

Release of Absolute Assignment of Compensation

Select company below (the "Company")

Genworth Life and Annuity Insurance Company

Genworth Life Insurance Company

P.O. Box 320 • Lynchburg, VA 24505-1280

Genworth Life Insurance Company of New York

For value received, the undersigned, _____, hereby releases all its right, title and interest in
(Name of Assignee)
the commissions payable to it pursuant to an Assignment of Commissions to the undersigned

Assignee by _____, dated _____,
(Name of Assignor)

and consents to the termination of the Assignment effective from the date this Release is filed with the Company.

THIS RELEASE WILL NOT TAKE EFFECT UNTIL THE DATE THAT IT IS ACKNOWLEDGED BY THE AUTHORIZED HOME OFFICE REPRESENTATIVE AND WILL AFFECT ONLY THOSE COMMISSIONS PAYABLE AFTER THE DATE OF THE COMPANY'S ACKNOWLEDGMENT.

In witness whereof, the undersigned executes this Release of Irrevocable Assignment of Commissions in triplicate on

this _____ day of _____.

ASSIGNEE/RELEASER:

Name of Corporation or Partnership (if applicable)

Signature of Assignee/Title (if applicable)

ACKNOWLEDGMENT

The Company hereby acknowledges receipt of the foregoing Release, assuming no responsibility for its sufficiency or validity. Payment made in reliance upon this Release shall fully release the Company from all responsibility as to such sums paid.

This Release is acknowledged and the executed original copy filed at its Home Office on this _____ day of

_____, _____.

For the Company

By: _____

HOME OFFICE USE ONLY

Assignor Code # _____

Assignee's Code # _____



Genworth[®]
Financial

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

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[†]

Page 1 of 9

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

Form purpose

- Initial Appointment/Additional Company Appointment** Complete all sections
- Additional State Appointment with current companies** Complete the appropriate appointment information below, the appointment states requested section, and sign and date on page 8
- Change Hierarchy** Complete the appointing company and commission hierarchy information on page 9, then sign and date it
- EFT Setup/Change** Complete page 1 and complete and sign page 8 in order to authorize payments

Individual applicant appointment information

Appointment type entity *Select one*

- Individual Officer/Principal

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

.

Social Security Number (SSN)

National Producer Number (NPN) **Required**

.

.

Date of birth

Gender

.

Female

Male

Residential address *Not a P.O. Box*

.

City

State

Zip

.

.

.

Business address

.

City

State

Zip

.

.

.

Business phone

Business fax

.

.

Preferred mailing address *Select one*

E-mail address **Required**

- Residential Business

.

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

.

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

Incorporated Entity, Partnership or LLC appointment information

Appointment type entity *Select one*

- Partnership LLC Incorporated Entity

Other

Entity name *As it appears on your Domicile State License*

Tax Identification Number (TIN) **Required**

.

.

Entity address

.

City

State

Zip

.

.

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Entity phone

Entity fax

.

.

Website address

E-mail address **Required**

.

.

Producer information and appointment form (PIF)

Appointment states requested

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

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

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

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

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

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

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

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

	Individual/Officer		Entity	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
1. Have you ever had an insurance license or securities registration denied, suspended, cancelled or revoked?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
2. Has any state, federal, or self-regulatory agency ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> 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?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
4. Has a bonding or surety company ever denied, paid on or revoked a bond for you?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
5. Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
6. In the past ten years, have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> 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?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
8. Are there any unsatisfied judgments, garnishments or liens against you?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
9. Are you in debt to any insurance company?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> 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?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
11. Are you currently a party to any litigation or a subject of any investigation(s)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
12. Have you ever been denied appointment or terminated for cause by another insurance company, broker/dealer or insurance agency?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

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

Producer information and appointment form (PIF)

Page 3 of 9

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

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

Question 1: Insurance license or securities registration denied, suspended, cancelled or revoked

Month and year

Attach a separate sheet with question number and details if more space is required for additional information.

