

LIFE QUICK REQUEST OVERFLOW WORKSHEET

PROPOSED INSURED INFORMATION

Proposed Insured Name _____ Date of Birth _____

REPLACEMENT INFORMATION Overflow

2) Name of Company	Policy No.	Type of Existing Policy <input type="radio"/> Term <input type="radio"/> Universal Life <input type="radio"/> Annuity
To Be Replaced: <input type="radio"/> Yes <input type="radio"/> No	Year Issued:	Amount: \$
Beneficiary:	Type of exchange of existing coverage (e.g. lapse policy, loan or surrender):	Optional benefits for existing coverage (e.g. Waiver, Children's Insurance Rider):
3) Name of Company	Policy No.	Type of Existing Policy <input type="radio"/> Term <input type="radio"/> Universal Life <input type="radio"/> Annuity
To Be Replaced: <input type="radio"/> Yes <input type="radio"/> No	Year Issued:	Amount: \$
Beneficiary:	Type of exchange of existing coverage (e.g. lapse policy, loan or surrender):	Optional benefits for existing coverage (e.g. Waiver, Children's Insurance Rider):
4) Name of Company	Policy No.	Type of Existing Policy <input type="radio"/> Term <input type="radio"/> Universal Life <input type="radio"/> Annuity
To Be Replaced: <input type="radio"/> Yes <input type="radio"/> No	Year Issued:	Amount: \$
Beneficiary:	Type of exchange of existing coverage (e.g. lapse policy, loan or surrender):	Optional benefits for existing coverage (e.g. Waiver, Children's Insurance Rider):
5) Name of Company	Policy No.	Type of Existing Policy <input type="radio"/> Term <input type="radio"/> Universal Life <input type="radio"/> Annuity
To Be Replaced: <input type="radio"/> Yes <input type="radio"/> No	Year Issued:	Amount: \$
Beneficiary:	Type of exchange of existing coverage (e.g. lapse policy, loan or surrender):	Optional benefits for existing coverage (e.g. Waiver, Children's Insurance Rider):

BENEFICIARY INFORMATION Overflow (If percentage shares are not given, they will be equal)

<input type="radio"/> Primary <input type="radio"/> Contingent: (Full Name and Address)	% Share	Relationship to Proposed Insured	SSN or Tax ID	Date of Birth/Trust (Mo./Day/Yr.)
<input type="radio"/> Primary <input type="radio"/> Contingent: (Full Name and Address)	% Share	Relationship to Proposed Insured	SSN or Tax ID	Date of Birth/Trust (Mo./Day/Yr.)
<input type="radio"/> Primary <input type="radio"/> Contingent: (Full Name and Address)	% Share	Relationship to Proposed Insured	SSN or Tax ID	Date of Birth/Trust (Mo./Day/Yr.)

OWNER INFORMATION Overflow

<input type="radio"/> Owner <input type="radio"/> Contingent Owner: (Full Name and Address)	Relationship to Proposed Insured
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LIFE QUICK REQUEST AGENT WORKSHEET

AGENT ATTESTATION

Proposed Insured Name _____ Date of Birth _____

I state the following:

- I am a duly licensed and appointed (if appointment is required) life insurance agent in the state in which the applicant was solicited and in the state in which the policy, if one is issued, will be delivered.
- The product and amount of insurance identified is suitable in view of the owner's insurance needs and financial objectives.
- The information provided is complete, accurate, and correctly recorded.
- I authorize the Genworth Life Fulfillment Center's representative to obtain such administrative information as may be necessary to complete any life insurance application resulting from this lead submission, provided however, that any item of information or question from owner or Proposed Insured requiring the act or advice of a licensed life insurance agent will be referred to me for action before the application can be completed.
- If applicable, required forms have been provided.

