



Genworth®  
Financial

Genworth Life  
Tel: 800 221.9501  
Fax: 804 281.6201  
genworth.com

# SecureLiving® Independence fixed deferred annuity application

from Genworth Life Insurance Company

Page 1 of 6

- You must return all pages

## 1. Product and contract information

Product name

• SecureLiving Independence

 Name of state where contract will be **delivered**

•

**Initial Interest Guarantee Term**

● 1 year

## 2. Owner information

**Owner type** *Select one*

- Individual
- Trust *Certification of trustee powers form required*
- Corporation *Corporate resolution required*
- Partnership *Partnership agreement required*
- IRA Custodian

**Owner/Trust name** *First, M.I., Last*

Birth/trust date

- Male
- Female
- Entity

•

•

Address

•

City

State

Zip

•

•

•

Social Security/Tax ID Number

Telephone number

•

•

Country of citizenship *If other than U.S.*

If non-U.S. citizen *Select one*

- Non-resident alien
- Resident alien

•

**Joint owner name** *First, M.I., Last*

Birth date

- Male
- Female

•

•

Address

•

City

State

Zip

•

•

•

Social Security/Tax ID Number

Telephone number

•

•

Country of citizenship *If other than U.S.*

If non-U.S. citizen *Select one*

- Non-resident alien
- Resident alien

•

Relationship to owner

- Spouse *Includes same sex relationships officially recognized under law of the state where the contract will be delivered.*
- Non-spouse


The owner(s) address must be a physical U.S. address, and not a P.O. box.

If any owner is not a U.S. citizen, attach IRS Form W-9; if non-resident alien, attach Form W-8 BEN instead.

Joint owners are allowed on non-qualified contracts only.



**3. Annuitant information**

 If you do not complete this section, the owner above will be the annuitant, and any joint owner will be the joint annuitant.

**Annuitant** *If same as owner, you do not need to enter information below*

Annuitant name *First, M.I., Last* Birth date  Male  
 Female  
 Social Security/Tax ID Number  
 Address  
 City State Zip  
 Country of citizenship *If other than U.S.* Relationship to owner Relationship to joint owner


For non-qualified contracts only, you may name a joint annuitant.

**Joint annuitant** *For non-qualified contracts only*

Same as joint owner shown on page 1  
 Yes  No  
 Joint annuitant name *First, M.I., Last* Birth date  Male  
 Female  
 Social Security/Tax ID Number Relationship to annuitant  
 Spouse\*  Non-spouse  
 Address  
 City State Zip  
 Country of citizenship *If other than U.S.* Relationship to owner Relationship to joint owner

\* Includes same sex relationships officially recognized under law of the state where the contract will be delivered.

**4. Beneficiary information**

 Surviving or existing owners have rights to death benefits prior to any beneficiary.

If there are no surviving or existing owners and you do not name a beneficiary, your estate will be the beneficiary by default.

For each beneficiary type selected, allocated percentages must total 100%. Enter whole percentages only. Unless otherwise noted, beneficiaries will be paid in equal shares.

If you do not indicate a beneficiary type, the beneficiary type will be primary.

Additional beneficiaries can be named on the Beneficiary Overflow Form.

**Do you want to make the below beneficiary election(s) irrevocable?**

Yes *If marked, beneficiaries cannot be changed in the future*

**Beneficiary type** *Select one*

Primary  Contingent  Male  
 Female  
 Entity  
 Beneficiary/trust name *First, M.I., Last* Birth/trust date  
 Social Security/Tax ID Number Relationship to owner Allocated percent  
 %

**Beneficiary type** *Select one*

Primary  Contingent  Male  
 Female  
 Entity  
 Beneficiary/trust name *First, M.I., Last* Birth/trust date  
 Social Security/Tax ID Number Relationship to owner Allocated percent  
 %

**Beneficiary type** *Select one*

Primary  Contingent  Male  
 Female  
 Entity  
 Beneficiary/trust name *First, M.I., Last* Birth/trust date  
 Social Security/Tax ID Number Relationship to owner Allocated percent  
 %

**5. Contract type and source of funds**

**5a. Purchase payment information**

**The minimum purchase payment accepted is \$15,000.** Please make checks payable to Genworth Life Insurance Company.

Total amount submitted with application  
\$ .....

Estimated amount from 1035 tax-free exchange(s) or transfer(s)  
\$ .....

 Complete Section 5b or 5c below

**5b. Non-qualified contract**

**Source of funds** *Indicate all that apply*

- New purchase *Cash with application*
- 1035 Tax-free exchange
- Liquidation of money market account/certificate of deposit/mutual fund

**5c. Qualified contract**

**Source of funds** *Indicate all that apply*

- New contribution *For traditional or Roth IRA only*  
Tax year ..... \$ .....
- Tax year ..... \$ .....
- Conversion *From traditional IRA to Roth IRA only*
- Direct transfer *Transfer from prior plan payable directly to Genworth Life to fund the same type of plan. For example, IRA to IRA. Includes 403(b) In-Plan exchanges.*
- Transfer from inherited IRA *You must select "Transfer from Inherited IRA" below. Do not use for spousal IRAs.*
- Customer rollover *Distribution from prior plan generally payable to owner that owner reinvests with Genworth Life to fund a plan within 60 days*
- Direct rollover from: *Distribution from prior plan payable directly to Genworth Life to fund a plan. For example: 401(k) to IRA.*
  - 401(a)       401(k)       TSA/403(b)
  - Gov't 457(b) plan       Other: .....

**Type of qualified contract** *Select one*

- Traditional IRA *Includes custodial ownership, if marked in section 2, and spousal IRAs*
  - Transfer from Inherited IRA *Known as a beneficiary IRA. Do not use for spousal IRAs.*
  - SEP IRA *Select only if your employer intends to make contributions to this contract. Otherwise, select "Traditional IRA."*
  - Roth IRA *Includes custodial ownership, if marked in section 2*
  - 401(k)/profit sharing/pension\*
  - Gov't 457(b) plan\*
  - Other qualified plan .....
- \*Investment only

## 6. State notices and disclosures

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**ARKANSAS, KENTUCKY, LOUISIANA, NEW MEXICO, OHIO, AND PENNSYLVANIA, PLEASE**

**NOTE:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**COLORADO, PLEASE NOTE:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA, WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**FLORIDA, PLEASE NOTE:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**MAINE, TENNESSEE, VIRGINIA, WASHINGTON, PLEASE NOTE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**MARYLAND, PLEASE NOTE:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW JERSEY, PLEASE NOTE:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**OKLAHOMA, WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**ALL OTHER STATES, PLEASE NOTE:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.



**THIS PAGE MUST BE RETURNED WITH THE COMPLETED APPLICATION.**

**7. Owner signature**



You must answer the two questions to the right.

- 1. Do you have any existing life insurance policy(ies) or annuity contract(s)?**  Yes  No
- 2. Will the proposed annuity replace and/or change any existing annuity or insurance contract(s)?**  Yes  No

All statements made in this application are true to the best of my knowledge and belief, and the answers to these questions, together with this agreement, are the basis for issuing the contract. I agree to all terms and conditions as shown.

