

LIFE QUICK REQUEST WORKSHEET

This Worksheet cannot be used in NY where 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 _____

Is the owner other than the Proposed Insured? (if yes, please see overflow page to complete additional information) Yes No

POLICY INFORMATION (Required for Submit)

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

Premium Mode Direct Bill: Annual Semi-Annual Quarterly *or* PAW Monthly

Company: GLIC GLAIC GLICNY

Product: ColonySM Term UL 10 ColonySM Term UL 15 ColonySM Term UL 20 ColonySM Term UL 30

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

PURPOSE OF INSURANCE

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

Gross Annual Income \$ _____ Household Income \$ _____ (if Gross Annual Income is equal to zero)

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.)

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): _____

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.

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?

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

NOTICE AND CONSENT TO EMPLOYER'S APPLICATION FOR LIFE INSURANCE



Genworth Life Insurance Company
P.O. Box 461, Lynchburg, VA 24505-0461
888.325.5433

Genworth Life and Annuity Insurance Company
P.O. Box 320, Lynchburg, VA 24505-0320
888.325.5433

1. EMPLOYEE (PROPOSED INSURED) INFORMATION

a. Full Name (First, Middle, Last. Include maiden name in parentheses.)		b. Gender <input type="radio"/> F <input type="radio"/> M	c. Date of Birth	d. Social Security Number
e. Street Address	f. City	g. State	h. Zip Code	
i. Occupation				

2. EMPLOYER (OWNER) INFORMATION

a. Full Legal Name				
b. Street Address	c. City	d. State	e. Zip Code	

3. NOTICE BY EMPLOYER (OWNER)

- a. Employer intends to apply for insurance on the life of the Employee (Proposed Insured).
- b. The maximum face amount the Employee (Proposed Insured) could be insured for at the time the contract is issued is \$ _____
- c. The Employer will be the Owner of any policy issued and a beneficiary of any proceeds payable upon the Employee's (Proposed Insured's) death.
- d. State and federal law may limit the right of an Employer to buy life insurance on employees and former employees. Employer certifies that it has independently determined that the purchase of life insurance covered by this form complies with applicable laws and regulations.

4. CONSENT OF EMPLOYEE (PROPOSED INSURED)

- a. I consent to being an insured under the life insurance policy for which my Employer intends to apply.
- b. I consent to my Employer continuing coverage, after my employment ends, under any policy issued.
- c. I understand that my Employer will own the policy. Unless provided in a separate agreement, my Employer will receive all of the death proceeds and my personal representative, next of kin, and heirs at law will have no beneficial interest in the policy or its death proceeds.

AGREEMENT AND AUTHORIZATION

This form is provided as a convenience to the employer and to obtain information that may be needed for information reporting services. By providing this form, the Company makes no representation that completing it will constitute compliance with any law or regulation, tax or otherwise. Federal tax law specifies that the death benefits of certain employer-owned life insurance contracts will not be completely excluded from federal gross income of the employer unless notice-and-consent requirements and other requirements specified in the law are fulfilled.

The Genworth Financial companies and their representatives and distributors do not provide tax or legal advice. We did not create this form for use by any taxpayer to avoid any Internal Revenue Service penalty. You should ask your independent tax and legal advisors for advice based on your particular situation.

A photocopy of this form shall be as valid as the original.

Signature of Employee (Proposed Insured) _____ Date

Signature of Employer (Owner) _____ Date

Title



SUPPLEMENT TO LIFE APPLICATION PART I – ADDITIONAL INSURABLE INTEREST QUESTIONS

Select one: Genworth Life Insurance Company Genworth Life and Annuity Insurance Company

Proposed Insured:

Full name (first, middle, last, suffix or maiden)	Social Security Number	Date of Birth (MM/DD/CCYY)
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1. Will or has the Proposed Insured, Owner, and/or any other person:
 - a. Receive(d) a cash advance or other inducement, such as "free insurance", in connection with this application for life insurance? Yes No
If "Yes", provide details in #5 below.
 - b. Borrow(ed) money to pay premiums for this policy? Yes No
If "Yes", provide details in #5 below.
 - c. Enter(ed) into a finance agreement that entitles a lender or investor to a portion of the death benefit above and beyond the repayment of principal and interest on the loan? Yes No
If yes, please provide a copy of the finance agreement.
2. Will or has the Proposed Insured and/or Owner transferred a policy for value? Yes No
If "Yes", provide details in #5 below.
3. Does a viatical or life settlement company own a policy on the Proposed Insured? (A viatical or life settlement company buys existing life insurance policies) Yes No
If "Yes", provide details in #5 below.
4. If the policy is issued, does the Owner intend to transfer it by gift or otherwise? Yes No
If "Yes", provide details in #5 below.
5. Detail Section for "Yes" answers to questions above:

Representations

I represent that the statements and answers given in the application are true, complete, and correctly recorded to the best of my knowledge and belief. I agree that: (1) I will notify the Insurer if any statement or answer given in the application changes prior to delivery; and (2) except as provided in the Temporary Insurance Application and Agreement, if any, insurance will not begin unless all persons proposed for insurance are living and insurance as set forth in the application at the time a policy is delivered to the Owner and the first modal premium is paid.

Signature of Proposed Insured	Date
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Signature of Owner (if other than Proposed Insured)	Date
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