

SERFF Tracking Number: GEFA-126767424 State: Arkansas  
Filing Company: Genworth Life and Annuity Insurance Company State Tracking Number: 46489  
Company Tracking Number: GNWOWNBEN 08/10/10  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: GNWOwnBen 08/10/10  
Project Name/Number: GNWOwnBen 08/10/10/GNWOwnBen 08/10/10

## Filing at a Glance

Company: Genworth Life and Annuity Insurance Company

Product Name: GNWOwnBen 08/10/10

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: GEFA-126767424 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 46489

Co Tr Num: GNWOWNBEN  
08/10/10

Authors: Brenda Bond, Ronald  
Jackson

Date Submitted: 08/13/2010

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 08/16/2010

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: GNWOwnBen 08/10/10

Project Number: GNWOwnBen 08/10/10

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/16/2010

Deemer Date:

Submitted By: Brenda Bond

Filing Description:

August 13, 2010

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 08/16/2010

Created By: Brenda Bond

Corresponding Filing Tracking Number:

Re: Genworth Life and Annuity Insurance Company

NAIC# 4011-65536 FEIN# 54-0283385

Genworth Life Insurance Company

SERFF Tracking Number: GEFA-126767424 State: Arkansas  
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Project Name/Number: GNWOwnBen 08/10/10/GNWOwnBen 08/10/10  
NAIC # 4011-70025 FEIN# 91-6027719

GNWOwnBen 07/13/10  
Ownership and Beneficiary Designation Request for Life Insurance Policies

Submitted for your approval is the above-referenced form. This form is new and will not replace any existing form. It is being submitted for approved under Genworth Life and Annuity Insurance Company and Genworth Life Insurance Company.

We are filing this form to accommodate the requirements of the NAIC Viatical Settlements Model Act.

Thank you in advance for your review of this filing.

Sincerely,

Brenda Bond  
Contract Analyst  
email: [brenda.bond@genworth.com](mailto:brenda.bond@genworth.com)  
Phone: (804) 922-5133  
Fax: (804) 281-6057

## Company and Contact

### Filing Contact Information

Brenda Bond, Contract Analyst [brenda.bond@genworth.com](mailto:brenda.bond@genworth.com)  
6610 W Broad Street 804-922-5133 [Phone]  
RI&I - 3rd Floor 804-281-6916 [FAX]  
Richmond, VA 23230

### Filing Company Information

Genworth Life and Annuity Insurance Company CoCode: 65536 State of Domicile: Virginia  
6620 W Broad Street Group Code: 350 Company Type: LifeHealth &  
Annuity

SERFF Tracking Number: GEFA-126767424 State: Arkansas  
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Product Name: GNWOwnBen 08/10/10  
Project Name/Number: GNWOwnBen 08/10/10/GNWOwnBen 08/10/10  
Richmond, VA 23230 Group Name: State ID Number:  
(804) 281-6600 ext. [Phone] FEIN Number: 54-0283385  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life and Annuity Insurance Company	\$50.00	08/13/2010	38756507

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/16/2010	08/16/2010

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Variability	Brenda Bond	08/13/2010	08/13/2010

SERFF Tracking Number: GEFA-126767424 State: Arkansas  
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## Disposition

Disposition Date: 08/16/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GEFA-126767424 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Fee		Yes
Supporting Document	Variability		Yes
Form	Ownership and beneficiary designation request for life insurance policies		Yes

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**Amendment Letter**

Submitted Date: 08/13/2010

**Comments:**

The Statement of Variability was not attached before sending.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Variability**

Comment:

SOV\_GNWOwnBen.pdf

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## Form Schedule

**Lead Form Number: GNWOwnBen 08/10/10**

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	GNWOwnBen 08/10/10	Other	Ownership and beneficiary designation request for life insurance policies	Initial		0.000	GNWOwnBen_081010_stat efile.pdf



**Genworth®**  
Financial

Genworth Life and Annuity  
Genworth Life  
Genworth Life of New York  
P. O. Box 40016  
Lynchburg, VA 24506-4016  
Tel: 888 436.9678  
Fax: 877 300.1280

# Ownership and beneficiary designation request for life insurance policies

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

Page 1 of 5

- Complete the policy information section and any section(s) that pertain to the change(s) you need.
- Designation changes may have tax consequences. Please contact your tax or legal advisor to discuss your specific needs.
- For more space, attach additional pages with all required information and signatures.
- **Please print clearly** using blue or black ink, **and cross through, initial and date any corrections** or we may not be able to accept your request.