I believe this contract will meet my insurance needs and financial objectives. The undersigned has read and understands the appropriate fraud and disclosure statements in Section 6.

If you are a Trustee, Attorney-in-Fact, Guardian or other fiduciary, indicate the capacity you are acting in and attach relevant legal documentation.

**Owner signature**

**X**

- Trustee  Attorney-in-fact *POA*
- Guardian  Title/office: .....
- Other .....

Date of signature

.....

**Name of state where signed**

.....

**Joint owner signature**

**X**

- Trustee  Attorney-in-fact *POA*
- Guardian  Title/office: .....
- Other .....

Date of signature

.....

**Name of state where signed**

.....

Send completed form to:

**Regular mail**

P.O. Box 40011  
Lynchburg, VA 24506  
Fax: 804.281.6201

**Overnight delivery**

3100 Albert Lankford Drive  
Lynchburg, VA 24501-4996

**8. Producer signature**

**8a. Primary producer**



You must answer the two questions to the right.

**1. Does the applicant have any existing life insurance policy or annuity contract(s)?**  Yes  No

**2. Do you have reason to believe that the proposed annuity will replace and/or change any existing annuity or insurance contract(s)?**  Yes  No

If the answer to either question above is yes, replacement forms and/or additional forms may be required. Check for specific state requirements.

**California producers please note:** By signing below, I hereby attest that I have reviewed with, and to the extent applicable, provided to the owner, if age 65 or older, the disclosures required by the following sections of the California Insurance Code:

- Advisement of consequences in the sale or liquidation of assets (§ 789.8(b))
- Medi-Cal Notice (§ 789.8(d))
- 24-hour at home pre-solicitation notice (§ 789.10)

By signing, I certify that the above signature(s) are genuine and that all information contained in this application is true to the best of my knowledge and belief. I have verified the owner(s) identification information below.

I believe this contract will meet my client's insurance needs and financial objectives.

|  |                                      |
|--|--------------------------------------|
| Licensed representative/producer/agent name <i>Printed</i>   | License number <i>Required in FL</i> |
| Social Security or Producer Number                           | Producer telephone number            |
| Firm name  | Back office telephone number         |
| Email address  | Commission split percentage<br>%     |
| Licensed representative/producer/agent signature<br><b>X</b> | Date of signature                    |

**8b. Additional producer**

For split commissions for more than one producer, the primary producer must complete section 8a. Submit the Additional Producer Information form to provide required information for more than two producers.

Commission split percentage allocations must total 100%. Enter whole percentages only.

|  |                                      |
|--|--------------------------------------|
| Licensed representative/producer/agent name <i>Printed</i>   | License number <i>Required in FL</i> |
| Social Security or Producer Number                           | Producer telephone number            |
| Email address  | Commission split percentage<br>%     |
| Licensed representative/producer/agent signature<br><b>X</b> | Date of signature                    |



**Genworth**<sup>®</sup>  
Financial

Genworth Life  
Fixed Annuities New Business  
6610 West Broad Street  
Richmond, VA 23230-1702  
800 221.9501

# SecureLiving<sup>SM</sup> Independence single premium fixed deferred annuity disclosure and acknowledgement

from Genworth Life Insurance Company

Page 1 of 1

## Disclosure

**The annuity is issued by Genworth Life Insurance Company (Genworth Life), a life insurance company.** Genworth Life and the financial institution at which this annuity was purchased are **not** affiliated. All guarantees are based on the claims-paying ability of Genworth Life.

**The annuity is not a bank product and is not FDIC insured.** All non-deposit products involve investment risks including the possible loss of the principal amount invested. The annuity is not a deposit with or obligation of any financial institution, is not guaranteed or endorsed by any financial institution or its affiliates, and is not insured by the FDIC, the Federal Reserve Board or any other government agency.

**The annuity is a long-term investment.** The annuity does not mature like a bond or certificate of deposit and may be subject to early surrender charges (refer to the Withdrawal section of the contract).

### Annuity interest rates

The initial interest rate on the annuity will be the rate established by Genworth Life and in effect on the date the premium is received. It may include an interest rate bonus. Following the initial interest rate guarantee period, the renewal rate is set annually and is guaranteed for one year. The initial rate on a new contract may be higher than renewal rates. Renewal rates will not be less than the minimum rate guaranteed by Genworth Life as specified in the contract.

### Access to funds each contract year

- You may choose to receive up to 10% of the contract value free of surrender charges; access these funds at anytime up to 12 times a contract year, OR
- You may choose to systematically take your credited interest or up to 10% of the contract value.

### Withdrawals may be subject to a surrender charge

If the contract is cancelled during the first six years, or if a withdrawal is made in excess of the penalty-free amount, a surrender charge will apply. The surrender charge schedule is based upon contract year. Refer to the Withdrawal section of the contract for additional information. There are no additional fees. For tax information, see below. Due to surrender charges, you may receive less than the premium paid.

| Contract Year    | 1  | 2  | 3  | 4  | 5  | 6  | Thereafter               |
|------------------|----|----|----|----|----|----|--------------------------|
| Surrender Charge | 9% | 9% | 8% | 7% | 6% | 5% | 0%                       |
|                  | 9% | 8% | 7% | 6% | 5% | 4% | 0% (IN, MN, and OR only) |

### Guaranteed payouts

Contact a tax professional before selecting a payment choice.

This annuity offers the following guaranteed payout options:

- Lifetime with a 10, 15, or 20-year guarantee period.
- Joint life and Survivor with a 10-year guarantee period.

### Taxation, beneficiary and additional information

- Distributions of taxable amounts are subject to ordinary income tax and, if taken prior to age 59 1/2, an additional 10% federal penalty tax may apply.
- If more than one tax-deferred annuity is purchased during the same calendar year by the same owner, the interest will be combined for the purpose of reporting the taxable portion of certain distributions.
- Some non-natural owners (e.g., corporations) are not entitled to tax-deferral of interest accumulations.
- Probate may be avoided when beneficiaries other than the estate are named.
- The death benefit is the contract value at date of death plus any interest required by the state.
- Surrender charges are waived in the event of nursing home confinement. Certain restrictions apply. Refer to contract for details. Not available in Massachusetts.

## Signatures

By signing this form I acknowledge that I have read and understand the above disclosures.

Signature of Owner

**X**

Social Security Number

Date

.

Signature of Joint Owner

Date

**X**

Signature of Licensed Producer

Producer Number

Date

**X**

.

.





**Genworth®**  
Financial

Genworth Life  
Genworth Life & Annuity  
Genworth Life of New York  
6610 West Broad Street  
Richmond, VA 23230-1702

# Transfer and exchange authorization

Genworth Life Insurance Company,  
Genworth Life and Annuity Insurance Company and  
Genworth Life Insurance Company of New York\*

\*Only Genworth Life Insurance Company of New York is licensed in the state of New York

Page 1 of 3

- For use with all annuity products.
- Use this form to authorize an exchange or transfer to a new or existing annuity contract.
- In this form, Genworth Life Insurance Company, Genworth Life and Annuity Insurance Company and Genworth Life Insurance Company of New York are referred to individually as the Insurer.

