

SERFF Tracking Number: GEFA-125974739 State: Arkansas  
Filing Company: Genworth Life and Annuity Insurance Company State Tracking Number: 41288  
Company Tracking Number: 43650 11/2008  
TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable  
Product Name: Immediate Annuity Application  
Project Name/Number: Immediate Annuity Application/43650 11/2008

## Filing at a Glance

Company: Genworth Life and Annuity Insurance Company  
Product Name: Immediate Annuity Application SERFF Tr Num: GEFA-125974739 State: ArkansasLH  
TOI: A05I Individual Annuities- Immediate Non- Variable SERFF Status: Closed State Tr Num: 41288  
Sub-TOI: A05I.000 Annuities - Immediate Non- variable Co Tr Num: 43650 11/2008 State Status: Approved-Closed  
Filing Type: Form Co Status: Reviewer(s): Linda Bird  
Author: Brenda Bond Disposition Date: 01/12/2009  
Date Submitted: 01/09/2009 Disposition Status: Approved  
Implementation Date Requested: On Approval Implementation Date:  
State Filing Description:

## General Information

Project Name: Immediate Annuity Application Status of Filing in Domicile: Pending  
Project Number: 43650 11/2008 Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Group Market Size:  
Overall Rate Impact: Group Market Type:  
Filing Status Changed: 01/12/2009 Deemer Date:  
State Status Changed: 01/12/2009  
Corresponding Filing Tracking Number:  
Filing Description:  
43650 11/2008, Immediate Annuity Application

The attached form is enclosed for your review and approval. This is a new form and will not replace any existing form. This application is being submitted for approval under both Genworth Life Insurance Company and Genworth Life and Annuity Insurance Company as separate filings.

SERFF Tracking Number: GEFA-125974739 State: Arkansas  
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This application may be used with any single premium immediate annuity contract approved and available for use in your state.

When scored with the base contract, the Flesch score on this application exceeds 50.

The underlying SPIA product will be marketed by licensed agents and brokers to individuals through traditional distribution systems as well as to customers of financial institutions. There is no special market intended. Issue ages will be based on the underlying contract issue ages.

If there are any questions, please contact me using the information provided below.

Sincerely,

Brenda Bond  
Contract Analyst  
email: [brenda.bond@genworth.com](mailto:brenda.bond@genworth.com)  
Phone: (804) 922-5133  
Fax: (804) 289-6880

## Company and Contact

### Filing Contact Information

Brenda Bond, Contract Analyst  
6610 W Broad Street  
Richmond, VA 23230  
[brenda.bond@genworth.com](mailto:brenda.bond@genworth.com)  
(804) 922-5133 [Phone]  
(804) 281-6916[FAX]

### Filing Company Information

Genworth Life and Annuity Insurance Company CoCode: 65536  
6620 W Broad Street  
Richmond, VA 23230  
(804) 281-6600 ext. [Phone]  
Group Code: 350  
Group Name:  
FEIN Number: 54-0283385  
State of Domicile: Virginia  
Company Type: LifeHealth & Annuity  
State ID Number:



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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life and Annuity Insurance Company	\$20.00	01/09/2009	24920104

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	01/12/2009	01/12/2009

*SERFF Tracking Number:* GEFA-125974739      *State:* Arkansas  
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Variable  
*Product Name:* Immediate Annuity Application  
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## **Disposition**

Disposition Date: 01/12/2009

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Fee		Yes
Supporting Document	Variability		Yes
Form	Immediate Annuity Application		Yes

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## Form Schedule

Lead Form Number: 43650 11/2008

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	43650 11/2008	Application/Immediate Annuity Enrollment Form	Application	Initial		50	43650_110108_gnw.pdf



**Genworth**<sup>®</sup>  
Financial

Genworth Life & Annuity  
Genworth Life  
Tel: xxx xxx.xxxx  
Fax: xxx xxx.xxxx  
genworth.com

# SecureLiving<sup>®</sup> Income Provider

## immediate annuity application

from Genworth Life and Annuity Insurance Company  
and Genworth Life Insurance Company

Page 1 of 8

• For application help, please call xxx xxx.xxxx

• You must return all pages

### 1. Owner information

Genworth Life & Annuity and Genworth Life are referred to as "the Company" in this document.