Does the Proposed Insured/Owner have any existing life insurance or annuity? Yes No

Is this insurance applied for intended to replace, end or change any existing insurance or annuity? Yes No

Agent/broker signature _____ Date _____ Agent's Company Code No. _____

X _____

Managing Agency/Brokerage Printed Name _____ Managing Agency/Brokerage Code No. _____

1) Agent Printed Name _____ **SSN or Tax ID** _____

Work Phone # ext. _____ Email address _____

Address _____ Split % _____

2) Agent Printed Name	SSN or Tax ID	Agent's Company Code No.	Split %
3) Agent Printed Name	SSN or Tax ID	Agent's Company Code No.	Split %
4) Agent Printed Name	SSN or Tax ID	Agent's Company Code No.	Split %
5) Agent Printed Name	SSN or Tax ID	Agent's Company Code No.	Split %

* Split percentage total must equal 100%

NOTE

Sure Term[®] and Colony Series

The premium includes policy fee of \$50.

- For term life insurance policies, in certain instances, face amounts near the upper part of a band may have higher premiums than the minimum face amount of the next higher band. As always, we rely on you to ensure that your client is making a suitable choice.
- Premiums may be paid annually, semi-annually, quarterly or monthly (electronic funds transfer only). These factors and corresponding APRs are .51 for semi-annual (8.2%), .26 for quarterly (10.8%) or .0875 for monthly (10.8%). The yearly premium cost will be higher if premiums are paid semiannually, quarterly or monthly.

Genworth Life Insurance Company and Genworth Life and Annuity Insurance Company (Non-NY)

Products underwritten by Genworth Life Insurance Company or Genworth Life and Annuity Insurance Company, Lynchburg, VA

Genworth Life and Genworth Life & Annuity are licensed in all states except New York.

Sure Term[®] 10/15/20/30 term life insurance is subject to Policy Form No. GE-1420 et al.

Colony 10/15/20/30 term life insurance is subject to Policy Form No. 1420 (96) et al. or 1421 et al.

Products, features and benefits are not available in all states.

This is a partial product description. To accurately present this product you must fully understand its features, benefits and limitations, which are covered in more detail in the product's latest feature guide. Only the policy contains the actual terms and conditions of coverage.

Genworth Life Insurance Company of New York (NY only)

Products underwritten by Genworth Life Insurance Company of New York, New York, NY. Genworth Life Insurance Company of New York is licensed in New York.

Term 10/15/20/30 term life insurance is subject to Policy Form No. AM-1420.

Products, features and benefits are available only in New York.

This is a partial product description. To accurately present this product you must fully understand its features, benefits and limitations, which are covered in more detail in the product's latest feature guide. Only the policy contains the actual terms and conditions of coverage.

LIFE QUICK REQUEST TEMPORARY INSURANCE APPLICATION AND AGREEMENT (TIAA) WORKSHEET

Not available
in New Jersey

PLEASE READ THE FOLLOWING QUESTIONS AND ANSWER EACH TO DETERMINE ELIGIBILITY FOR TIAA:

- (1) Is the Proposed Insured less than 15 days old or more than 70 years old (age nearest birthday) on the date of this TIAA?
 Yes No
- (2) Is the policy applied for a joint life insurance policy?
 Yes No
- (3) Does the total amount of insurance on the Proposed Insured's life in force with the Insurer under any policies, conditional receipts, or Temporary Insurance Application and Agreements exceed \$1,000,000?
 Yes No
- (4) In the past 90 days, has the Proposed Insured been admitted, or medically advised to be admitted to a hospital or other licensed health care facility, had surgery performed or recommended, or been advised to have any diagnostic test (excluding an AIDS-related test) that was not completed?
 Yes No
- (5) In the past 5 years, has the Proposed Insured had, been treated for, or been advised to be treated for, heart disease, stroke, cancer, or alcohol or drug dependence or abuse?
 Yes No
- (6) Has a medical physician diagnosed the Proposed Insured as having Hepatitis C or Acquired Immunodeficiency Syndrome (AIDS)?
 Yes No

DO NOT PROCEED OR SUBMIT THIS FORM IF ANY ANSWER TO THE ABOVE QUESTIONS IS YES, TIAA IS NOT AVAILABLE.