## Existing contract or account information

### Current institution information

Additional forms may be required if the transaction is a replacement or a change to an existing life insurance policy or annuity contract.

### Institution name

.....  
 Street address Telephone number  
 .....  
 City, state, zip  
 .....  
 Plan/account type *Annuity, life account, other* Policy/contract number  
 .....

### Owner information

### Owner name

.....  
 Social Security/Tax ID number  
 .....  
 Joint owner name *if any* Social Security/Tax ID number  
 .....  
 Annuitant name  
 .....  
 Joint annuitant name *if any*  
 .....

### Conservation

- I request that no efforts be made by the current institution to keep my current contract, policy or account.

### Existing policy statement

Does not apply to a mutual fund or certificate of deposit.

### Select one:

- I certify that the existing policy/contract to be exchanged/transferred has been lost or destroyed, and to the best of my knowledge and belief, is not in anyone's possession.  
 The original policy/contract is attached.

## Transaction detail

### Processing date for releasing institution

Any date you specify must be within 30 days of our receipt of this form.

Please process the transaction specified herein *select one*

- Immediately  
 Before date of: .....  
 After date of: .....

### Transfer to an existing contract

Confirm your existing contract allows additional purchase payments before marking "Yes."

Is the transfer or exchange to an existing annuity contract?

- Yes  
 No

**If yes**, enter existing contract number: .....

Transfer and exchange authorization

Transfer options Select one of the three options on the left and complete the corresponding information

Non-qualified funds, 1035 tax-free exchange

The surrendering company must provide the cost basis in accordance with the Tax Equity and Fiscal Responsibility Act of 1982.

Full transfer

I am assigning all rights, title and interest in my contract to the Insurer to whom I have submitted an application.

I hereby assign and transfer without exception, limitation, or reservation to the Insurer, all assignable benefits, interest, property and rights in the policy/contract referenced herein. I understand that by executing this assignment, I irrevocably waive all rights, claims and demands under the assigned policy/contract.

I understand that if the Insurer approves the application, it will surrender the assigned policy/contract and request the proceeds. If and when received, the proceeds will be applied as all or part of the premium/purchase payment for the new policy or contract. I understand that the Insurer will not treat this assignment as the equivalent of a cash payment. I further understand that no part of the value of the assigned policy/contract will be treated as a premium/purchase payment until it is received by the Insurer.

With this assignment, I revoke any existing beneficiary designations under the assigned policy/contract. I designate the Insurer, its successors or assigns as beneficiary of any death benefits that may become payable under the assigned policy/contract.

Partial transfer

Liquidation amount select one

- Partial transfer of \$
Maximum amount without surrender charge

I wish to execute a partial withdrawal from the policy/contract listed on page 1 of this form for the amount specified above. I understand that surrender charges may apply. I expressly represent that the sole purpose of this transaction is to effect a partial exchange of a life insurance policy or annuity contract under section 1035(a) of the Internal Revenue Code.

The Insurer has made no representation concerning the tax treatment of this transaction. I understand that the Insurer has no responsibility or liability for the validity of this transaction or for my tax treatment related to this transaction.

Other than the owner(s) mentioned herein, no person, firm or corporation, other than myself and the issuing insurer, has an interest in said policy/contract. No proceedings in insolvency or bankruptcy have been instituted by or against me.

Non-qualified funds, transfer from mutual fund or certificate of deposit

If liquidating a mutual fund, a signature guarantee is required on page 3.

Liquidation amount select one

- Full liquidation Partial liquidation of \$
Maximum amount without surrender charge

I authorize the liquidation specified above and the transfer of the net proceeds to the Insurer. I am aware that surrender or withdrawal penalties may apply to this liquidation, and that income tax consequences may result. I have been advised to contact my tax advisor.

Qualified Funds

Type of plan being surrendered select one

- IRA SEP-IRA Simple IRA Roth IRA TSA/403(b)
401(a) 401(k) Keogh 457(b) governmental

Liquidation type select one

- Direct transfer Eligible rollover distribution

Liquidation amount select one

- Full liquidation Partial liquidation of \$
Maximum amount without surrender charge

I hereby direct you to liquidate the qualified funds I have indicated and to remit the proceeds to the Insurer. This liquidation constitutes either a direct transfer or an eligible rollover distribution as noted above. Subject to minimum premium and all other in good order requirements, the Insurer will accept the funds as premium for the qualified contract that I have applied for as referenced in the Insurer's Letter of Acceptance. I am aware that surrender or withdrawal penalties may apply to this liquidation, and that tax consequences may result. I have been advised to contact my tax advisor.

Transfer and exchange authorization

**Signature**

---

**If you are a Trustee, Attorney-in-Fact, Guardian, Conservator or other Fiduciary, you must sign in your capacity (e.g. Jane Smith, Trustee) and attach relevant legal documentation.**

Signature of joint owner, if any, is required.

I authorize the transaction described herein and affirm that the Insurer is participating in this transaction at my request. I confirm the elections made herein. All statements made in this form are true to the best of my knowledge and belief.

Owner signature *Sign in capacity*

Date

**X**

•

Joint owner signature *Sign in capacity*

Date

**X**

•

**If liquidating a mutual fund, apply Signature Guarantee below.**

---

**Insurer representative authorized signature**

The authorized signature below certifies the Insurer's acceptance of the requested funds as instructed by the owner of the contract or account referenced herein. The Insurer is a duly licensed insurance company and has received a favorable determination letter from the IRS.

Genworth Life/Genworth Life & Annuity/Genworth Life of New York signature Date

**X**

•

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**Mailing instructions**

**Regular First Class Mail:**

P.O. Box 85093  
Richmond, VA 23285-5093

**Overnight delivery:**

6610 West Broad Street  
Richmond, VA 23230-1702

**For questions call:**

Variable Annuities: 800 352.9910  
Fixed Annuities: 800 221.9501  
Single Premium Immediate Annuities: 888 325.5433



**Genworth**<sup>®</sup>  
Financial

Genworth Life & Annuity  
Genworth Life  
6610 West Broad Street  
Richmond, Virginia 23230

# Statement regarding sales outside owner resident state

from Genworth Life and Annuity Insurance Company  
and Genworth Life Insurance Company

Page 1 of 1

Use this form when the owner is not a resident of the state in which the contract/certificate/  
policy is delivered.

## Owner/policyholder information

---

Contract/certificate/policy number *If available*

.

Owner Name *First, Middle, Last*

Birth date

.

Annuitant Name *First, Middle, Last*

Birth date

.

## Signature

---

Your signature indicates you have  
read and understand this form.

I represent that the owner is a resident of the state of\_\_\_\_and has applied for a life insurance  
policy or annuity contract/certificate that was solicited in the state of\_\_\_\_, and that I will deliver this  
life insurance policy or annuity contract/certificate in the state of\_\_\_\_.