†Only Genworth Life Insurance Company of New York is licensed in New York.

## Policy information

Policy number(s) *Use only the spaces needed*

Insured name(s) Birth date(s)

Current owner name Telephone number

Address *Complete address required*

City State Zip

## Ownership designation *This section is only required when changing ownership of the Policy*

The current owner is referred to as “you” and “your” in this form.

Unless your Policy states otherwise, **an ownership change revokes all third party changes, all prior revocable beneficiary designations and all prior settlement options.** The new owner becomes the beneficiary, unless a beneficiary is designated by this form, or there is an irrevocable beneficiary. An ownership change also revokes any prior electronic funds transfer (EFT) authorization. To continue EFT, the new owner must submit a separate authorization form.

### Primary owner

\* List relationship to the insured.

\*\* If you designate a trust as the owner, you must also complete the Certification of trustee powers form, located on page 5 of this document.

New owner name

Social Security/Tax ID Number *Required* Birth/trust date Relationship\*

Address *Complete address required*

City State Zip

Type of owner *Select one*  Individual(s)  Trust\*\*  Corporation  
 Partnership  Other *Describe*

### Joint owner *Optional*

Joint owners will have right of survivorship unless otherwise designated or stated in your Policy.

New joint owner name

Social Security/Tax ID Number *Required* Birth/trust date Relationship\*

Address *Complete address required*

City State Zip

Type of owner *Select one*  Individual(s)  Trust\*\*  Corporation  
 Partnership  Other *Describe*

### Contingent owner *Optional*

Contingent owner becomes primary owner if all primary and joint owners are deceased.

New contingent owner name

Social Security/Tax ID Number *Required* Birth/trust date Relationship\*

Address *Complete address required*

City State Zip

Type of owner *Select one*  Individual(s)  Trust\*\*  Corporation  
 Partnership  Other *Describe*

Ownership and beneficiary designation request

Policy number(s) *Print*

.....

**Beneficiary designation** *A beneficiary change revokes all prior revocable beneficiary designations*

**Primary beneficiary**

\* List relationship to the insured.

**For more space, attach page with policy number, all required information, signatures and date.**

Designation percentages must total 100%. If no percentage is provided, proceeds will be divided equally among all surviving beneficiaries.

See page 4 for examples and information about irrevocable designations.

<b>Name or designation</b>	Designation percentage	
.	%	

Social Security/Tax ID Number	Birth/trust date	Relationship*
.	.	.

Address *Complete address required*

City	State	Zip
.	.	.

<b>Name or designation</b>	Designation percentage	
.	%	

Social Security/Tax ID Number	Birth/trust date	Relationship*
.	.	.

Address *Complete address required*

City	State	Zip
.	.	.

<b>Name or designation</b>	Designation percentage	
.	%	

Social Security/Tax ID Number	Birth/trust date	Relationship*
.	.	.

Address *Complete address required*

City	State	Zip
.	.	.

<b>Name or designation</b>	Designation percentage	
.	%	

Social Security/Tax ID Number	Birth/trust date	Relationship*
.	.	.

Address *Complete address required*

City	State	Zip
.	.	.

**Contingent beneficiary**

If you name a contingent beneficiary, you must also restate the primary beneficiary above.

Contingent beneficiary becomes primary beneficiary if all primary beneficiaries are deceased.

<b>Name or designation</b>	Designation percentage	
.	%	

Social Security/Tax ID Number	Birth/trust date	Relationship*
.	.	.

Address *Complete address required*

City	State	Zip
.	.	.