AGENT ATTESTATION

I state the following:

1. I have explained the insurer's procedures for accepting premium with a life insurance application.
2. I have obtained the answers from the Proposed Insured and Proposed Owner to the questions on (a) the Temporary Insurance Application and Agreement (TIAA) and (b) this submission form and have accurately recorded them.
3. I have explained the terms of the TIAA to the Proposed Owner, including the terms that coverage will not begin if any of the TIAA questions are answered "Yes" or left blank on the date the TIAA is signed by the Proposed Owner and the premium is paid and that if any answers are false, temporary insurance might be denied or declined.
4. I have also explained to the Proposed Insured and Proposed Owner that they must be aware that any changes to the information (a) obtained by me when I asked the TIAA questions and (b) given in this submission form must be provided by them when completing the TIAA and life insurance application because the information in the TIAA and application must be accurate and up-to-date at the time the TIAA and application are signed.

Agent/Broker signature _____ Date _____

How does the Proposed Insured want to pay the initial premium?

- PAW
 Check
 Credit Card (not available in Alaska, California, Maryland, North Carolina, New Jersey, Pennsylvania, New York).

LIFE QUICK REQUEST WORKSHEET

This Worksheet cannot be used for NY when any question on form NY-1887 is answered "Yes."

PROPOSED INSURED INFORMATION Will the Proposed Insured require a Spanish Translator? Yes No

First Name _____ Middle _____ Last _____ Maiden: _____

Male Female Social Security Number _____ Date of Birth _____ Occupation _____

Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Ext. _____ Evening Phone _____

PROPOSED OWNER INFORMATION (if different from the Proposed Insured) *Please see Overflow page if additional space is needed.*

Full Name _____ SSN or TIN _____ Date of Birth/Trust _____

Relationship _____ Owner is: Partnership Individual Corporation Trust Other (Specify) _____

POLICY INFORMATION

Solicitation State _____ Policy Delivery State _____ Death Benefit Amount \$ _____

Premium Mode Direct Bill: Annual Semi-Annual Quarterly or PAW Monthly Modal Amount Quoted \$ _____

Company: GLIC (Sure Term®) GLAIC (Colony) GLICNY (Term) Term Period: 10 years 15 years 20 years 30 years

Optional Riders: (when available) Children's Insurance (____ Number of Units) (Term only, 1 unit = \$1,000 of coverage) Waiver of Premium

Will the Proposed Insured want a Temporary Insurance Application and Agreement (TIAA) issued at time of completing the application? Yes No

Note: Must complete the TIAA Worksheet and submit with this Worksheet. Not available in NJ.

PROPOSED INSURED HISTORY

Mark the one item that best describes the Proposed Insured's history of tobacco and other nicotine product use:

Never Used Totally Stopped Use Now

If "Totally Stopped," indicate number of years since totally stopped: Less than 1 1 or more/less than 2 2 or more/less than 3 3 or more/less than 5 5 or more

Has the Proposed Insured had, been treated for or been diagnosed by a Healthcare Professional as having: diabetes, cancer, heart disease, alcoholism, drug abuse, or high blood pressure or does the Proposed Insured have any other health problems, habits, or hobbies that may affect insurability. (If yes, preferred rates are unlikely.): Yes No

This information is requested solely for the purpose of assisting the general agent in providing a quote and obtaining pertinent underwriting information.