Action taken and reasons

•

•

•

Your account of the circumstances leading to the situation

•

•

Question 2: Sanction, censure, penalty or other action against you by state, federal or self-regulatory agency

Month and year

Action taken and reasons

•

•

Nature of the activity resulting in the fine or disciplinary action

•

•

Your account of the circumstances leading to the situation

•

•

Question 3: Complaint, fine, sanction, censure, penalty or other disciplinary action against you for violation of any state, federal or self-regulatory agency regulations or statutes

Month and year

Amount of the fine and/or specific disciplinary action taken

•

•

Nature of the activity resulting in the fine or disciplinary action

•

•

Your account of the circumstances leading to the situation

•

•

Question 4: Bond denied, paid on or revoked for you by bonding or surety company

Month and year

Reason for denial, revocation or payment

•

•

Your account of the circumstances leading to the situation

•

•

Amount of the payment

\$

Producer information and appointment form (PIF)

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

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

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

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

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

Producer information and appointment form (PIF)

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

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

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

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

.....
.....

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

Reasons

.....
.....

Your specific involvement

.....
.....

Question 8: Unsatisfied judgments, garnishments or liens against you

Month and year

Judgments/garnishments

Reason the judgment/garnishment was obtained and your specific involvement

.....

Payment schedule amount

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

\$

Original amount of the judgment/garnishment

\$

Outstanding amount of the judgment/garnishment

\$

Average annual income for the last two years

\$

Liens

Name of company placing lien

Month and year

.....

Reason for the lien and your specific involvement

.....

Original amount of the debt

Current balance

\$

Payment schedule amount

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

\$

Projected completion date *mm/dd/yyyy*

.....

Average annual income for the last two years

\$

Question 9: Debt to any insurance company

Month and year debt began

Name of insurance company

.....

Reason for the debt and your account of the situation

.....

Original amount of the debt

Current balance

\$

Payment schedule amount

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

\$

Projected completion date *mm/dd/yyyy*

.....

Average annual income for the last two years

\$

Producer information and appointment form (PIF)

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

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

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

.....

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

.....

.....

Type of conviction *Misdemeanor or felony**

.....

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

..... Yes No

***If a felony, provide exact statute 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, broker/dealer, or insurance agency denied or terminated for cause

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

.....

.....

.....

.....

Disclosure of Intent to Obtain Consumer Reports

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

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

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

Business Information Group, Inc.

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

National Insurance Producer Registry

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

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

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

For California Resident Agents Only

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

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

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

Producer information and appointment form (PIF)

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

You must sign on the signature line at the bottom of this page to authorize and receive commission payments via EFT. A completed Page 1 is also required.

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

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

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

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

Institution name for deposit

.....

Routing number

.....

Account number

.....

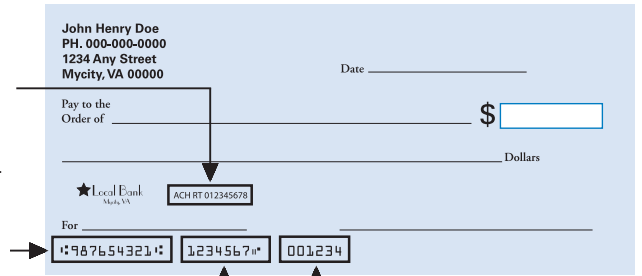
To find the routing and account numbers

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

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

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

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



Do not use your check number, usually located here.

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.

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

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. 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. 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** Required if signing for an entity **Date**

X

Producer information and appointment form (PIF)

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.

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
.....

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

Producer's Commission Schedule

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

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

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

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

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

Signature of Top Level (BGA/MGA)	Printed Name	Date
X .....	.....	.....