<b>Name or designation</b>	Designation percentage	
.	%	

Social Security/Tax ID Number	Birth/trust date	Relationship*
.	.	.

Address *Complete address required*

City	State	Zip
.	.	.

## Ownership and beneficiary designation request

Page 3 of 5

Policy number(s) *Print*

.

### Add or change third party

The current owner is referred to as “you” and “your” in this form.

#### Select one option and complete all information.

If you would like to change additional third parties, attach an additional sheet of paper to this form that states the requested change(s) and that lists the third parties affected and their addresses and phone numbers. Please be sure to sign and date both the additional sheet of paper and this form.

Once you authorize a third party to receive information about your Policy, that authorization will remain in place unless revoked by a specific request or ownership change. Check the boxes that apply.

#### To receive all policy information by telephone

Add  Replace  Delete Existing

Name <i>Print</i>	Phone number	Birth date
.	.	.
Address <i>Complete address required</i>		
.		
City	State	Zip
.	.	.

#### To receive a copy of any premium notice, late payment and lapse

Add  Replace  Delete Existing

Name <i>Print</i>	Phone number	Birth date
.	.	.
Address <i>Complete address required</i>		
.		
City	State	Zip
.	.	.

### Signing instructions

#### Attorney-in-Fact

The attorney-in-fact/Agent must sign in capacity as “attorney-in-fact/Agent,” provide a copy of the entire power of attorney document (if not previously submitted), and complete and submit a Genworth Declaration of attorney-in-fact/Agent form. An updated Declaration of attorney-in-fact/Agent form is required every 12 months if the power of attorney has durable provisions, otherwise an updated form is required with each request submitted.

#### Corporation or Limited Liability Corporation (LLC)

An officer of the company or member of the LLC must sign with title (if the signing officer or member is also the insured/annuitant, a second officer or member must also sign), and provide either a corporate or board of director’s resolution, a copy of the Articles of Incorporation or operating agreement (for LLCs), or complete the corporate acknowledgement below and sign the form in the presence of a Notary Public.

#### Guardian

The guardian must sign in capacity and provide a copy of the current guardianship documents.

#### Irrevocable beneficiary/payee

The individual must sign with the title “Irrevocable Beneficiary” or “Irrevocable Payee.”

#### Joint owners

All owners must sign, unless otherwise stated in your Policy.

#### Partnership

All partners must sign with title, or the general or managing partner must sign with title (if the general or managing partner is also the insured/annuitant, another partner must also sign).

#### Spouse

A spouse in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, WI) must sign.

#### Trust

The trustee(s) must sign with title “trustee,” according to the terms of the Trust Agreement, and complete the Certification of trustee powers form located on page 5 of this document.

#### Witness

A witness (over 18 years of age) must sign for all life insurance beneficiary changes when the owner resides in Massachusetts.

## Ownership and beneficiary designation request

Page 4 of 5

Policy number(s) *Print*

.

### Signature(s) *You must sign below for all ownership or beneficiary changes*

If you are signing as a fiduciary or representative, you must **sign in capacity or with title** and provide documentation of your authority.

Other signatures that may be required include: **spouse** (if community property state), **irrevocable beneficiary** or **payee** or **witness**. See signing instructions below.

By signing below you

- Certify under penalty of perjury that the statements and answers given on this form are true, complete and correct to the best of your knowledge and belief
- Declare that no bankruptcy proceedings are now pending against you and you are not subject to back-up withholding
- Understand that the designations on this form will not be effective unless all designation requirements are completed

Current owner *Required*

**X**

Title *If applicable* Date

.

.

Joint owner *If applicable*

**X**

Title *If applicable* Date

.

.

New owner *If applicable*

**X**

Title *If applicable* Date

.

.

New joint owner *If applicable*

**X**

Title *If applicable* Date

.

.

Other required signature *If applicable*

**X**

Title *If applicable* Date

.

.

### Corporate acknowledgement *See signing instructions for corporations above*

Notary Public must complete this section if acknowledgement is required.

State of .....