Agent name *Please print*

.

Agent signature

Date

**X**

.

## Delivery instructions

---

**Fax completed form to:**

**Variable Annuities**

Fax: 800 503.0570

**Fixed Deferred Annuities**

Fax: 866 712.1047

**Single Premium Immediate Annuities**

Fax: 866 712.1015



# FLORIDA REPLACEMENT FORMS PACKET

From Genworth Life and Annuity Insurance Company

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# CONTENTS

Instructions

Form 11950B - Replacement notice

Form 50354FL - Replacement grid

Form 48958FL - Suitability questionnaire

Form 48959FL - Disclosure and comparison of annuity contracts

Form D14-1180 - Policy disclosure form and instructions

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# INSTRUCTIONS

Thank you for choosing Genworth Financial to help meet your retirement needs.

The instructions contained on this page are intended to assist you in completing and submitting an annuity application for a resident of the state of Florida. The replacement documents contained within this forms packet are required by the state of Florida, however not every form is needed in every situation.

Only applicants in the state of Florida are required to use the forms contained within this packet.

Please refer to the below instructions before submitting the completed application and paperwork to Genworth Financial.

**Form 11950B** - This form is required to be submitted with all applications that are the result of a replacement. This form is used for variable and fixed annuities. This form is used for all ages.

**Form 50354FL** - This form is required to be submitted with the application if either the owner and/or annuitant are age 64 and under. This form is also required for any exchange or transfer from a life insurance contract to an annuity policy. This form is used for variable and fixed annuities.

**Form 48958FL** - This form is required to be submitted with all applications if the owner and/or annuitant are age 65 or older. This form is required only for fixed immediate and fixed deferred annuity policies. This form must be received at Genworth within 10 calendar days of applicant sign date.

**Form 48959FL** - This form is required for any exchange or transfer from an annuity policy to a fixed annuity policy. This form is required to be submitted with the application only if the the owner and/or annuitant are age 65 or older. This form must be received at Genworth within 10 calendar days of applicant sign date.

**Form D14-1180** - This form is required for all ages for any internal replacements (from a Genworth policy/contract to a Genworth policy/contract) only.

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# Florida replacement notice

from Genworth Life and Annuity Insurance Company  
and Genworth Life Insurance Company

Page 1 of 1

## Replacing your life insurance policy?

A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and you existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

You best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer or insurers by placing your initials in the appropriate space below.

Yes ..... No .....

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

I have read this notice and received a copy of it.

|  |                 |     |
|--|-----------------|-----|
| Applicant's signature                            | Date            |     |
| <b>X</b>   | .               |     |
| Joint Applicant's signature <i>If applicable</i> | Date            |     |
| <b>X</b>   | .               |     |
| Agent's signature                                | Date            |     |
| <b>X</b>   | .               |     |
| Agent's name <i>Please print</i>                 | Agent's company |     |
| .  | .               |     |
| Agent's address                                  |                 |     |
| .  |                 |     |
| City   | State           | Zip |
| .  | .               | .   |

## Information on policies which may be replaced:

| Company name | Policy number | Name of insured |
|--------------|---------------|-----------------|
| .            | .             | .               |
| .....        | .....         | .....           |
| .            | .             | .               |
| .....        | .....         | .....           |
| .            | .             | .               |
| .....        | .....         | .....           |

## Mailing instructions

**Annuity new business:**  
6610 West Broad Street  
Richmond, VA 23230

**For questions call:**  
Variable Annuities: 800 352.9910  
Fixed Annuities: 800 221.9501  
Single Premium Immediate Annuities: 888 325.5433  
Total Living Coverage Annuity (TLCA): 866 446.9852

**Total Living Coverage Annuity (TLCA)**  
3100 Albert Lankford Dr.  
Lynchburg, VA 24501

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Genworth Life & Annuity  
Genworth Life

genworth.com

# Florida replacement grid

from Genworth Life and Annuity Insurance Company  
and Genworth Life Insurance Company

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## Instructional notes for completion of comparative information form

- Existing life insurance must be identified by name of insurer and the policy number. In the event that a policy number has not been assigned by the existing insurer, alternative identification information such as an application or receipt number must be shown.
- If more than once existing life insurance policy is to be replaced, a separate Comparative Information Form is to be provided for each such policy.
- In the disclosure of values, premiums shall be shown on a supplementary exhibit.
- Any benefits for secondary insureds shall be shown on a supplementary exhibit.
- Values will be shown for each year in which either an initial change in face value or premium payment occurs.
- Values will be shown in the disclosure for the maximum duration policy guarantees permit. If this benefit extension requires that guaranteed policy options be utilized, the option to be used will be that (those) automatically utilized by the issuing insurer. However, if the policy application provides for applicant election, then the extension of benefits will employ the option actually elected by the applicant. Any option utilized for extension of benefits must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form.
- The dividend option elected by an insured or applicant must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form. The dividend option elected by the insured or applicant must be employed in completing the disclosure of values.

## Comparative information form for proposed insurance

Proposed insurer

.

Address

.

City

State

Zip

.

.

.

Existing insurer

.

Address

.

City

State

Zip

.

.

.

Replacing agent's name

.

Applicant name

.

Address

.

City

State

Zip

.

.

.

Telephone

Date of birth

Age

.

.

.



Florida replacement notice

|  | Proposed Policy Information | Existing Policy Information |
|--|-----------------------------|-----------------------------|
| Policy Generic Name                          |                             |                             |
| Policy Number                                |                             |                             |
| Date of Issue                                |                             |                             |
| Issue Age                                    |                             |                             |
| Contestable Period Expires                   |                             |                             |
| Suicide Period Expires                       |                             |                             |
| Policy Loan Rate                             |                             |                             |
| Policy Rider Description                     |                             |                             |
| Policy Rider Name                            |                             |                             |
| Initial Continuing Age Benefit               |                             |                             |
| Benefit                                      | From To                     | From To                     |
| Initial Renewal Annual Premium (Age) Payable | From To                     | From To                     |
| Total Initial Annual Premium \$              |                             |                             |
| Mode of Payment                              |                             |                             |
| Amount \$                                    |                             |                             |
| Total Renewal Premium \$                     |                             |                             |
| Amount \$                                    |                             |                             |

**Mailing instructions**

**Annuity new business:**  
 6610 West Broad Street  
 Richmond, VA 23230

**For questions call:**  
 Variable Annuities: 800 352.9910  
 Fixed Annuities: 800 221.9501  
 Single Premium Immediate Annuities: 888 325.5433  
 Total Living Coverage Annuity (TLCA): 866 446.9852

