

Genworth Life & Annuity Genworth Life Genworth Life of New York PO Box 40016 Lynchburg, VA 24506-4016 Tel: 888 GENWORTH (888 436.9678)

Certification of trustee powers

from Genworth Life and Annuity Insurance Company, Genworth Life Insurance Company and Genworth Life Insurance Company of New York †

Page **1** of 2

- Use this form to provide information about a trust.
- Please read this entire form and complete all required fields before signing.
- If more space is needed, attach a separate sheet of paper.

Application, contract or policy information

	This form is being concentration in Existing life insurance in Existing annuity		Application for aApplication for a	a life insurance policy an annuity	,	
	Application, contract or policy number(s) Use only the space Proposed insured/insured/annuitant name(s)					
Trust information						
This section must be completed. In addition, if the trust is a Grantor Trust, please complete the section below.	Trust title, example: "Jones Family Trust" Trustee name(s) and address(es) Printed •					
		•		Tax Identification N	lumber (TIN)	
	Transaction requests Any one trustee		,			
Grantor Trust information If a Grantor Trust (IRC §§ 671-679), please provide the Grantor name and Social Security Number.	If yes, provide the fo	○ No				
For additional grantors, provide names and Social Security numbers on an additional sheet of paper and attach to this form.	Grantor name Grantor name			Social Security Number Social Security Number		
	Address					
	City •			State •	Zip code	



Certification of trustee powers Page 2 of 2 Proposed insured/insured/annuitant name(s) Date(s) of birth Application, contract or policy number(s) Use only the spaces needed Trust information Continued **Control of Trust and Trustee** 1. Is the trust identified above, or are you as trustee, acting under the control or direction of another person or entity with respect to the application, policy or contract identified above? These questions must be answered. O Yes O No

2. If the answer to the previous question is "Yes," (a) Identify the person(s) or entity under whose control or direction the trust is or you are acting.

(b) Describe the nature and extent of such control or direction.

(c) Provide an explanation of the source of funds used to pay premiums for the policy or contract.

3. Please identify: (a) The person or entity, if any, who or which has the power to remove you as trustee

(b) The person or entity, if any, who or which has the power to change the beneficiary(ies) of the trust.

Certification and signatures

The Genworth Financial companies listed above are referred to as "we" and "us" in this document. The trustee(s) is referred to as "you" in this document.

By signing below, you

- certify that you have the power under the Trust Agreement to exercise the rights, privileges, options and benefits granted to the Trust pursuant to the terms of the contract(s)/policy(ies) listed above, as issued; and you understand and agree that we are not obligated to verify the trust is in effect or that you are acting within your approved authority when you exercise these rights;
- · jointly and severally indemnify and hold us harmless from any liability for acting according to your instructions under the referenced Trust Agreement; and
- agree to inform us in writing of any change in the trustee(s) or any change of information provided in this form.

For new life insurance policies and for existing policies in states requiring that an insurable interest exist on transfer of issued policies, you

- agree that only those who have an insurable interest in the life of the Insured/Proposed Insured are now, can or will be beneficiaries of the trust; and
- have not, and will not, transfer for consideration any interest in the policy to any party who has no insurable interest in the Insured/Proposed Insured.

Trustee signature		Date
X	, Trustee	
Trustee signature		Date
X	, Trustee	
Trustee signature		Date
X	, Trustee	