknowledgement and authorization replaces any previous commission arrangement between the Top Level (BGA/MGA), the Company, and the Producer for all applications submitted after the receipt of this request by the home office.

| | | |
|---------------|-------------|------------------|
| Producer name | Code Number | Tax ID/SS number |
| | | |

Top Level (BGA/MGA) Name
 Fixed and Linked Benefit Code Long Term Care Code

Top Level Code Number

Producer's Commission Schedule

Please enter the commission schedule number(s) in the lines below

| | Fixed Life & Annuity | Linked Benefit | Long Term Care |
|---------------------------|----------------------|----------------|----------------|
| Genworth Life | | | |
| Genworth Life & Annuity | | | |
| Genworth Life of New York | | | |

You may use this section to provide this producer's hierarchy or if preferred, in lieu of this form, you may submit an email to producerservices@genworth.com or use a cover letter.

Please list all members of this producer's hierarchy beginning with the highest level

| Producer/Agency Name & Social Security Number/TIN | Producer/Agency Code | | Commission Schedule | | |
|---|----------------------|----------------|---------------------|----------------|----------------|
| | Fixed & Linked | Long Term Care | Fixed | Linked Benefit | Long Term Care |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Top Level (BGA/MGA) acknowledgement and authorization of compensation please sign here. Emails, in lieu of this form, are welcomed; send to producerservices@genworth.com.

If any insurance coverage is placed by the Producer, the undersigned Top Level (BGA/MGA) authorizes the Company to pay commissions to the Producer in accordance with the Commission Schedule(s) above or as subsequently changed by written notification. Payment of commissions could be subject to existing assignments on file with the Company. Any assignment of commission shall not be binding on the Company without its prior consent.

| | | |
|--|--------------|-------------|
| Signature of authorized employee of Top Level | Title | Date |
| X | | |
| Print name | | |
| | | |



BULLETIN: Update: NAIC Suitability Model Regulation Requirements of Producers

States: **HI, IN, KY, CA**

Previously Adopted States: **OK, IA, CO, WI, RI, DC, NY, OH, OR, WV, ND, TX, SC, MD**

States have adopted the NAIC Suitability Model effective as of the dates indicated in the below chart. All producers selling annuity products must complete a **one-time four-hour general annuity training course** in the states indicated below. A grace period for previously licensed producers may be available as indicated in the chart below. The regulation also requires that **carriers provide product-specific training** in order that producers may have an adequate knowledge of the specific mechanics and material features of the particular annuity being purchased.

| State | Effective Date | Training Requirements | | General Annuity Training Grace Period Date |
|-------|-----------------|-----------------------|--------------------------|--|
| | | Product Specific | General Annuity | |
| HI | January 1, 2012 | Yes | Yes | January 31, 2012 |
| IN | January 1, 2012 | Yes | Yes | July 1, 2012 |
| KY | January 1, 2012 | Yes | Yes | July 1, 2012 |
| CA | January 1, 2012 | Yes | Yes 8 initial, 4 ongoing | No grace period |

(Continued)

Contact: If you have any questions, please contact your Genworth Sales team.

Genworth Financial companies include:

Genworth Life and Annuity Insurance Company, Richmond, VA

Genworth Life Insurance Company, Richmond, VA

Genworth Life Insurance Company of New York, 666 Third Avenue, 9th Floor, New York, NY

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

Long term care insurance products issued by Genworth Life Insurance Company and in New York by Genworth Life Insurance Company of New York.

FOR PRODUCER/AGENT BROKER/DEALER USE ONLY. NOT TO BE REPRODUCED OR SHOWN TO THE PUBLIC.

© 2011 Genworth Financial, Inc. All rights reserved.

Genworth, Genworth Financial and the Genworth logo are registered service marks of Genworth Financial, Inc.

Previously Adopted States

| State | Adopted Date | Training Requirements | | General Annuity Training Grace Period Date |
|-------|--------------------|-----------------------|-----------------|---|
| | | Product Specific | General Annuity | |
| MD | November 1, 2011 | Yes | Yes | May 1, 2012 |
| SC | September 25, 2011 | Yes | Yes | March 25, 2012 |
| TX | September 1, 2011 | Yes | Yes | March 1, 2012 (includes product-specific training) |
| ND | August 1, 2011 | Yes | Yes | August 1, 2012 |
| WV | July 1, 2011 | Yes | Yes | January 1, 2012 |
| OR | July 1, 2011 | Yes | Yes | January 1, 2012 |
| OH | July 1, 2011 | Yes | Yes | January 1, 2012 |
| NY | June 30, 2011 | Yes | | N/A |
| DC | June 24, 2011 | Yes | Yes | December 24, 2011 |
| RI | June 1, 2011 | Yes | Yes | December 1, 2011 |
| WI | May 1, 2011 | Yes | Yes | November 1, 2011 |
| CO | April 1, 2011 | Yes | Yes | October 1, 2011 |
| IA | January 1, 2011 | Yes | Yes | May 1, 2011 |
| OK | July 14, 2010 | No | Yes | July 14, 2011 |

Effective October 1, 2011, Genworth will offer Computer Based Training (CBT). To complete product-specific training go to www.genworth.com/annuityproducertraining

- Click appropriate button for Financial Institution or Independent Producer
- Select an individual product course
- Review the entire course
- At end of course respond 'yes' to Attestation
- Complete course submission screen with name, NPN or SS#, submit
- Return to product training if wish to complete another product

Completion of course will be recorded and update our system automatically at least nightly. Agents can also print out the completion certificate. **Please note:** For applications signed on or after November 11, 2011, CBT will be the only method accepted for product-specific training. [Click here](#) for more information.