The owner(s) address must be a physical U.S. address, and not a P.O. box.

If any owner is not a U.S. citizen, attach IRS W-9 form; if non-resident alien, attach W-8 BEN instead.

Please ensure all owner & joint owner information is provided.

Joint owners are allowed on non-qualified contracts only.

Name of state where contract will be **delivered**

#### Owner type *Select one*

- Individual       Trust *Certification of trustee powers form required*  
 Custodial       Corporation *Corporate resolution required*  
 Partnership *Partnership agreement required*

**Owner/Trust name** *First, M.I., Last*

Birth/trust date

- Male  
 Female  
 Entity

Address

City

State

Zip

Social Security/Tax ID Number

Telephone number

Country of citizenship

If non-U.S. citizen *Select one*

- Non-resident alien     Resident alien

**Joint owner name** *First, M.I., Last*

Birth date

- Male  
 Female

Address

City

State

Zip

Social Security/Tax ID Number

Telephone number

Country of citizenship

If non-U.S. citizen *Select one*

- Non-resident alien     Resident alien

### 2. Annuitant information

The annuitant is the person on whose life expectancy any life contingent income payments are based.

The annuitant(s) cannot be changed after the contract has been issued.

For IRA contracts the owner must be the annuitant.

**You must include a copy of proof of birth date for each annuitant. Some examples include driver's license, passport, military I.D.**

**Annuitant** *If different than owner shown above*

Name *First, M.I., Last*

Birth date

- Male  
 Female

Social Security/Tax ID Number

Relationship to owner

Resident state

#### Joint annuitant

Name *First, M.I., Last*

Birth date

- Male  
 Female

Social Security/Tax ID Number

Relationship to owner

Resident state

If two annuitants are named, income payments will continue upon death of the first annuitant.

**Select one payment reduction below** *If none are selected, payments will not reduce.*

- Payments will not reduce  
 Payments will reduce to ..... % upon death of the primary annuitant only  
 Payments will reduce to ..... % upon death of either annuitant



**3. Payee information**

The total for all payees must be 100%.

Payments cannot be made directly to a minor.

Additional payees can be specified on a [Payee overflow form.]

If no payee is indicated, we will assume equal distribution among all contract owners.

For all IRA contracts the owner must be the sole payee, except for qualified charitable distributions after age 70.

**Do you want to make the below payee election(s) irrevocable?**

Yes *If marked, payees cannot be changed in the future*

<b>Payee</b> <i>Select one</i>	<b>Percentage of payment</b> % .....	
<input type="radio"/> Same as owner(s) <i>Shown on page 1</i>		
<input type="radio"/> Other payee <i>Complete information below</i>		
Other payee name	Birth date	
.....	.....	
Address	.....	
.....	.....	
City	State	Zip
.....	.....	.....
Social Security/Tax ID Number	Telephone number	
.....	.....	

<b>Payee</b> <i>Select one</i>	<b>Percentage of payment</b> % .....	
<input type="radio"/> Same as owner(s) <i>Shown on page 1</i>		
<input type="radio"/> Other payee <i>Complete information below</i>		
Other payee name	Birth date	
.....	.....	
Address	.....	
.....	.....	
City	State	Zip
.....	.....	.....
Social Security/Tax ID Number	Telephone number	
.....	.....	

**4. Beneficiary information**

 Do not name any beneficiaries if **Lifetime only** payment option is elected in Section [6.]

Surviving or existing owners have rights to death benefits prior to any beneficiary.

If there are no surviving or existing owners and you do not name a beneficiary, your estate will be the beneficiary by default. If you do not indicate a beneficiary type, the beneficiary type will be primary.

 For each beneficiary type selected, allocated percentages must total 100%. Enter whole percentages only.

