

SERFF Tracking Number: GEFA-127883141 State: Arkansas
 Filing Company: Genworth Life Insurance Company State Tracking Number: 50448
 Company Tracking Number: 128734 12/2011
 TOI: A05I Individual Annuities- Immediate Non- Variable Sub-TOI: A05I.000 Annuities - Immediate Non-variable
 Product Name: Immediate Annuity Application
 Project Name/Number: 128734 12/2011/128734 12/2011

Filing at a Glance

Company: Genworth Life Insurance Company
 Product Name: Immediate Annuity Application SERFF Tr Num: GEFA-127883141 State: Arkansas
 TOI: A05I Individual Annuities- Immediate Non- Variable SERFF Status: Closed-Approved- Closed State Tr Num: 50448
 Sub-TOI: A05I.000 Annuities - Immediate Non- variable Co Tr Num: 128734 12/2011 State Status: Approved-Closed
 Filing Type: Form Reviewer(s): Linda Bird
 Authors: Brenda Bond, Ronald Jackson Disposition Date: 12/14/2011
 Date Submitted: 12/09/2011 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:
 State Filing Description:

General Information

Project Name: 128734 12/2011 Status of Filing in Domicile: Pending
 Project Number: 128734 12/2011 Date Approved in Domicile:
 Requested Filing Mode: Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 12/14/2011
 State Status Changed: 12/14/2011
 Deemer Date: Created By: Brenda Bond
 Submitted By: Brenda Bond Corresponding Filing Tracking Number:
 Filing Description:
 Re:
 Genworth Life and Annuity Insurance Company
 NAIC# 4011-65536 FEIN# 54-0283385
 Genworth Life Insurance Company
 NAIC# 4011-70025 FEIN# 91-6027719

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128734 12/2011, Individual Immediate Annuity Application

The referenced form is enclosed for your review and approval. This is a new form and will replace 43650 11/2008, approved 1/12/09 under GEFA-125974740.

We are submitting this for both Genworth Life and Annuity Insurance Company and Genworth Life Insurance Company.

This application will be used with the following approved contracts.

GNW6024 01/08, Individual Single Premium Immediate Annuity Contract.
Approved 3/18/08 under GEFA-125527510.

In an effort to provide distributors with more uniformity in the sales process, the Insured Retirement Institute (IRI), formerly NAVA, engaged a number of contributors across the industry, including the Genworth family of companies, to develop annuity applications with a common form and order. The development of the common application format was part of a larger effort to develop standards and procedures for the "straight-through processing" of annuity new business.

The application subject of this filing has been developed for use in either paper form, or as an electronic document conforming to the ISO PDF/A standard developed by the International Organization for Standardization (ISO). The electronic application form is an exact replication of the paper form, but containing fields which may be filled electronically via an automated order entry (AOE) platform utilized by the writing producer's firm. The electronic application also may be signed through the use of an electronic signature conforming to the requirements of the Uniform Electronic Transactions Act, as adopted by the several states, as well as the STP standards developed by IRI.

At the moment, and on the event a document is electronically signed, all document content subject of the signature is bound to that signature. As incremental signatures are captured, the additional content subject of those signatures is bound to its respective signatures. This means (1) the content is no longer available for modification of any kind, and (2) any attempt to modify the content or otherwise compromise the relationship established between that content and that signature must be voided and the document returned to an active state to the extent of that specific content-signature relationship. Further, once the final signature has been applied with all content now bound to all signatures, the document is "locked." "Locking" preserves the presentation aspects of the document and its content. Now, the document is said to be "bound and locked," which is a final state of preservation as the document is no longer active. For the length of time a record is retained by the insurer, it remains in this state.

The applicant and any signee will see the output as a pre-filled form, including a graphical representation of the

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applicant's electronic signature. All parties will also have the ability to print this document in paper form.

Finally, during transmission of the electronic application between parties, the document will be in an encrypted state, utilizing an encryption method conforming to insurance industry and STP standards.

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
Phone: (804) 922-5133
Fax: (804) 281-6057

Company and Contact

Filing Contact Information

Brenda Bond, Contract Analyst
6610 W Broad Street
RI&I - 3rd Floor
Richmond, VA 23230

brenda.bond@genworth.com
804-922-5133 [Phone]
804-281-6916 [FAX]

Filing Company Information

Genworth Life Insurance Company
6610 W Broad Street
Richmond, VA 23230

CoCode: 70025
Group Code: 4011
Group Name:

State of Domicile: Delaware
Company Type: LifeHealth & Annuity
State ID Number:

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(804) 281-6600 ext. [Phone] FEIN Number: 91-6027719

