

LIFE QUICK REQUEST OVERFLOW WORKSHEET

PROPOSED INSURED INFORMATION

Proposed Insured Name _____ Date of Birth _____

PROPOSED OWNER INFORMATION (if different from the Proposed Insured)

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

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

Address _____ City _____ State _____ Zip _____ Percentage _____

Additional Owner Information

<input type="radio"/> Owner <input type="radio"/> Contingent Owner: (Full Name and Address)	Relationship to Proposed Insured
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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.)

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):

LIFE QUICK REQUEST AGENT WORKSHEET



PRODUCER REPLACEMENT SALES CERTIFICATION

Complete this section only if replacement is applicable.

Must be completed and signed by the producer

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, such as 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 signature _____ **Date** _____
 (please sign only if replacement is applicable)

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.

AGENT ATTESTATION

Proposed Insured Name _____ **Date of Birth** _____

I state the following:

- I am 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 are 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, I have explained that disbursement options such as loans, withdrawals or surrenders are not available through Life Quick Request and have advised the applicant they should apply outside of this process if they wish to pursue.
- If applicable, required forms have been provided.
- I have obtained sufficient information about the client to mitigate risks associated with money laundering, terrorist activity/funding, and to avoid doing business with a sanctioned individual or resident of a sanctioned country.
- I have read and disclosed the Important Product Information on the back of this worksheet.

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

In addition to the authorizations referenced in the preceding paragraphs, signing below will constitute my legally binding signature on the completed application and on all supporting documentation for the client(s) referenced in the quick request associated with this attestation.

I hereby agree to the provisions in this attestation and affix my signature to the attestation and those documents referenced therein by signing below.

AGENT/BROKER SIGNATURE *required for submit* _____ **Date** _____

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

1) Agent Printed Name _____ **SSN or Tax ID** _____ **Agent's Company Code No.** _____

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 %

Important Product Information for ColonySM Term UL:

Please note Life Quick Request is designed for customers planning on a premium pattern that can guarantee coverage for the same number of years reflected in the product name, e.g., 10 years for ColonySM Term UL 10, 20 years for ColonySM Term UL 20, etc. If your client wants a different coverage period or plans on a different payment pattern, then please submit a GEFA 599 and a projection, that reflects your client's wishes. The final planned premium will be determined when and if a policy is issued. The ColonySM Term UL products do not have level or fixed premiums, and the customer may choose other planned premium patterns that can also provide coverage for the customer's desired number of years.

*All references to guarantees refer to the policy's death-benefit guarantee. Coverage Protection Benefit, which is a conditional guarantee that can keep the policy in force even if the policy value is not sufficient to do so. Certain policy rights, if exercised, can end this guarantee.

For ColonySM Term UL policies, it is possible that the insurance charges for some face amounts near \$200,000, but below it, can be higher than for face amounts near \$200,000, but above it, because of the different risk rates per thousand above and below \$200,000.

Although ColonySM Term UL products do not have level or fixed premiums, the Company will set up planned premiums for any mode – annually, semi-annually, quarterly, or monthly (electronic funds transfer only). Because of the interest components of the policy, it will perform better the earlier your customer pays premiums. For example, if your customer chooses a planned periodic premium to guarantee coverage for a period of time, yearly premium costs will be lower with annual payments at the beginning of the year than with semiannually, quarterly or monthly payments.

Children's Insurance Rider

Provides term life insurance coverage for each dependent child age 15 days – 18 years. Up to \$10,000 coverage may be purchased in \$1,000 increments. Coverage on a dependent child terminates on the earlier of the child's 21st birthday or the policy anniversary nearest the insured's 65th birthday. Please refer to the most current edition of the product's feature guide for additional information and restrictions.

Waiver of Specified Premium Rider:

In the event that the Insured becomes Totally Disabled, as defined in the Rider, the Company will treat the specified premium as being paid at the beginning of each policy month while the Insured remains totally disabled until the Benefit Expiry Date. The treatment of the specified premium as being paid shall begin on the first day of the policy month on or immediately following the date Total Disability begins. In order for the Company to treat the specified premium as being paid, the Total Disability must begin on, or after, the policy anniversary nearest the Insured's 15th birthday and before the policy anniversary nearest the Insured's 60th birthday. If premium in excess of the specified premium is required to keep the policy in effect, this additional premium must be paid, even though the Insured remains totally disabled, in order to avoid termination of coverage. The amount of premium chosen upon purchase of the policy may not be changed later.

The Company limits the amount of the specified premium to the minimum amount of premium that, if paid at the beginning of each policy month, will keep this policy in effect only to the end of the initially guaranteed period. For example, if a ColonySM Term UL 20 policy is chosen and premiums, if paid as planned, would maintain the policy in effect to the end of the 20th policy year, the specified premium is limited to the minimum amount of premium that if paid monthly at the beginning of each policy month would keep the policy in effect for 20 years. If the Insured is totally disabled at the end of the initially guaranteed period, the specified premium being waived will not continue the policy in effect unless more premium is paid.

Genworth Life and Annuity Insurance Company (Non-NY)

Products underwritten by Genworth Life and Annuity Insurance Company, Richmond, VA
Genworth Life & Annuity is licensed in all states except New York.