If any beneficiary is not a U.S. citizen, attach IRS W-9 form; if non-resident alien, attach W-8 BEN instead.

Additional beneficiaries can be named on the [Beneficiary overflow form.]

**Do you want to make the below beneficiary election(s) irrevocable?**

Yes *If marked, beneficiaries cannot be changed in the future*

<b>Beneficiary type</b> <i>Select one</i>			<input type="radio"/> Male
<input type="radio"/> Primary	<input type="radio"/> Contingent	<input type="radio"/> Female	
		<input type="radio"/> Entity	
Beneficiary/trust name <i>First, M.I., Last</i>	Birth/trust date		
.....	.....		
Social Security/Tax ID Number	Relationship to owner	Allocated percent	
.....	.....	%	

<b>Beneficiary type</b> <i>Select one</i>			<input type="radio"/> Male
<input type="radio"/> Primary	<input type="radio"/> Contingent	<input type="radio"/> Female	
		<input type="radio"/> Entity	
Beneficiary/trust name <i>First, M.I., Last</i>	Birth/trust date		
.....	.....		
Social Security/Tax ID Number	Relationship to owner	Allocated percent	
.....	.....	%	

<b>Beneficiary type</b> <i>Select one</i>			<input type="radio"/> Male
<input type="radio"/> Primary	<input type="radio"/> Contingent	<input type="radio"/> Female	
		<input type="radio"/> Entity	
Beneficiary/trust name <i>First, M.I., Last</i>	Birth/trust date		
.....	.....		
Social Security/Tax ID Number	Relationship to owner	Allocated percent	
.....	.....	%	



**5.] Contract type and source of funds**

**5a.] Premium and plan information** Enter the exact amount submitted by check or wire with application \$ .....

The minimum premium amount accepted is [\$5,000]. Enter estimated amount expected from 1035 tax-free exchange(s) or transfer(s) \$ .....

 Complete Section [5b or 5c] below

**5b.] Non-qualified contract**

**Source of funds** Indicate all that apply

- New purchase Cash with application
- 1035 Tax-free exchange
- Liquidation of money market account/certificate of deposit/mutual fund
- Other .....

**5c.] Qualified contract**

**Source of funds** Indicate all that apply

- Direct transfer Transfer from prior plan payable directly to Genworth Life or Genworth Life & Annuity to fund the same type of plan. For example, IRA to IRA. Includes 403(b) In-Plan exchanges.
- Direct rollover from: Distribution from prior plan payable directly to Genworth Life or Genworth Life & Annuity to fund a plan. For example: 401(k) to IRA
  - 401(a)       401(k)       TSA/403(b)
  - Gov't 457(b) plan       Other: .....
- Customer rollover Distribution from prior plan generally payable to owner that owner reinvests with Genworth Life or Genworth Life & Annuity to fund a plan within 60 days.
- Transfer from inherited IRA You must select "Inherited IRA" below
- Other .....

**Type of qualified contract** Select one

- Traditional IRA Includes custodial ownership, if marked in section [1]
- Inherited IRA Known as a beneficiary IRA. In order to process the application, you must have inherited the IRA directly from the deceased IRA owner (including a spouse who continued the IRA).
- Roth IRA Includes custodial ownership, if marked in section [1]
- Defined Benefit Plan Generally used to distribute benefits from a non-individual account plan
- Defined Contribution Plan Generally used to distribute benefits from an individual account plan

**6.] Optional benefits**

All endorsements and/or riders may not be available in all states, markets or with all payment types.

**Options 1 and 2 may not be selected in combination with each other**

- 1. I elect the commutation endorsement Not available with Lifetime only payment option
- 2. I elect the restrictions endorsement Income Advance is not provided with this option
- 3. I elect the **cost of living adjustment** Indicate a percentage and select compound or simple % ..... From [1.0% to 6.0%]
  - Compound     Simple



**7.] Annuity payment period**

All payment types may not be available in all states or markets.