**Total Living Coverage Annuity (TLCA)**  
 3100 Albert Lankford Dr.  
 Lynchburg, VA 24501



**Composite disclosure of proposed insurance for primary insured**

| Year | Age | Guarantees     |                |            |               | Projections*   |                |            |               |
|------|-----|----------------|----------------|------------|---------------|----------------|----------------|------------|---------------|
|      |     | Annual Premium | Cumltv Premium | Cash Value | Death Benefit | Annual Premium | Cumltv Premium | Cash Value | Death Benefit |
| 1    |     |                |                |            |               |                |                |            |               |
| 2    |     |                |                |            |               |                |                |            |               |
| 3    |     |                |                |            |               |                |                |            |               |
| 4    |     |                |                |            |               |                |                |            |               |
| 5    |     |                |                |            |               |                |                |            |               |
| 6    |     |                |                |            |               |                |                |            |               |
| 7    |     |                |                |            |               |                |                |            |               |
| 8    |     |                |                |            |               |                |                |            |               |
| 9    |     |                |                |            |               |                |                |            |               |
| 10   |     |                |                |            |               |                |                |            |               |
| 11   |     |                |                |            |               |                |                |            |               |
| 12   |     |                |                |            |               |                |                |            |               |
| 13   |     |                |                |            |               |                |                |            |               |
| 14   |     |                |                |            |               |                |                |            |               |
| 15   |     |                |                |            |               |                |                |            |               |
| 16   |     |                |                |            |               |                |                |            |               |
| 17   |     |                |                |            |               |                |                |            |               |
| 18   |     |                |                |            |               |                |                |            |               |
| 19   |     |                |                |            |               |                |                |            |               |
| 20   |     |                |                |            |               |                |                |            |               |
|      | 55  |                |                |            |               |                |                |            |               |
|      | 60  |                |                |            |               |                |                |            |               |
|      | 65  |                |                |            |               |                |                |            |               |
|      | 75  |                |                |            |               |                |                |            |               |
|      | 85  |                |                |            |               |                |                |            |               |
|      | 95  |                |                |            |               |                |                |            |               |

\* Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE: The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implications.

**Mailing instructions and signatures**

|  |      |
|--|------|
| Applicant's signature                            | Date |
| <b>X</b>   | .    |
| Joint Applicant's signature <i>If applicable</i> | Date |
| <b>X</b>   | .    |
| Agent's signature                                | Date |
| <b>X</b>   | .    |

**Annuity new business:**  
6610 West Broad Street  
Richmond, VA 23230

**For questions call:**  
Variable Annuities: 800 352.9910  
Fixed Annuities: 800 221.9501  
Single Premium Immediate Annuities: 888 325.5433  
Total Living Coverage Annuity (TLCA): 866 446.9852

**Total Living Coverage Annuity (TLCA)**  
3100 Albert Lankford Dr.  
Lynchburg, VA 24501

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# ANNUITY SUITABILITY QUESTIONNAIRE

## PROPOSED ANNUITANT'S PERSONAL INFORMATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Tax Status \_\_\_\_\_  
 Number and age of Dependents: \_\_\_\_\_

## JOINT ANNUITANT INFORMATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Tax Status \_\_\_\_\_  
 Number and age of Dependents: \_\_\_\_\_






## APPLICANT/OWNER OTHER THAN ANNUITANT/JOINT ANNUITANT

Owner: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Entity \_\_\_\_\_  
 Tax Status \_\_\_\_\_ Relationship to Annuitant(s) \_\_\_\_\_  
 Form of ownership \_\_\_\_\_  
 Supporting documents (list): \_\_\_\_\_

|                          | APPLICANT | JOINT ANNUITANT |
|--------------------------|-----------|-----------------|
| Annual Income:           |           |                 |
| Source of Income:        |           |                 |
| Annual Household Income: |           |                 |
| Net Worth:               |           |                 |
| Liquid Assets:           |           |                 |

|                                      |  |  |
|--------------------------------------|--|--|
| Do you currently own any annuities?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please list:                         |  |  |
| Do you currently own life insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please list:                         |  |  |

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Applicant's Signature / Date Joint Applicant's Signature / Date

|   | APPLICANT  | JOINT ANNUITANT  |
|---|--|--|
| Does your income cover all your living expenses including medical?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  Explanation required for "Yes" or "No" response. <b>Please explain:</b> |  |  |
| Do you expect changes to your living expenses?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  Explanation required for "Yes" or "No" response. <b>Please explain:</b> |  |  |
| Do you anticipate changes in your out-of-pocket medical expenses?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  Explanation required for "Yes" or "No" response. <b>Please explain:</b> |  |  |
| Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  Explanation required. <b>If no, please explain:</b>                     |  |  |
| Do you have an emergency fund for unexpected expenses?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  Explanation required for "Yes" or "No" response. <b>Please explain:</b> |  |  |

Why are you purchasing this annuity? \_\_\_\_\_

What are your investment objectives? (Check all that apply)

Income  Growth (long term)  Safety of Principal and Income

Safety of Principal and Growth  Pass assets to a beneficiary or beneficiaries at death

Other: \_\_\_\_\_

Describe your risk tolerance: (Check all that apply)

Conservative  Moderately conservative  Moderate  Moderately aggressive

Aggressive  Other:

Comments: \_\_\_\_\_

Describe your investment experience by type and length of time: \_\_\_\_\_

What is the source of the funds for the purchase of the proposed annuity? \_\_\_\_\_

How long do you plan to keep the proposed annuity? \_\_\_\_\_

Will the proposed annuity replace any product?  Yes  No

If yes, will you pay a penalty or other charge to obtain these funds?  Yes  No

If yes, the amount of the charge or penalty \$ \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Applicant's Signature

\_\_\_\_\_  
Date

**Note:**

This section to be completed by the agent, insurer, or Managing General Agent proposing purchase

**Advantages of purchasing the proposed annuity:**

---

---

---

**Disadvantages of purchasing the proposed annuity:**

---

---

---

**The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):**

---

---

---

---

Agent's Signature

---

Date Signed

Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

**ACKNOWLEDGEMENTS AND SIGNATURES**

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I have chosen **NOT** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.