ColonySM Term UL is subject to Policy Form No. ICC09GA1002 or GA1002-0709 et al.
Products, features and benefits are not available in all states.

Genworth Life Insurance Company (Non-NY)

Products underwritten by Genworth Life Insurance Company, Richmond, VA
Genworth Life is licensed in all states except New York.

ColonySM Term UL is subject to Policy Form No. ICC09GL1002 or GL1002-0709 et al.
Products, features and benefits are not available in all states.

Genworth Life and Annuity Insurance Company (New York only)

Products underwritten by Genworth Life Insurance Company of New York, New York, NY
Only Genworth Life Of New York is licensed to conduct business in New York.

ColonySM Term UL NY is subject to Policy Form No. GY1002-0709

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.

Important Product Information for ColonySM LifeLong UL:

Please note Life Quick Request is designed for customers planning on a premium pattern that can guarantee coverage for the number of years requested. If your client wants a payment pattern, then please submit a GEFA 599 and a projection, that reflects your client's wishes. The final planned premium will be determined when and if a policy is issued. The ColonySM LifeLong UL products do not have level or fixed premiums, and the customer may choose other planned premium patterns that can also provide coverage for the customer's desired number of years.

*All references to guarantees refer to the policy's death-benefit guarantee – the Coverage Protection Benefit, which is a conditional guarantee that can keep the policy in force even if the policy value is not sufficient to do so. Certain policy rights, if exercised, can end this guarantee.

Although ColonySM LifeLong UL products do not have level or fixed premiums, the Company will set up planned premiums for any mode – annually, semi-annually, quarterly, or monthly (electronic funds transfer only). Because of the interest components of the policy, it will perform better the earlier your customer pays premiums. For example, if your customer chooses a planned periodic premium to guarantee coverage for a period of time, yearly premium costs will be lower with annual payments at the beginning of the year than with semiannually, quarterly or monthly payments.

Children's Insurance Rider

Provides term life insurance coverage for each dependent child age 15 days – 18 years. Up to \$10,000 coverage may be purchased in \$1,000 increments. Coverage on a dependent child terminates on the earlier of the child's 21st birthday or the policy anniversary nearest the insured's 65th birthday. Please refer to the most current edition of the product's feature guide for additional information and restrictions.

Waiver of Specified Premium Rider:

In the event that the Insured becomes Totally Disabled, as defined in the Rider, the Company will treat the specified monthly waiver benefit as being paid at the beginning of each policy month while the Insured remains totally disabled until the Benefit Expiry Date. The treatment of the monthly waiver benefit as being paid shall begin on the first day of the policy month on or immediately following the date Total Disability begins. In order for the Company to treat the monthly waiver benefit as being paid, the Total Disability must begin on, or after, the policy anniversary nearest the Insured's 15th birthday and before the policy anniversary nearest the Insured's 60th birthday. If premium in excess of the monthly waiver benefit is required to keep the policy in effect, this additional premium must be paid, even though the Insured remains totally disabled, in order to avoid termination of coverage. The amount of monthly waiver benefit chosen upon purchase of the policy may not be changed later.

The Company limits the amount of the monthly waiver benefit to the minimum amount of premium that, if paid at the beginning of each policy month, will keep this policy in effect only to the end of the initially guaranteed period. For example, if a ColonySM LifeLong UL policy is chosen and premiums, if paid as planned, would maintain the policy in effect to the end of the 40th policy year, the monthly waiver benefit is limited to the minimum amount of premium that if paid monthly at the beginning of each policy month would keep the policy in effect for 40 years. If the Insured is totally disabled at the end of the initially guaranteed period, the monthly waiver benefit being waived will not continue the policy in effect unless more premium is paid.

Genworth Life and Annuity Insurance Company (Non-NY)

Products underwritten by Genworth Life and Annuity Insurance Company, Richmond, VA
Genworth Life & Annuity is licensed in all states except New York.

ColonySM LifeLong UL is subject to Policy Form No. ICC09GA1002 or GA1002-0709 et al.
Products, features and benefits are not available in all states.

Genworth Life Insurance Company (Non-NY)

Products underwritten by Genworth Life Insurance Company, Richmond, VA
Genworth Life is licensed in all states except New York.

ColonySM LifeLong UL is subject to Policy Form No. ICC09GL1002 or GL1002-0709 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.

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 and accurately recorded the answers to the questions on the Temporary Insurance Application and Agreement (TIAA) and this submission form from the Proposed Insured and Proposed Owner, and
- 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 that the Proposed Owner and Proposed Insured must be aware that any changes to the information obtained by me when I asked TIAA questions and this submission form must be provided by the Proposed Owner when completing the TIAA and application because the information provided on the TIAA and application must be accurate and up-to-date at the time the TIAA and application are signed by the Proposed Insured and the Proposed Owner.

Agent/Broker signature _____ Date _____

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

- Electronic Funds Transfer (EFT) Monthly
- Credit Card *(not available in Alaska, California, Maryland, North Carolina, New Jersey, Pennsylvania, New York).*