ASSIGNMENT OF COMPENSATION

INSTRUCTIONS

- Use this assignment of compensation form (the "Assignment") to assign your commissions
- Complete Sections I-III.
- Be sure to sign and date the form. **Original signatures required (and title, if other than individual).**
- Assignee must be licensed and appointed if involved with the sale of the policy generating the assigned commissions.
- Assignee must be licensed and appointed if required by state regulation (i.e. VA)
- Mail completed forms along with your appointment request, if applicable, or directly to the address or fax that you currently utilize for Licensing forms.

SECTION I – COMPENSATION TO BE ASSIGNED

Please check which Company(s) you would like to apply this to:

Company	Agent/Producer Codes (Agent #s)	
<input type="radio"/> Genworth Life and Annuity Insurance Company (fixed)	<input type="radio"/> All	<input type="radio"/> Specify:
<input type="radio"/> Genworth Life Insurance Company (fixed)	<input type="radio"/> All	<input type="radio"/> Specify:
<input type="radio"/> Genworth Life Insurance Company (LTC)	<input type="radio"/> All	<input type="radio"/> Specify:
<input type="radio"/> Genworth Life Insurance Company of New York (fixed)	<input type="radio"/> All	<input type="radio"/> Specify:
<input type="radio"/> Genworth Life Insurance Company of New York (LTC)	<input type="radio"/> All	<input type="radio"/> Specify:
<input type="radio"/> IFN Insurance Agency Inc.*	<input type="radio"/> All	<input type="radio"/> Specify:

*includes all products sold through your IFN agreement and is only applicable to policies sold on or after the effective date of your agreement.

For Fixed Life and Annuity only – MUST INDICATE EXTENT OF ASSIGNMENT

Assignment effective for all Company business (for the companies checked above).

Which do you wish to assign – MUST CHECK ONE:

First Year Renewal Only All What percentage? %

LTC and business sold through IFN must be assigned at 100% for both first year and renewal.

SECTION II – TYPE OF ASSIGNMENT – MUST CHECK EITHER ABSOLUTE OR REVOCABLE

Absolute Assignment NOTE: Company will report all income paid under this assignment to assignee but commission statements will continue to be sent to the assignor.

For value received, the undersigned Assignor,

Assignor Name	Assignor SSN/Tax ID
---------------	---------------------

Hereby sells, irrevocably assigns, transfers, and sets over unto the Assignee ...

Assignee Name	<input type="radio"/> Corporation or <input type="radio"/> Non-incorporated Entity	Assignee SSN/Tax ID
Assignee Address	City	State Zip

for value all right, title, and interest, in and to the compensation that is now or may hereafter be due and payable to the undersigned Assignor in accordance with and subject to the terms and conditions of your contract or compensation agreement or agreements between or among one or more of the companies checked above (referred to in this assignment form as "Company") and one or more of the General Agent(s) of the Company through whom the undersigned placed the policies for which the compensation is payable (the "Agreements"). This type of assignment can only be revoked by the Assignee.

SECTION II – TYPE OF ASSIGNMENT (continued)

Revocable Assignment NOTE: Company will report all income paid under this assignment to the assignor whether revoked or not and commission statements will continue to be sent to the assignor.

The undersigned Assignor,

Assignor Name	Assignor SSN/Tax ID
---------------	---------------------

Hereby directs one or more of the companies checked above (collectively, the "Company") to pay to the Assignee ...

Assignee Name	<input type="radio"/> Corporation or <input type="radio"/> Non-incorporated Entity	Assignee SSN/Tax ID
---------------	---	---------------------

Assignee Address	City	State	Zip
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all compensation that is now or may hereafter be due and payable to the undersigned Assignor in accordance with and subject to the terms and conditions of your contract or compensation agreement or agreements between or among the Company and one or more of the General Agent(s) of the Company through whom the undersigned placed the policies for which the compensation is payable. This assignment shall remain in effect until revoked by the Assignor. Assignor can revoke assignment upon written request to the Company without the consent of Assignee. Revocation will not take effect until acknowledged by Company's authorized home office employee. (Revocation of assignments, not made on this form, will require the written consent of the Assignee).