**!** If **Lifetime only** is elected, ensure no beneficiaries are named in section [4.]

**Payment options** *Select one and enter any necessary detail*

- Certain period only guaranteed for ..... years ..... months *From 5 to 50\* years*
- Lifetime only
- Lifetime with certain period for ..... years ..... months *From 5 to 50\* years*
- Lifetime with cash refund
- Lifetime with installment refund

*\* Company approval is required when the guarantee period plus any annuitant's age exceeds 100 on non-qualified contracts. A guarantee past life expectancy cannot be provided on an IRA or other qualified contracts. For Roth IRA contracts, a guarantee past the beneficiary's life expectancy should ordinarily not be selected. Life expectancy is based on applicable IRS tables.*

**8.] Payment detail**

**!** If you leave this section blank, payments will start one month from date all premium is received with a monthly payment frequency.

The payment amount may differ if the time between the actual premium receipt date and the income start date are different than the quote.

**Select one payment option below, then indicate payment frequency**

- 1. I would like my first payment to be made one month from the receipt date of all premium.

NOTE: Your payment amount may vary from any amount previously quoted.

- 2. I would like my first payment to be made on mm / dd / yyyy.

NOTE: To avoid delay, all premiums and required paperwork must be received at least one business day prior to the requested payment date. Your payment amount may vary from any amount previously quoted.

- 3. I would like my payment to be in the amount of \$ .....

If this is a transfer and the premium received cannot support the payment amount above, please:

- Issue the contract for the reduced payment amount
- Call my advisor

**Payment frequency** *Select one*

- Monthly
- Quarterly
- Semi-annually
- Annually

**9.] Payment method choice** *Select one*

If selecting this option, enter the payee's account information.

EFT information for additional payees can be specified on a [Electronic Funds Transfer form.]

**Electronic Funds Transfer**

**Direct deposit authorization**

I authorize the Company to automatically transfer payments into my account. I further authorize the Company to make any necessary adjustments to my account and notify me or my agent. I authorize the named institution to complete the transaction specified herein. This authorization will remain in effect until I notify the Company in writing.

Account owner name

.....

Institution name for deposit

Bank routing number

.....

Account number for deposit

Savings

Checking

.....

Money market (brokerage account)

**Check**

Checks will be sent to the payee(s) in section 3.



**[10.] Income tax withholding**

**[10a.] Federal tax**

If you leave this section blank, we will withhold federal tax.

**Do you want federal income tax withheld?**

- Yes
- No

If yes, answer federal W-4P questions below.

[If you live in GA, you must answer the W-4P questions whether or not you have federal tax withheld.]

**W-4P questions**

1. Marital status

- Single
- Married
- Married, but withhold at higher Single rate

2. Number of withholding allowances: .....

3. Additional withholding

Enter additional amount, if any, you would like deducted from each payment.

\$ .....

**[10b.] State tax**

• If you live in [DE, KS, NE, OK or VT] and you have federal income tax withheld, **state withholding will be based on state tax rates and your responses to the W-4P questions above.** In [KS, NE or OK] you may check "No" below to avoid state withholding that would otherwise be required based on your federal Form W-4P.

• If you live in [CA, IA, MA, ME, NC, OR or VA] **you must complete state withholding if you have federal income tax withheld.**

• **You must specify state withholding** if you do not have federal tax withheld but want [AZ, CA, CT or OR] income tax withheld.

• If you live in any state other than [PA and HI] you may specify an amount or percentage for us to withhold from each annuity payment.

**Do you want state income tax withheld?**

- Yes
- No

If yes, enter dollar amount or percentage.

\$ .....

..... %

• In the following states you must specify the amount or percentage of state tax to withhold: [AL, AR, CO, DC, ID, IL, IN, KY, LA, MD, MI, MN, MO, MT, NJ, NY, NM, OH, SC, UT, WI or WV.]