**APPLICANT:**

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

---

Applicant or Owner Signature

---

Date Signed

---

Joint Applicant or Owner Signature

---

Date Signed





# DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

## EXISTING ANNUITY CONTRACT

Annuitant(s) \_\_\_\_\_  
 Insurer \_\_\_\_\_  
 Contract # \_\_\_\_\_

## PROPOSED ANNUITY CONTRACT

Annuitant(s): \_\_\_\_\_  
 Insurer: \_\_\_\_\_  
 Application #: \_\_\_\_\_

|  | EXISTING ANNUITY CONTRACT    |     |                             | REPLACEMENT ANNUITY          |     |                             |       |
|--|------------------------------|-----|-----------------------------|------------------------------|-----|-----------------------------|-------|
| Contract Issue Date  | Mo                           | Day | Yr                          | Mo                           | Day | Yr                          | (Est) |
| Generic Contract Type  |                              |     |                             |                              |     |                             |       |
| Marketing Name   |                              |     |                             |                              |     |                             |       |
| Initial Premium  |                              |     |                             |                              |     |                             |       |
| Source of Initial Premium  |                              |     |                             | N/A                          |     |                             |       |
| Qualified Contract?  | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No |       |
| Annuity Maturity Date  |                              |     |                             |                              |     |                             |       |
| Death Benefit Amount   |                              |     |                             |                              |     |                             |       |
| Change of Annuitant upon Death Available?  | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No |       |
| Surrender Charge Period in Years   |                              |     |                             |                              |     |                             |       |
| First Year Surrender Charge Percentage Rate  |                              |     | %                           |                              |     | %                           |       |
| Surrender Charge Schedule for Remaining Years  |                              |     |                             |                              |     |                             |       |
| Free Withdrawals Available?  | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No |       |
| Annual Free Withdrawal Percentage Rate   |                              |     | %                           |                              |     | %                           |       |
| Waiver of Surrender Charge Benefit or Similar Benefit? (List limitations, requirements, exclusions of the benefit) | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No |       |
| Minimum Guaranteed Interest Rate   |                              |     | %                           |                              |     | %                           |       |
| Market Value Adjustment?   | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No |       |
| Asset Fees   |                              |     |                             |                              |     |                             |       |
| Initial Bonus Percentage or Amount   |                              |     |                             |                              |     |                             |       |
| Potential Loss of Bonus if Exchanged?  | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No |       |
| Limits and Exclusions for Bonuses that may be Payable  |                              |     |                             |                              |     |                             |       |
| Interest Rate Cap  |                              |     |                             |                              |     |                             |       |
| Participation Rate   |                              |     |                             |                              |     |                             |       |
| Index Type   |                              |     |                             |                              |     |                             |       |
| Administrative Fees or Margins   |                              |     |                             |                              |     |                             |       |

Other: \_\_\_\_\_

\_\_\_\_\_  
 Applicant Signature / Date

\_\_\_\_\_  
 Joint Applicant Signature / Date

**DISCLOSURE OF SURRENDER CHARGES IF  
EXISTING ANNUITY IS REPLACED OR EXCHANGED**

EXISTING ANNUITY CONTRACT NO. \_\_\_\_\_

Annuity Total Value<sup>i</sup> \$ \_\_\_\_\_ Annuity Surrender Value<sup>ii</sup> \$ \_\_\_\_\_

Surrender Charges<sup>iii</sup> Applicable at exchange \$ \_\_\_\_\_ ~ this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of \_\_\_\_/\_\_\_\_/\_\_\_\_.

**ACKNOWLEDGEMENTS AND SIGNATURES**

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

\_\_\_\_\_  
Agent's Name (please print)

\_\_\_\_\_  
Florida License No.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date Signed

NOTE: NO QUESTIONS OR RESPONSE AREAS ARE TO BE LEFT BLANK WHEN OFFERED TO THE ANNUITANT AND/OR APPLICANT FOR SIGNATURE. IF ANY INFORMATION REQUESTED IS UNAVAILABLE, NOT APPLICABLE OR UNKNOWN, THE INSURANCE AGENT OR INSURER MUST INDICATE THAT.

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

**APPLICANT: DO NOT SIGN THIS FORM IF:**

1. ANY ITEM HAS BEEN LEFT BLANK;
2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED; OR
3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Joint Applicant's Name (please print)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Joint Applicant's Signature



**EXPLANATION OF TERMS**  
(CONTINUED)

**"Participation Rate"** is the percentage of the increase or return of the underlying stock market index that will be used to calculate the return.

**"Index Type"** is the financial measurement used by the insurer to make certain calculations within an annuity contract. Examples of such indices include Standard and Poor's 500 and the Russell 2000.

**"Market Value Adjustment"** is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

**"Administrative Fees or Margins"** are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

**"Asset Fees"** are the fees the insurer charges that are a percentage of the value of the annuity contract.

**"Death Benefit Amount"** is the net amount that would be paid to the annuitant's designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

**"Free Withdrawals"** are the withdrawals that may be taken from an annuity's values that are not subject to surrender or other charges and are a provision of the annuity contract.

**"Annual Free Withdrawal Percentage Rate"** is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

**"Change of Annuitant upon Death"** is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

**"Waiver of Surrender Charge Benefit or Similar Benefit or Provision"** is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

---

<sup>i</sup> This amount represents the current value of the existing annuity, less any withdrawals or other deductions.

<sup>ii</sup> This amount represents the surrender value of the existing annuity.

<sup>iii</sup> Surrender charges or fees that will be deducted from #1 if you exchange or otherwise terminate your existing annuity.

|                              |   |               |   |                                    |   |               |
|------------------------------|---|---------------|---|------------------------------------|---|---------------|
| _____<br>Applicant Signature | / | _____<br>Date | / | _____<br>Joint Applicant Signature | / | _____<br>Date |
|------------------------------|---|---------------|---|------------------------------------|---|---------------|



**Genworth**<sup>®</sup>  
Financial

Genworth Life & Annuity  
Genworth Life  
6610 West Broad Street  
Richmond, VA 23230-1702  
Tel: 800 352.9910  
Fax: 800 503.0570  
genworth.com

# Florida policy disclosure form and instructions

from Genworth Life and Annuity Insurance Company  
and Genworth Life Insurance Company

Page **1** of 2

This information has been prepared for you so that you may make an informed decision on the use of any of your policy values to fund the purchase of a new policy. Please see page 2 for explanatory notes and instructions as to how this form has been completed.

- **Use this form when transferring from one Genworth policy to another Genworth policy**
- Complete one form for each previously issued policy
- Any required replacement and sales forms must be completed
- One copy is delivered to the policy owner and one copy maintained by the insurer

## A. Current policy information

### Policy owner name

|                       |                        |                               |
|-----------------------|------------------------|-------------------------------|
| .                     |                        |                               |
| Policy number         | Mode of payment        | <input type="radio"/> Life    |
| .                     | .                      | <input type="radio"/> Annuity |
| Current death benefit | Current premium amount |                               |
| \$                    | \$                     |                               |
| Cash surrender value  | Paid-up addition value | Dividend value                |
| \$                    | \$                     | \$                            |

## B. Proposed policy information

If you are replacing your current policy, or using 25% or more of your policy values, you may request a **written** comparison between your current policy and the proposed policy. The comparison is to illustrate the policy values for both policies.

|   |                         |                               |
|---|-------------------------|-------------------------------|
| Initial death benefit                           | Proposed premium amount | <input type="radio"/> Life    |
| \$  | \$                      | <input type="radio"/> Annuity |
| Mode of payment                                 | Proposed effective date |                               |
| .   | .                       |                               |
| Cash surrender value                            |                         |                               |
| \$  |                         |                               |
| Premium payable to age ..... or for ..... years |                         |                               |

## C. Source of funding for the proposed policy

Indicate all sources that apply.

- A loan in the amount of \$..... will be taken from the value of your **current policy** each .....(mode), bearing a current loan interest rate of .....%.
- A partial surrender in the amount of \$..... will be taken from the value of your **current policy** each .....(mode).
- A dividend withdrawal in the amount of \$..... will be taken from the value of your **current policy** each .....(mode).