City/County of .....

The foregoing instrument was acknowledged before me this ..... day of ..... 20.....

Place official seal here

by ..... (name of officer), ..... (title of officer)

of ..... (name of corporation), a

..... (name of state) corporation, on behalf of the corporation.

Notary Public signature

**X**

My Commission expires .....

.

### Owner or beneficiary designation examples

#### Estate of the insured/owner

- The executors or administrators of the insured, or
- The estate of the insured

#### Irrevocable beneficiary/payee

John Doe, irrevocable (designating an irrevocable beneficiary/payee assigns limited rights of ownership to the beneficiary/payee, who must sign future requests)

#### Partnership

Doe, Jones and Smith, a partnership

#### Sole proprietorship

John A. Doe, DBA The Glass Menagerie

#### Trust

Provide full name and date of trust: John Doe Trust, dated May 1, 2007

#### Trust under Last Will and Testament

The Trustee, or successors in trust, under the Last Will and Testament of the insured, as admitted to probate; provided, however, should no petition for administration be granted or no Will containing such trust be admitted to probate within 90 days, the proceeds of this policy shall be paid to the insured's, Executors or Administrators

#### Uniform Gifts/Transfers to Minors Act

John Doe, Former Spouse of the Insured, as custodian for John Doe II, Son of the Insured, under the *Maine Uniform Transfers to Minors Act* (the designation must refer to the appropriate act in the specified state)

#### With right of survivorship

All children born of the marriage of, or legally adopted by, John Doe and Mary Doe, in equal shares with right of survivorship among them

#### Unnamed children, per capita

All children born of, or legally adopted by, John Doe during any marriage, per capita

#### Unnamed children, per stirpes

All children born of, or legally adopted by, John Doe during any marriage, per stirpes

Ownership and beneficiary designation request

Page 5 of 5

Policy number(s) *Print*

.....

**Certification of trustee powers**

Policy Information

Insured name(s)

Date(s) of birth

 **Complete the Certification of trustee powers section of this form only if your policy is owned by a trust.**

.....

**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*

.....

.....

.....

.....

.....

.....

Trust date                      Latest amendment date *If any*                      Tax Identification Number (TIN)

.....

Transaction requests must be authorized by *Select one*

Any one trustee     All trustees     A majority

**Grantor Trust information**

If a Grantor Trust (IRC §§ 671-679), please provide the Grantor name and Social Security Number.

For additional grantors, provide names and Social Security numbers on an additional sheet of paper and attach to this form.

Is this trust a Grantor Trust?

Yes                       No

If yes, provide the following:

Grantor name

Social Security Number

.....

Grantor name

Social Security Number

.....

**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 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

.....

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> ARcomp.pdf		
<b>Satisfied - Item:</b> Fee <b>Comments:</b> <b>Attachment:</b> ARfee_glaic.pdf		
<b>Satisfied - Item:</b> Variability <b>Comments:</b> <b>Attachment:</b> SOV_GNWOwnBen.pdf		

**ARKANSAS CERTIFICATION**

GNWOwnBen 08/10/10, Ownership and beneficiary designation request for life insurance benefits

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.

Genworth Life and Annuity Insurance Company  
Genworth Life Insurance Company

A handwritten signature in cursive script that reads "Paul Loveland". The signature is written in black ink and is positioned above a horizontal line.

---

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 and review, per each policy, contract, annuity form, per each insurer, per each filing. \_ X \$ 50=  
\*\*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 \$50= \$50  
\*\*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=

Statement of Variability  
 Genworth Life Insurance Company and Genworth Life and Annuity Insurance Company  
 August 13, 2010

Variable Data	Explanation
<b>GNWOwnBen 08/10/10</b>	
<b>Page 1</b>	
Service Center Address	Accommodates changes in servicing location and postal address.
Service Center Phone/Fax	Accommodates changes in the phone number for the servicing center and for the fax number.
<b>Page 3</b>	
Signing Instructions - Spouse	Accommodates changes in community property states.

Variable Data	Explanation
<hr/>	