**[10c.] Tax information**

- Withholding will apply only to the portion of each payment that is subject to federal income tax.
- Even if you elect not to have state income taxes withheld from your annuity payments, you are liable for payment of, if applicable, state income taxes on the taxable portion of your withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. You may be able to avoid quarterly tax payments by having enough tax withheld from your annuity payments.
- It is important that you provide us with the proper Social Security or taxpayer identification number. If you do not supply this number, we will proceed with automatic withholding of any required state taxes.
- If applicable, the state withholding certificate may state special rules and conditions for withholding state income tax from your annuity payments.
- Consult your personal tax advisor regarding the tax status of distributions from your annuity.



11. State notices

**ARIZONA, PLEASE NOTE: RIGHT TO EXAMINE:** Upon written request, the Company will provide to the Contract Owner within a reasonable time, factual information on the benefits and provisions of this Contract. If for any reason the Contract Owner is not satisfied, the Contract may be returned to the Company or agent within 30 days after delivery and the Contract will be voided. Any premium received by the Company, less any payments made by the Company, will be returned to the premium payor.

**ARKANSAS, KENTUCKY, LOUISIANA, NEW MEXICO, OHIO, AND PENNSYLVANIA, PLEASE NOTE:** Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**COLORADO, PLEASE NOTE:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**DISTRICT OF COLUMBIA, WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**FLORIDA, PLEASE NOTE:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**MAINE, TENNESSEE, VIRGINIA, WASHINGTON, PLEASE NOTE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**MARYLAND, PLEASE NOTE:** Any person who knowingly and willfully presents a fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NEW JERSEY, PLEASE NOTE:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**OKLAHOMA, WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**ALL OTHER STATES, PLEASE NOTE:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.



**12. Owner signature**

 You must answer the two questions to the right.

- 1. Do you have any existing life insurance policy(ies) or annuity contract(s)?**  Yes  No
- 2. Will the proposed annuity replace and/or change any existing annuity or insurance contract(s)?**  Yes  No

 If the answer to either question above is yes, replacement forms and/or additional forms may be required to be signed by the owner.

The undersigned hereby apply to the Company for an annuity contract in accordance with the information contained in this application. The undersigned understand that upon acceptance of this application by the Company, they will be bound by the provisions and entitled to the benefits of the annuity. The undersigned represent to the best of their knowledge that all statements set forth in this application are full, complete, and true as written and are correctly recorded. The undersigned have read and understand the appropriate fraud and disclosure statements. The undersigned also acknowledge that they have been strongly advised to consult with a tax professional concerning the taxation of their income payments. The undersigned believe this contract will meet their insurance needs and financial objectives.

The undersigned hereby acknowledge if Lifetime Only payout is selected, payments will continue for the life of the annuitant(s) and will end upon the death of the annuitant(s).

Your signature indicates you have read and understand all sections of this form. If you are a Trustee, Attorney-in-Fact, Guardian or other fiduciary, indicate the capacity you are acting in and attach relevant legal documentation.

**Owner signature**  
**X**

- Trustee  Attorney-in-fact *POA*
- Guardian  Title/office: .....

Date of signature  
.

 **Name of state where signed**  
.

**Joint owner signature**  
**X**

- Trustee  Attorney-in-fact *POA*
- Guardian  Title/office: .....

Date of signature  
.

 **Name of state where signed**  
.

Send completed form, proof of birth date for each annuitant and the illustration used to:

**Regular mail**  
P.O. Box 85093  
Richmond, VA 23285

**Overnight delivery**  
6610 West Broad Street  
Richmond, VA 23230



13. Agent signature

13a. Primary producer

You must answer the two questions to the right.

1. Does the applicant have any existing life insurance policy or annuity contract(s)?

2. Do you have reason to believe that the proposed annuity will replace any existing annuity or insurance contract(s)?

If the answer to either question above is yes, replacement forms and/or additional forms may be required to be signed by your client. Check for specific state requirements.

California producers please note: By signing below, I hereby attest that I have reviewed with, and to the extent applicable, provided to the owner, if age 65 or older, the disclosures required by the following sections of the California Insurance code:

- Advisement of consequences in the sale or liquidation of assets (§ 789.8(b))
Medi-Cal Notice (§ 789.8(d))
24-hour at home pre-solicitation notice (§ 789.10)

By signing, I certify that the above signature(s) are genuine and that all information contained in this application is true to the best of my knowledge and belief. I have verified the owner(s) identification information below.