## D. Your current policy could terminate

If the policy values of your **current policy** are used as a source of funding for the purchase of an additional policy, it is estimated that your **current policy** will terminate on:

Date .....

It is estimated that you will begin making premium payments for the **proposed policy** from your own funds on:

Date .....

in the amount of \$ ..... to be paid each .....(mode).

**Signature**

Your signature indicates you have read and understand all sections of this form. **If you are a Trustee, Attorney-in-Fact, Guardian, Conservator or other Fiduciary, you must sign in your capacity (e.g. Jane Smith, Trustee) and attach relevant legal documentation.**

Signature of joint owner, if any, is required.

Since the values and premiums stated on this form may change over time, the estimated date upon which you will need to begin making premium payments from your own funds for the **proposed policy** may also change. Estimates as to dates when policies will terminate or payments must begin assume the continuation of current (or guaranteed) factors, and such calculations are based upon the assumption that any premiums or interest due on loans are paid when due.

|   |      |
|---|------|
| Policy owner signature <i>Sign in capacity, if applicable</i> | Date |
| <b>X</b>  | •    |
| Joint owner signature <i>If applicable</i>                    | Date |
| <b>X</b>  | •    |
| Agent or company officer signature                            | Date |
| <b>X</b>  | •    |
| Florida licensed agent ID number or corporate title           |      |
| •   |      |

**Instructions**

Any and all information applicable to the transaction shall be fully and completely disclosed on Form D14-1180. If the information requested does not apply to the transaction, the words “not applicable” or “N/A” shall be entered.

**A. Current policy information**

The information to be disclosed in Part A of Form D14-1180 shall apply to the current, in-force policy for which policy values are being utilized as a source of funding for the purchase of additional insurance contract(s). For purposes of this form, “current death benefit” is defined as the sum of the death benefit payable under the base policy, all life insurance riders covering the principal insured (other than special contingency death riders), paid-up additional insurance and dividends, minus outstanding indebtedness. The term “cash surrender value” is defined as the cash value of the policy or contract net of any outstanding indebtedness and surrender charges, and less any dividend value. The term “paid up addition value” is defined as the total cash value of all policy dividends left on deposit with the company to accumulate at interest.

**B. Proposed policy information**

The information to be disclosed in Part B of Form D14-1180 shall apply to the proposed additional insurance contract(s) being funded by policy values in a current, in-force policy. For purposes of this form, “proposed premium amount” is defined as any recurring payment which is planned to be paid or which is required to be paid under the proposed policy.

**C. Source of Funding for the Proposed Policy**

The information to be disclosed in Part C of Form D14-1180 shall apply to the current, in-force policy, and shall indicate the manner in which the policy values are being used to fund the purchase of the proposed policy. Part C is not to be completed if the current policy is totally surrendered. However, in the event of a total surrender of the current policy, Parts A, B, D, and the signature block of this form must still be completed.

When completing Part C of this form, each and every source of funding for the proposed policy must be identified, i.e., whether a policy loan, partial surrender, or dividend withdrawal or any combination thereof is being utilized. If more than one source of funding will be utilized to fund the initial and/or future premiums for the proposed policy, all applicable sections of Part C shall be completed.

For purposes of this form, a “partial surrender” is defined as any amount taken from the value of the current policy which is less than the total cash value available under such policy. The term “mode” is defined as the frequency upon which a policy loan, partial surrender or dividend withdrawal will be taken from the value of the current policy. In the event of a single loan, surrender or withdrawal, the words “one time only” shall be entered in the space provided. The term “loan interest rate” is defined as the rate of interest in effect on the date that this form is completed, as specified in the current policy contract.

**D. Your current policy could terminate**

The information to be disclosed in Part D of Form D14-1180 shall apply to the current, in-force policy and the proposed additional policy, respectively.

**Signature**

In order to evidence that the required disclosure has been made, Form D14-1180 shall be signed and dated by the soliciting agent or by a corporate officer, as well as by the policy owner. For identification purposes, the agent or corporate officer shall enter his or her Florida license number or corporate title, respectively, in the space provided.

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*Genworth Life and Annuity  
Insurance Company  
6610 West Broad Street  
Richmond, VA 23230  
genworth.com*

*Principal underwriter:  
Capital Brokerage Corporation  
(dba Genworth Financial  
Brokerage Corporation  
in Indiana)  
6620 West Broad Street  
Building 2  
Richmond, VA 23230  
Member FINRA/SIPC*

*Genworth Life & Annuity and  
Capital Brokerage Corporation are  
Genworth Financial companies.*



Member:  
National Association  
for Variable Annuities

Retire on *Your* Terms™  
VARIABLE ANNUITIES



# ANNUITY SUITABILITY QUESTIONNAIRE

## PROPOSED ANNUITANT'S PERSONAL INFORMATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Tax Status \_\_\_\_\_  
 Number and age of Dependents: \_\_\_\_\_

## JOINT ANNUITANT INFORMATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Tax Status \_\_\_\_\_  
 Number and age of Dependents: \_\_\_\_\_






## APPLICANT/OWNER OTHER THAN ANNUITANT/JOINT ANNUITANT

Owner: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Entity \_\_\_\_\_  
 Tax Status \_\_\_\_\_ Relationship to Annuitant(s) \_\_\_\_\_  
 Form of ownership \_\_\_\_\_  
 Supporting documents (list): \_\_\_\_\_

|                          | APPLICANT | JOINT ANNUITANT |
|--------------------------|-----------|-----------------|
| Annual Income:           |           |                 |
| Source of Income:        |           |                 |
| Annual Household Income: |           |                 |
| Net Worth:               |           |                 |
| Liquid Assets:           |           |                 |

|                                      |  |  |
|--------------------------------------|--|--|
| Do you currently own any annuities?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please list:                         |  |  |
| Do you currently own life insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please list:                         |  |  |

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Applicant's Signature Date Joint Applicant's Signature Date

|   | APPLICANT  | JOINT ANNUITANT  |
|---|--|--|
| Does your income cover all your living expenses including medical?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  Explanation required for "Yes" or "No" response. <b>Please explain:</b> |  |  |
| Do you expect changes to your living expenses?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  Explanation required for "Yes" or "No" response. <b>Please explain:</b> |  |  |
| Do you anticipate changes in your out-of-pocket medical expenses?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  Explanation required for "Yes" or "No" response. <b>Please explain:</b> |  |  |
| Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?                | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  Explanation required. <b>If no, please explain:</b>                     |  |  |
| Do you have an emergency fund for unexpected expenses?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|  Explanation required for "Yes" or "No" response. <b>Please explain:</b> |  |  |

Why are you purchasing this annuity? \_\_\_\_\_

What are your investment objectives? (Check all that apply)

Income  Growth (long term)  Safety of Principal and Income

Safety of Principal and Growth  Pass assets to a beneficiary or beneficiaries at death

Other: \_\_\_\_\_

Describe your risk tolerance: (Check all that apply)

Conservative  Moderately conservative  Moderate  Moderately aggressive

Aggressive  Other:

Comments: \_\_\_\_\_

Describe your investment experience by type and length of time: \_\_\_\_\_

What is the source of the funds for the purchase of the proposed annuity? \_\_\_\_\_

How long do you plan to keep the proposed annuity? \_\_\_\_\_

Will the proposed annuity replace any product?  Yes  No

If yes, will you pay a penalty or other charge to obtain these funds?  Yes  No

If yes, the amount of the charge or penalty \$ \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Applicant's Signature

\_\_\_\_\_  
Date

**Note:**

This section to be completed by the agent, insurer, or Managing General Agent proposing purchase

**Advantages of purchasing the proposed annuity:**

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**Disadvantages of purchasing the proposed annuity:**

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**The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):**

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Agent's Signature

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Date Signed

Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

**ACKNOWLEDGEMENTS AND SIGNATURES**

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I have chosen **NOT** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.