PURPOSE OF INSURANCE

If Personal: Income Replacement Debt Repayment Estate Conservation Other, Please Specify _____

Gross Annual Income \$ _____ Total Assets \$ _____ Total Liabilities \$ _____

If Business: Buy-Sell Key Employee Secure Credit Other, Please Specify _____

Total Assets \$ _____ Total Liabilities \$ _____ Net Worth \$ _____

What percentage of the business do you own? _____ % Gross Annual Salary (include bonus) \$ _____

Is business insurance applied for or in force on other key members of the business? Yes No

BENEFICIARY INFORMATION (If percentage shares are not given, they will be equal.) *Please see Overflow page if additional space is needed.*

Primary: (Full Name and Address)	% Share	Relationship to Proposed Insured	SSN or Tax ID	Date of Birth/Trust (Mo./Day/Yr.)
<input type="radio"/> Primary <input type="radio"/> Contingent: (Full Name and Address)	% Share	Relationship to Proposed Insured	SSN or Tax ID	Date of Birth/Trust (Mo./Day/Yr.)

REPLACEMENT INFORMATION

A. Yes No Does the Proposed Insured/Owner have any existing life insurance or annuities? **If yes - complete questions B-F**

B. Yes No Will the insurance applied for replace, end or change any existing life insurance or annuities?

C. Yes No Is Proposed Insured/Owner considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating the existing policy or contract?

D. Yes No Is the Proposed Insured/Owner considering using funds from existing policies or contracts to pay premiums due on the new policy or contract?

E. The Proposed Insured/Owner declined to have had the Agent read the "Important Notice: Replacement of Life Insurance or Annuities" form to them.

F. Please provide information on the existing policy. If more than one policy exists, use *Life Quick Request Overflow Worksheet*.

1. Name of Company: _____ To be replaced: Yes No Policy Number: _____ Year Issued: _____

Amt.\$ _____ Type of Existing Policy: Term Universal Life Annuity Beneficiary: _____

Type of exchange of existing coverage (e.g. lapse policy, loan or surrender): _____

Optional benefits for existing coverage (e.g. Waiver, Children's Insurance Rider): _____

Replacement Sales Certification



To be completed by producers with all sales involving replacements.

Name of Proposed Insured/Annuitant

Please list all company-approved sales materials used, including any electronically presented materials, in the sale of this policy or contract (including, but not limited to, sales material kit names, form numbers and brochure titles). If any individualized company-approved sales materials were used (e.g. illustrations or ledgers), identify them below and attach copies to this form. Please note that electronically presented sales materials must be given to the policy owner in printed form no later than the time of policy delivery.

I, the producer, certify that: (a) only company-approved sales materials listed above were used in this transaction and they are appropriate for the policy or contract applied for; (b) if used, any company-approved electronic sales materials will be printed and provided to the policy or contract owner prior to or at policy or contract delivery; (c) this sale conforms with the company's Replacement Policy (set forth below).

Producer's Signature

Date

Replacement Policy

We believe that replacement of an existing insurance or annuity policy must be appropriate for the customer and meet his or her needs or financial objectives. From a customer's perspective, an appropriate replacement is also one that is justified from either an economic or personal standpoint. The provisions, features and benefits of both the current and proposed product should be considered in relation to the client's needs, circumstances and goals. Some examples of the types of provisions that should be considered are: premium rate differences, differences in suicide and incontestability provisions for individual life insurance and pre-existing conditions, waiting periods, elimination periods, and probationary periods for health insurance policies. In addition, factors such as the age and health of the customer must be considered. Distributors are expected to provide all material information that the customer needs in order to ascertain whether replacement of an existing policy or contract is appropriate.

All replacements must be in compliance with applicable regulations and company rules. Many states require accurate written comparisons of existing and proposed contracts to be provided to the customer when proposing a replacement. Distributors are expected to know and comply with these requirements.

- Genworth Life and Annuity Insurance Company**
Annuity New Business • 6610 West Broad Street, Richmond, VA 23230
Fixed Life New Business • P.O. Box 320 • Lynchburg, VA 24505-0320
Variable Life New Business • 3100 Albert Lankford Drive • Lynchburg, VA 24501

- Genworth Life Insurance Company**
Annuity New Business • 6610 West Broad Street, Richmond, VA 23230
Fixed Life New Business • P.O. Box 461 • Lynchburg, VA 24505-0461
Variable Life New Business • 3100 Albert Lankford Drive • Lynchburg, VA 24501