General Annuity Training

For states that do not provide a grace period:

All producers must comply with the General Annuity Training requirements as of the effective date.

For states providing a grace period:

Newly Licensed Producers – Producers licensed on or later than the effective dates, must include proof that the general annuity training course has been completed prior to appointment.

Producers Currently Licensed – Producers licensed prior to the state’s effective date must comply with this regulation within the grace period. Applications signed on and after the grace period, without proof of completion will be returned.

- This course must be completed through an approved provider
- Genworth will attempt to validate general annuity training through ClearCert. If we are unable to validate, producers can forward certificates to producerservices@genworth.com or fax to 434 948.5058. For more information on approved providers and courses, go to <http://www.clearcert.com/>.

Finally please remind producers that they must submit the Genworth Annuity Suitability Profile with all applications. For sales, producers should submit the appropriate form for each state as indicated in the below chart:

| State | Form # |
|------------------|------------------|
| Wisconsin | 49655WI 05/15/11 |
| All Other States | 49655 04/04/11 |



BULLETIN: Discontinuing Use of Training Attestation Form. Online Training Required for Business after 11/10/11

genworth.com

November 04, 2011

Effective: 11/10/11

States: All

Contact: If you have any questions about these changes, please contact Genworth Sales Team.

As previously communicated, on October 1, 2011 Genworth launched its Computer Based Training site for delivery of Annuity Product Specific Training. By providing training online, we better align our delivery of product training with the prevailing industry method and will not require producers to provide evidence at each point of sale. To accommodate business that producers have initiated, we will continue to accept a Broker Attestation as evidence of training (where training is required by the state) for business signed before November 11, 2011. As of November 11, producers must have completed training online. Please see the below transition rules for details.

Transition Rules:

For applications signed (or AOE ticket transmitted without a signed date) on or before 11/10/2011:

- Agents can meet training requirement by either attestation at point of sale or Computer Based Training.

For applications signed (or AOE ticket transmitted without a signed date) 11/11/2011 or later:

- Attestations will not be accepted.
- Applications will be returned if agent has not completed Computer Based Training on or before the application signed date in states requiring product training.
- This includes agents who have previously submitted an attestation
- To resubmit the business, a new application with a new signed date on or after the date of completion of Computer Based Training is required. Applicant will be subject to the product and rates available based on the new application date.

(continued)

Genworth Financial companies include:

Genworth Life and Annuity Insurance Company, Richmond, VA

Genworth Life Insurance Company, Richmond, VA

Genworth Life Insurance Company of New York, 666 Third Avenue, 9th Floor, New York, NY

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

Long term care insurance products issued by Genworth Life Insurance Company and in New York by Genworth Life Insurance Company of New York.

FOR PRODUCER/AGENT USE ONLY. NOT TO BE REPRODUCED OR SHOWN TO THE PUBLIC.

© 2011 Genworth Financial, Inc. All rights reserved.

Genworth, Genworth Financial and the Genworth logo are registered service marks of Genworth Financial, Inc.

128333 11/04/11

Access to Training:

Producers can access training for Genworth Annuity products at www.genworth.com/annuityproducertraining.

Training must be completed prior to solicitation in states where product training is required. For a current list of states impacted, [click here](#).



BULLETIN: Effective October 1, 2011 Introducing Annuity Product Specific Training Computer

genworth.com

November 04, 2011

Effective: 10/01/11

Effective October 1, 2011, Genworth will make annuity product specific training courses available to agents using our new computer based training (CBT) method. Genworth will launch a website offering product training for all annuity products.

With the launch of the site, we will discontinue product training by way of printed materials. Therefore, agents writing business in states that have adopted product specific training requirements of the NAIC Suitability Model should begin training using the site at this time. Agents who have previously met the product training requirement by providing an attestation at point of sale will also need to complete the computer based training to submit business after a transition period. [Click here to view the states impacted by this regulation.](#)

This transition to computer-based training will align us with the rest of the industry and how agents now expect to be trained. Additionally, completion of a course will be automatically updated to our systems; therefore agents will not need to provide proof of training by way of attestation or certificate.

We will provide a transition period during which time agents can either provide an attestation at point of sale or complete CBT for all applications signed on or before November 10, 2011. To meet the training requirement, the course must be completed on or before the signature date of the application. However, this transition period will expire as of November 11, 2011, at which time all annuity product-specific training must be completed via CBT for applications signed November 11, 2011 or later.

Contact: If you have any questions, please contact your Genworth Sales team.

To complete product-specific training go to www.genworth.com/annuityproducertraining

- Click appropriate button for Financial Institution or Independent Producer
- Select an individual product course
- Review the entire course
- At end of course respond 'yes' to Attestation
- Complete course submission screen with name, NPN or SS#, submit
- Return to product training if wish to complete another product

Genworth Financial companies include:

Genworth Life and Annuity Insurance Company, Richmond, VA

Genworth Life Insurance Company, Richmond, VA

Genworth Life Insurance Company of New York, 666 Third Avenue, 9th Floor, New York, NY

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

Long term care insurance products issued by Genworth Life Insurance Company and in New York by Genworth Life Insurance Company of New York.

**FOR PRODUCER/AGENT BROKER/DEALER USE ONLY. NOT TO BE
REPRODUCED OR SHOWN TO THE PUBLIC.**

© 2011 Genworth Financial, Inc. All rights reserved.

Genworth, Genworth Financial and the Genworth logo are registered service marks of Genworth Financial, Inc.

127230 11/04/11