



**Genworth<sup>®</sup>**  
Financial

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# 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<sup>†</sup>

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- Please complete a separate PIF for each party requesting an appointment.
- Do not combine business entity (firm/agency) appointment requests with individual information, or officer/principal information.
- 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.
- To avoid delays in processing, please return entire document (pages 1-9), as all are required.

## 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

## Appointment type entity *Select one*

- Individual       Officer/Principal       Incorporated Entity  
 Partnership       LLC       Other

## Individual applicant appointment information

Complete this section if you selected "Individual" or "Officer/Principal" in the Appointment type entity section above.

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

Social Security Number (SSN)      National Producer Number (NPN)  
 .      .

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  
 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

*A separate PIF must also be completed for the company officer*

Complete this section if you selected "Incorporated Entity, Partnership or LLC" in the Appointment type entity section above.

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

Entity address  
 .

City      State      Zip  
 .      .      .

Entity phone      Entity fax  
 .      .

Website address      E-mail address  
 .      .

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Appointment states requested

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

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.

- 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](http://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](http://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 the answer to all questions is "No," you do not need to complete pages 3 through 6, so please proceed to page 7.

1. Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?  
 Yes       No
2. Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?  
 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
4. Has a bonding or surety company ever denied, paid on or revoked a bond for you?  
 Yes       No
5. Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?  
 Yes       No
6. In the past ten years, have you personally filed a bankruptcy petition or declared bankruptcy?  
 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
8. Are there any unsatisfied judgments, garnishments or liens against you?  
 Yes       No
9. Are you in debt to any insurance company?  
 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
11. Are you currently a party to any litigation or a subject of any investigation(s)?  
 Yes       No
12. Have you ever had an appointment with another insurance company denied or terminated for cause?  
 Yes       No

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

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**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 or securities license 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.

Action taken and reasons

•

•

•

Your account of the circumstances leading to the situation

•

•

**Question 2: Sanction, censure, penalty or other action against you by regulatory body**

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

\$

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**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

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Nature of the circumstances resulting in the claim

•

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Disposition of the claim

•

Amount claimed Amount paid by E&O carrier *If any*

\$ \$

Your account of the circumstances leading to the situation

•

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**Question 6: Filing of personal bankruptcy petition or declared bankruptcy in past 10 years** Date of discharge *mm/dd/yyyy*

---

**For Chapter 7, 11 and 12** 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

\$

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**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 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

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**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 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 directly involved in the litigation?

.....

.....

.....

Amount of damages claimed

\$ .....

Current status of the investigation

.....

.....

**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 denied or terminated for cause**

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

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.....

.....

.....

## 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:

<b>Business Information Group, Inc.</b>	<b>National Insurance Producer Registry</b>
P. O. Box 130	2301 McGee Street
Southampton, PA 18966	Suite 800
800 260.1680	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

Institution name for deposit

Routing number

Account number

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.

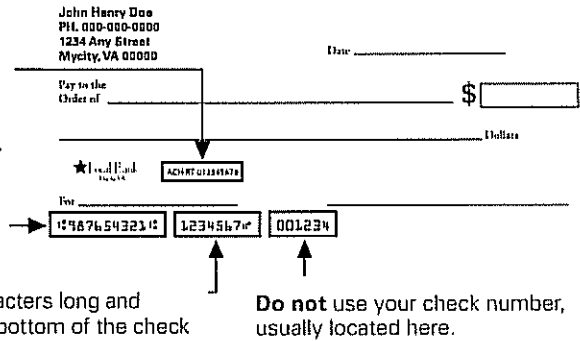
**To find the routing and account numbers**

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)

**Acknowledgment and signature**

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.

By signing below, you

- Certify that you have read, understood, and agree to comply with all provisions contained in the **Producer Agreement** which may be downloaded and printed at: [www.genworth.com/produceronboarding](http://www.genworth.com/produceronboarding). You may also request a copy by calling 800 991.5684.
- 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 and/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 any other disclosure required 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 this information.
- Understand and agree that your appointment will, in part be based upon this PIF and the background report information and that any information that you provide that is inaccurate or incomplete shall be grounds for termination of your appointment.
- Acknowledge that you have read, understood and agree to comply with the **Guide to Ethical Market Conduct** at [www.genworth.com/produceronboarding](http://www.genworth.com/produceronboarding). You may also request a copy by calling 800 991.5684.
- If applicable, authorize the selected Genworth Financial 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.

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

Signature

Title If signing for an entity

Date

X

You must sign here in order for us to process your appointment, and EFT if applicable.

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**Appointing company and hierarchy information** *The Top Level agency (BGA/MGA) must complete this section*

Provided you are properly licensed, you 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. Provide the Top Level agency (BGA/MGA) information beside and under "Top Level" and sub-producer's information under "Intermediary Level."

Please provide information if completing this page only.

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 \_\_\_\_\_

Fill in Top Level (BGA/MGA) Name Top Level name Nest Egg Builders Corp.

Check here if intermediary request

<input checked="" type="checkbox"/> Fixed life & annuity	Top Level number	Intermediary Level name	Intermediary number	Commission schedule
Genworth Life & Annuity (SPDAs not available)	<u>G3242</u>			<u>Ø pay GE 00</u>
Genworth Life	<u>04417</u>			<u>Ø pay GE 00</u>
Genworth Life of New York	<u>04600</u>			<u>Ø pay GE 00</u>

<input type="checkbox"/> Long term care insurance	Top Level number	Intermediary Level name	Intermediary number	Commission schedule
Genworth Life				
Genworth Life of New York		<u>N/A</u>		

<input type="checkbox"/> Linked benefits (i.e., UL/LTC combo, SPDA/LTC combo)	Top Level number	Intermediary Level name	Intermediary number	Commission schedule
Genworth Life		<u>n/a</u>		

<input type="checkbox"/> Medicare supplement	Top Level number	Intermediary Level name	Intermediary number	Commission schedule
Genworth Life & Annuity				
Genworth Life		<u>N/A</u>		

Top Level (BGA/MGA) acknowledgement and authorization of compensation please sign here.

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 Top Level (BGA/MGA) [Signature] Printed Name Robert W Hoek Date \_\_\_\_\_