**APPLICANT:**

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

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Applicant or Owner Signature

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Date Signed

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Joint Applicant or Owner Signature

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Date Signed





# DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

## EXISTING ANNUITY CONTRACT

Annuitant(s) \_\_\_\_\_  
 Insurer \_\_\_\_\_  
 Contract # \_\_\_\_\_

## PROPOSED ANNUITY CONTRACT

Annuitant(s): \_\_\_\_\_  
 Insurer: \_\_\_\_\_  
 Application #: \_\_\_\_\_

|  | EXISTING ANNUITY CONTRACT    |     |                             | REPLACEMENT ANNUITY          |     |                             |       |
|--|------------------------------|-----|-----------------------------|------------------------------|-----|-----------------------------|-------|
| Contract Issue Date  | Mo                           | Day | Yr                          | Mo                           | Day | Yr                          | (Est) |
| Generic Contract Type  |                              |     |                             |                              |     |                             |       |
| Marketing Name   |                              |     |                             |                              |     |                             |       |
| Initial Premium  |                              |     |                             |                              |     |                             |       |
| Source of Initial Premium  |                              |     |                             | N/A                          |     |                             |       |
| Qualified Contract?  | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No |       |
| Annuity Maturity Date  |                              |     |                             |                              |     |                             |       |
| Death Benefit Amount   |                              |     |                             |                              |     |                             |       |
| Change of Annuitant upon Death Available?  | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No |       |
| Surrender Charge Period in Years   |                              |     |                             |                              |     |                             |       |
| First Year Surrender Charge Percentage Rate  |                              |     |                             |                              |     | %                           |       |
| Surrender Charge Schedule for Remaining Years  |                              |     |                             |                              |     |                             |       |
| Free Withdrawals Available?  | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No |       |
| Annual Free Withdrawal Percentage Rate   |                              |     |                             |                              |     | %                           |       |
| Waiver of Surrender Charge Benefit or Similar Benefit? (List limitations, requirements, exclusions of the benefit) | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No |       |
| Minimum Guaranteed Interest Rate   |                              |     |                             |                              |     | %                           |       |
| Market Value Adjustment?   | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No |       |
| Asset Fees   |                              |     |                             |                              |     |                             |       |
| Initial Bonus Percentage or Amount   |                              |     |                             |                              |     |                             |       |
| Potential Loss of Bonus if Exchanged?  | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No | <input type="checkbox"/> Yes |     | <input type="checkbox"/> No |       |
| Limits and Exclusions for Bonuses that may be Payable  |                              |     |                             |                              |     |                             |       |
| Interest Rate Cap  |                              |     |                             |                              |     |                             |       |
| Participation Rate   |                              |     |                             |                              |     |                             |       |
| Index Type   |                              |     |                             |                              |     |                             |       |
| Administrative Fees or Margins   |                              |     |                             |                              |     |                             |       |

Other: \_\_\_\_\_

\_\_\_\_\_  
 Applicant Signature / Date

\_\_\_\_\_  
 Joint Applicant Signature / Date

**DISCLOSURE OF SURRENDER CHARGES IF  
EXISTING ANNUITY IS REPLACED OR EXCHANGED**

EXISTING ANNUITY CONTRACT NO. \_\_\_\_\_

Annuity Total Value<sup>i</sup> \$ \_\_\_\_\_ Annuity Surrender Value<sup>ii</sup> \$ \_\_\_\_\_

Surrender Charges<sup>iii</sup> Applicable at exchange \$ \_\_\_\_\_ ~ this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of \_\_\_\_/\_\_\_\_/\_\_\_\_.

**ACKNOWLEDGEMENTS AND SIGNATURES**

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

\_\_\_\_\_  
Agent's Name (please print)

\_\_\_\_\_  
Florida License No.

\_\_\_\_\_  
Agent's Signature

\_\_\_\_\_  
Date Signed

NOTE: NO QUESTIONS OR RESPONSE AREAS ARE TO BE LEFT BLANK WHEN OFFERED TO THE ANNUITANT AND/OR APPLICANT FOR SIGNATURE. IF ANY INFORMATION REQUESTED IS UNAVAILABLE, NOT APPLICABLE OR UNKNOWN, THE INSURANCE AGENT OR INSURER MUST INDICATE THAT.

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

**APPLICANT: DO NOT SIGN THIS FORM IF:**

1. ANY ITEM HAS BEEN LEFT BLANK;
2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED; OR
3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

\_\_\_\_\_  
Applicant's Name (please print)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Joint Applicant's Name (please print)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Joint Applicant's Signature



**EXPLANATION OF TERMS**  
(CONTINUED)

**“Participation Rate”** is the percentage of the increase or return of the underlying stock market index that will be used to calculate the return.

**“Index Type”** is the financial measurement used by the insurer to make certain calculations within an annuity contract. Examples of such indices include Standard and Poor’s 500 and the Russell 2000.

**“Market Value Adjustment”** is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

**“Administrative Fees or Margins”** are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.

**“Asset Fees”** are the fees the insurer charges that are a percentage of the value of the annuity contract.

**“Death Benefit Amount”** is the net amount that would be paid to the annuitant’s designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.

**“Free Withdrawals”** are the withdrawals that may be taken from an annuity’s values that are not subject to surrender or other charges and are a provision of the annuity contract.

**“Annual Free Withdrawal Percentage Rate”** is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.

**“Change of Annuitant upon Death”** is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.

**“Waiver of Surrender Charge Benefit or Similar Benefit or Provision”** is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

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<sup>i</sup> This amount represents the current value of the existing annuity, less any withdrawals or other deductions.

<sup>ii</sup> This amount represents the surrender value of the existing annuity.

<sup>iii</sup> Surrender charges or fees that will be deducted from #1 if you exchange or otherwise terminate your existing annuity.

|                              |   |               |   |                                    |   |               |
|------------------------------|---|---------------|---|------------------------------------|---|---------------|
| _____<br>Applicant Signature | / | _____<br>Date | / | _____<br>Joint Applicant Signature | / | _____<br>Date |
|------------------------------|---|---------------|---|------------------------------------|---|---------------|