I believe this contract will meet my client's insurance needs and financial objectives.

In accordance with the Patriot Act, owner(s) must provide the broker/agent with a valid photo identification.

Owner type of photo ID provided ID issued by Issue date Expiration date
Joint owner type of photo ID provided ID issued by Issue date Expiration date

Licensed representative/producer/agent Printed Licensing number Required in FL
Social Security or Producer Number Producer telephone number
Broker-dealer name Back office telephone number
Broker General Agent (BGA) name BGA telephone number

Team name If applicable Team ID number If applicable

Email address Commission split percentage %

Client brokerage account number

If you do not choose a valid commission option for your firm, we will use your firm's default option. Contact your back office with commission option questions.

Licensed representative/producer/agent signature X Date of signature

Commission option Varies by firm
NT T UT 0

13b. Additional producer

For split commissions for more than one producer, the primary producer must complete section 13a. Submit the Additional producer information form to provide required information for more than two producers.

Commission split percentage allocations must total 100%. Enter whole percentages only.

Licensed representative/producer/agent Please print Licensing number Required in FL
Social Security or Producer Number Producer telephone number
Email address Commission split percentage %
Licensed representative/producer/agent signature X Date of signature



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Variable  
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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice 01/06/2009  
**Comments:**  
**Attachment:**  
ARcomp.pdf

**Review Status:**  
**Satisfied -Name:** Fee 01/06/2009  
**Comments:**  
**Attachment:**  
ARfee.pdf

**Review Status:**  
**Satisfied -Name:** Variability 01/06/2009  
**Comments:**  
**Attachment:**  
43650 COV.pdf

**ARKANSAS CERTIFICATION**

43650 11/2008, Immediate Annuity Application

The Company certifies that we will maintain compliance with Rule and Regulation 19 (Unfair Sex Discrimination).

The Company certifies that we will maintain compliance with Rule and Regulation 49 (Life and Health Guaranty Association Notices).

The Company certifies that we will maintain compliance with requirements on Consumer Information Notices.

We certify the Flesch score readability (when combined with contract) is 58.8.

For Genworth Life and Annuity Insurance Company

A handwritten signature in cursive script that reads "Paul Loveland".

Paul Loveland  
Vice President Product Compliance

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: Genworth Life and Annuity Insurance Company

Company NAIC Code: Group 350, Company 65536

Company Contact Person&Telephone #: Brenda Bond (804) 922-5133

\*\*\*\*\*

\* INSURANCE DEPARTMENT USE ONLY \*

\* \* \*

\* ANALYST: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ ROUTE SLIP: \_\_\_\_\_ \*

\*\*\*\*\*

ALL FEES ARE PER EACH INSURER. PER ANNUAL STATEMENT LINE OF BUSINESS UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing each policy, contract, annuity form, per each insurer, per each filing. \_ X \$ 50= and review, per  
\*\*Retaliatory

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer. \*\_X\$ 50=  
\*\*Retaliatory

Life and/or Disability Policy, Contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form. 1 X \$20= \$20  
\*\*Retaliatory

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer. \*\_X\$ 25=  
\*\*Retaliatory

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority. \*\_X\$400=

Filing to amend Certificate of Authority. \*\*\*\_X\$100=

**GENWORTH LIFE INSURANCE COMPANY  
GENWORTH LIFE AND ANNUITY INSURANCE COMPANY  
CERTIFICATION OF VARIABILITY**

**January 9, 2009**

**Re: 43650 11/2008, Immediate Annuity Application**

**Header, Gutter/Side and Footer**

**Product name:** The marketing name of the product applied for will appear. Currently the product available for purchase using this application is SecureLiving Income Provider. We may use this application with other immediate annuity products approved by your Department.

**Page count:** The page number will appear. The page number may differ based on the product being applied for. This may be based on the product and the inclusion of available optional benefits.

