

Producer Services announces a “Simplified” On-boarding Appointment Package

We have two major updates to share...A completely new [Producer Information and Appointment Form](#) (PIF) and a new [Producer Agreement](#), which will also be required for Genworth Life and Annuity Insurance Company, effective June 1, 2009.

What’s different about the new PIF?

It’s all about making it easier and faster to get your producers appointed with the Genworth Financial companies. In fact, we have integrated up to 9 forms, over 35 pages, into one, with embedded links for documents that do not require a signature. And the other good news...only one signature is required by the producer and the top level. Check out the Highlights section for specific forms changes.

Can I use the new PIF for all my appointments?

Yes, when appointing for Fixed Life Insurance, Fixed Annuities, Long Term Care Insurance, Linked Benefits, or Medicare Supplement for Genworth Life and Annuity Insurance Company, Genworth Life Insurance Company, or Genworth Life Insurance Company of New York. It should be used for new and additional state appointments or for a change in hierarchy.

Why are we introducing a new Producer Agreement?

This is a key change for Genworth Life & Annuity customers but one we feel helps to further simplify the appointment process. It takes out the guesswork of determining whether a Producer Agreement is required and standardizes the process regardless of the product line and legal entity. The new agreement will be required for all Producer appointments effective June 1, 2009 and later.

When is the new appointment package available?

Immediately, and it will be required for all appointment requests June 1, 2009 and later. It’s available on line at genworth.com/produceronboarding. We encourage you to begin using it right away...the appointment experience will be vastly improved and the hassle of keeping up with so many different forms will go away.

Genworth Financial companies include:

Genworth Life and Annuity Insurance Company, Richmond, VA

Genworth Life Insurance Company, Lynchburg, VA

Genworth Life Insurance Company of New York, 666 Third Avenue, 9th Floor, New York, NY 10017

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

Variable products issued by Genworth Life and Annuity Insurance Company

and in New York by Genworth Life Insurance Company of New York.

Principal Underwriter: Capital Brokerage Corporation (dba Genworth Financial Brokerage Corporation in Indiana)

6620 West Broad Street, Building 2, Richmond, VA 23230, Member FINRA

Want to know more about the new PIF and Producer Agreement? Please refer to the Highlights section included with this announcement. It provides valuable information and explanations for each section of the new form.

Questions? Feedback? We want to hear from you. Contact your sales relationship manager or email us at producerservices@genworth.com.

Highlights – On-Boarding Appointment Package

1. A separate PIF form is required for each party requesting an appointment.
2. Please do not combine business (firm/agency) appointment requests with individual or officer/principal information.
3. A separate PIF is required for the company officer.
4. Because forms have been integrated into the new PIF and others are available through embedded links, only the PIF itself (pages 1 – 9) should be submitted to Producer Services at producerservices@genworth.com.

Integrated Forms: Disclosure of Intent to Obtain Consumer Reports, EFT, Acknowledgment of Compensation, Brokerage Authorization, and Business Practice Details

Embedded Links: Producer Agreement which now includes the Business Associate Addendum (a separate producer signature is no longer required), Guide to Ethical Market Conduct

5. You may continue to use the following forms as needed: Assignment of Compensation, Release of Assignment, Single Case Agreement and Commission Advance Addendum.

Page 1 – Four Sections

- **Form Purpose** — tell us what you want to accomplish — new appointment, additional company appointment, additional state appointments, or to change a hierarchy.
- **Appointment Type Entity** — an individual, officer, partnership, etc.
- **Individual Applicant Appointment Information** — only use this section for individual or officer/principal appointment types.
- **Incorporated Entity, Partnership or LLC Appointment Information** — use this section if appointing a corporation, partnership, or LLC.

Page 2 – Two Sections

- **Appointment States Requested** — If applying for a non-resident appointment, please include the resident license state as well. *Note that non-pre-appointment state appointments will not be processed until new business is received.*
- **Business Practice Questions** — If the answer to all questions is “No”, proceed to page 7. If not, please provide details in the corresponding fields of the Business Practices Details Section on pages 3 to 6.

Pages 3 to 6 – Business Practices Details

- Complete only if business practice questions are answered “yes”.

Page 7 – Disclosure Section

- Disclosure of intent to obtain consumer reports

Page 8 – Two Sections

- **EFT** — Quick and easy sign up ...simply fill out this section to receive commissions electronically. Note that the authorization applies to all codes under a specific SSN or TIN unless otherwise specified on the form.
- **Acknowledgment and Signature** — ***This is the ONLY signature required by the producer on the new PIF.***

Page 9 – Appointing Company and Hierarchy Section

- This section is to be completed by a designated representative of the top level
- Use this page only when the commission arrangement is to be changed for a producer — you do not need to submit any other pages of the PIF in this situation.
- Note that there is a separate section available for each product line.
- ***This is the only signature required by a designated representative of the top level.***

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

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

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

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

Month and year

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

Action taken and reasons

-
-
-

Your account of the circumstances leading to the situation

-
-

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

Month and year

Action taken and reasons

-
-

Nature of the activity resulting in the fine or disciplinary action

-
-

Your account of the circumstances leading to the situation

-
-

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

Month and year

Amount of the fine and/or specific disciplinary action taken

-
-

Nature of the activity resulting in the fine or disciplinary action

-
-

Your account of the circumstances leading to the situation

-
-

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

Month and year

Reason for denial, revocation or payment

-
-

Your account of the circumstances leading to the situation

-
-

Amount of the payment

\$

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*

.....

For Chapter 7, 11 and 12 Reason for filing (i.e., divorce, loss of employment, business failure, etc.)*

.....

.....

Provide type of business and role/relationship in the business *If result of business failure*

.....

Dollar amount discharged Average annual income for the last two years

\$ \$

For any outstanding obligations not discharged in bankruptcy, (i.e., taxes, mortgage, car, etc.) provide:

Dollar amount Explanation of obligation

\$

Payment schedule amount Frequency *i.e., weekly, monthly, etc.*

\$

For Chapter 13

Date of filing *mm/dd/yyyy* Date of discharge* *mm/dd/yyyy*

.....

.....

Reason for filing (i.e., divorce, loss of employment, business failure, etc.)*

.....

.....

Provide type of business and role/relationship in the business *If result of business failure*

.....

.....

***If payments are still being made please provide:**

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

\$

Projected completion date *mm/dd/yyyy* Current balance

..... \$

Average annual income for the last two years

\$

.....

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 denied or terminated for cause

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

.....

.....

.....

.....

Producer information and appointment form (PIF)

Page 7 of 9

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

Institution name for deposit

.....

Routing number

.....

Account number

.....

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


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


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

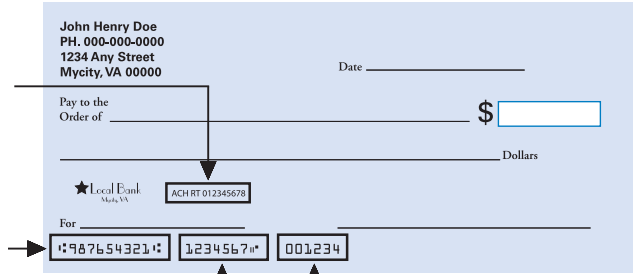
To find the routing and account numbers

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

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

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

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



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.

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 <i>If signing for an entity</i>	Date
X

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