SECTION III – AGENT ACKNOWLEDGMENT AND REPRESENTATIONS

THIS ASSIGNMENT WILL NOT TAKE EFFECT UNTIL THE DATE THAT IT IS ACKNOWLEDGED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY AND WILL AFFECT ONLY THE COMPENSATION PAYABLE AFTER THE DATE OF THE COMPANY'S ACKNOWLEDGMENT AND TO THE EXTENT REQUESTED BY THIS ASSIGNMENT. This Assignment, if Absolute, shall remain in effect subject to the terms of this Assignment until the Company receives written direction from the Absolute Assignee to further re-assign payments hereunder at their direction. This Assignment, if Revocable, shall remain in effect subject to the terms of this Assignment until the Company receives a written request from the Assignor to revoke the Assignment. The Company shall be discharged from liability for payment of compensation in reliance upon evidence satisfactory to it of an Assignee's release of any Assignment.

The Assignor represents and warrants that: (a) the validity and sufficiency of the foregoing Assignment, (b) no proceeding in bankruptcy or insolvency or the like has been commenced by or against the Assignor and no assignment for the benefit of creditors has been made by the Assignor, (c) there are no outstanding Assessments, Liens or Levies because of unpaid taxed or other obligations of the Assignor; and (d) either (i) Assignee is a licensed insurance agent or was not involved with the insurance transaction generating the compensation, or (ii) the Assignment is an absolute assignment to the Assignee for value.

In witness whereof, the undersigned executes this Assignment on this _____ day of _____, _____.

Assignor Signature Title (if other than an Individual)

Assignee Signature Title (if other than an Individual)

SECTION IV – COMPANY ACKNOWLEDGMENT

The Company hereby acknowledges receipt of the foregoing Assignment, assuming no responsibility for its sufficiency or validity. This agreement is expressly subject to the terms and conditions of the Agreements between/among the Company and the Brokerage General Agent(s)/General Agent(s)/Agent(s) through whom the policies for which the compensation are payable, to any prior existing Assignments and to any indebtedness owed to the Company. Any claim hereunder shall be subject to proof of interest. Payment made under this Assignment shall fully release the Company from all responsibility as to such sums paid. This Assignment is acknowledged and the executed original copy filed at its Home Office on this _____ day of _____, _____.

For the Company: _____

By:

Signature Print Name and Title:



Genworth[®]
Financial

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

Electronic funds transfer (EFT) authorization

for Commission payments for all product lines
from Genworth Life and Annuity Insurance Company, Genworth Life Insurance Company and Genworth Life Insurance Company of New York†

Page 1 of 1

This form may be used for commissions paid by Genworth Financial Agency, Inc.
Please check your banking statements for payment activity after signing up for EFT.

Select one: New request Change to existing EFT authorization

Representative (account owner) information

Name
• _____

E-mail address
• _____

Social Security Number (SSN) or Tax I.D. Number (TIN)
• _____

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
• _____

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

EFT Information

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

Institution name for deposit
• _____

Routing number
• _____

Checking account number
• _____

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

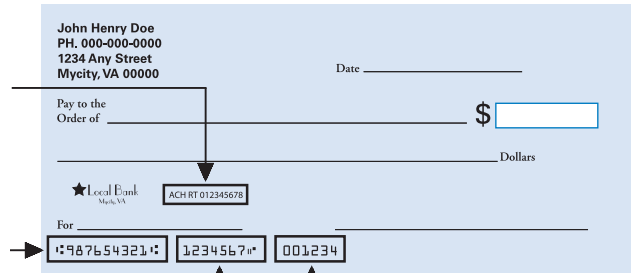
To find the routing and account numbers

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.



Do not use your check number, usually located here.

Signature

Your signature indicates that you have read and understood all sections of this form.

EFT authorization

You (the account owner or company representative) authorize Genworth Financial 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 this agreement.

Signature of bank account owner _____ Title *If signing for an entity* _____ Date _____

X _____