**Telephone and fax number:** The current telephone and fax numbers will appear.

**For application help:** We may offer a separate help desk just for application assistance. If we decided not to offer this assistance, we would need the ability to remove this instruction. Therefore, this language will either appear or not appear.

**To order, use stock number:** This is an internal control feature and may change as revisions are made.

**Barcodes:** The barcodes are for tracking purposes. Corporate agreements with distributors may influence the size and location of the barcodes. The barcode currently located at the bottom right of the page is reserved by NAVA for a distributor to apply a barcode for their use. This will differ from the barcode currently located to the left side, which may be used by the carrier.

**Section numbers and subsections:** The section numbers are bracketed to allow for flexibility in section ordering should NAVA or Genworth change the order of presentation for each section. The appropriate information displayed may also be based on the product design.

The sections, subsections and any references to a specific section are bracketed to accommodate specific optionality that would affect the product selection.

**Section 3**

**Payee information:** The title of the Payee overflow flow form may change in the future.

#### **Section 4**

**Beneficiary information:** The title of the Beneficiary overflow form may change in the future.

#### **Section 5**

**Premium and plan information:** Minimum premium amount of \$5,000 is bracketed to allow for different purchase payment minimums by product design.

**Source of funds:** Bracketed to allow for terminology changes to the source of funds or to remove source of funds for which future product variations may not allow.

**Type of qualified contract:** We bracket this information as this section may be removed for any product that is sold as a non-qualified contract.

#### **Section 6**

**Optional benefits:** Bracketed to allow for new or deleted options.

**Cost of living adjustment:** The minimum will never be less than 1% and the maximum will never be more than 6%.

**Compound/Single:** Cost of living adjustment may be calculated by compound or simple interest percentage. We may wish to limit to just one or the other, or no COL.

#### **Section 7**

**Payment Options:** Lifetime Only, Lifetime with Period Certain, Installment Refund, Period Certain Only and Cash Refund income payment options will appear if available for this product.

#### **Section 10**

**Federal Tax:** The GA sentence will print only on Georgia applications.

#### **Section 10b**

**State Tax:** Specific states have been bracketed to allow for future changes with regard to each state as they may happen.

#### **Section 10c**

**Tax Information:** Bracketed to allow for additions or deletions based on tax law.

#### **Section 11**

**State notices:** Each state notice is bracketed to allow for changes in the wording as required by the applicable states. We may also change the state designation for a particular disclosure based upon whether or not a state adopts new and/or existing

language . The last disclosure regarding all other states is based on the NAIC Model language and is bracketed to allow for changes as suggested by the NAIC.

## **Section 12**

**Regular mail/overnight delivery:** The addresses are bracketed to accommodate changes to these addresses.

## **Section 13a**

**California disclosure:** This is a state notice required in California only and is bracketed to allow for changes in the wording as required in that state. Should this version of the paper application not be made available in the state of California or if the electronic version of the application is completed in another jurisdiction this information will not appear.

**Patriot Act:** This information is directly related to proposed legislation regarding the Patriot Act. As the final legislation has not been passed we ask to reserve the right to update the language requirements as necessary to agree with any final legislation.

**Licensing number Required in Florida:** This is a state notice required in Florida only and is bracketed to allow for changes in the wording as required in that state. Should this version of the paper application not be made available in the state of Florida or the application is completed in another jurisdiction this information will not appear.

**Team name:** We reserve the right to add this information and all information regarding team selling to later versions of the application based upon future functionality.

**Commission option:** Commission options change based upon distributor and/or market.

## **Section 13b**

**Additional producer information form:** Form name for required information may change in the future.

**Licensing number Required in Florida:** This is a state notice required in Florida only and is bracketed to allow for changes in the wording as required in that state. Should this version of the paper application not be made available in the state of Florida or the application is completed in another jurisdiction this information will not appear.

None of these items will be bracketed upon issuance of the contract to the owner. We hereby certify that any change will be done so in a uniform and non-discriminatory manner and shall not result in unfair discrimination.