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$50.00	12/09/2011	54405535

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	12/14/2011	12/14/2011

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Fee		Yes
Supporting Document	Variability		Yes
Form	Individual Immediate Annuity Application		Yes

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Form Schedule

Lead Form Number: 128734 12/2011

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	128734 12/2011	Application/Individual Enrollment Form	Immediate Annuity Application	Initial		50.000	128734_12011_statefile1.pdf



[SecureLiving® Income Provider] individual immediate annuity application

Genworth Life & Annuity
Genworth Life
3100 Albert Lankford Drive
Lynchburg, VA 24501-4996
Tel: 800 221.9501
Fax: 804 281.6201
genworth.com

from
**GENWORTH LIFE INSURANCE COMPANY and
GENWORTH LIFE AND ANNUITY INSURANCE COMPANY**

Page 1 of 7

ARIZONA, PLEASE NOTE: On written request, we will provide to you, within a reasonable time, reasonable factual information regarding the benefits and provisions of the policy. Submit your request to the address shown on this form. If for any reason you are not satisfied with your policy, the policy may be returned within 30 days after delivery for a refund of the premium paid, less any previous withdrawals.

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 (Non-Resident Alien Questionnaire) 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 IRA
- 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

To order use stock number [xxxxx xx/xx/xx]

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. Not available for IRA contracts*

Payee <i>Select one</i>	Percentage of payment %	
<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	
.....	

Payee <i>Select one</i>	Percentage of payment %	
<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 7.

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. Not available for IRA contracts*

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

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

Beneficiary type <i>Select one</i>				
<input type="radio"/> Primary	<input type="radio"/> Contingent	<input type="radio"/> Male		
Beneficiary/trust name <i>First, M.I., Last</i>	Birth/trust date	<input type="radio"/> Female		
.....	<input type="radio"/> Entity		
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 or
 accepted is \$5,000. Enter estimated amount expected from 1035 tax-free exchange(s) or transfer(s) \$

 Complete Section 5b and 5c below

5b. Type of contract

Non-qualified contract

OR

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*
- Other

5c. Source of funds

Non-qualified contract
Indicate all that apply

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

OR

Qualified contract
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" above*
- Other

6. Optional benefits

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

Optional benefits only available at issue

Optional Commutation Feature

I elect the Income Withdrawal commutation endorsement *[Not available with Lifetime only payment option]*

Optional Restrictions Endorsement

I elect the restrictions endorsement *[Not available with Income Advance, Income Withdrawal or with qualified contracts.] It is advisable to consult legal counsel before electing this endorsement.*

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

Optional Annual Increase Feature

- I elect the **cost of living adjustment** *Indicate a percentage and select compound or simple*
% *From 1.0% to 6.0%*
- Compound Simple

- *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.*
- *For certain period only, the minimum period can be no shorter than the time required to return premium.*

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 withholding

If you leave this section blank, we will withhold federal income tax at the rate for "Married" with 3 withholding allowances.

If you need help calculating your withholding allowances, please contact our customer service department and request IRS Form W-4P.

If you do not provide us with your Social Security number, we will withhold federal income tax at the rate for "Single" with no withholding allowances.

Do you want federal income tax withheld?

Yes No

If yes, answer IRS Form **W-4P** questions below.

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 withheld from each annuity payment.

\$

10b. State withholding

- If you live in AR, **you must complete the federal W-4P questions above** regardless of whether you want federal income tax to be withheld from your annuity payments. State income tax will be withheld based on your answers.
- AZ withholding is a percentage you elect on Form A-4P.
- **If you want state income tax withheld** in CT, DC, DE, MT, ND **you must designate a state withholding amount.**
- **We cannot withhold state income tax** in FL and SD.
- Unless you elect below to not have state income tax withheld, if you live in CA, and have federal income tax withheld, state withholding is required at the current state rate or higher amount you choose, based on your responses to the IRS Form W-4P questions above.

State income tax withholding amount. *Select one*

- Withhold state income tax from each annuity payment.
 - \$ or %
- Do not withhold state income tax from each annuity payment.

10c. Tax information

- Withholding will apply only to the portion of each annuity payment that is subject to federal income tax.
- Even if you elect not to have state income tax withheld from your annuity payments, you are liable for the payment of any applicable state income tax on the taxable portion. 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 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 federal, and of any required state income tax.
- 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

ARKANSAS, 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.

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.

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 Date of signature . Name of state where signed

Joint owner signature X 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 40011 Lynchburg, VA 24506 Fax: 804 281.6201

Overnight delivery 3100 Albert Lankford Drive Lynchburg, VA 24501-4996

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)?** Yes No
- 2. Do you have reason to believe that the proposed annuity will replace 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 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 believe this contract will meet my client's insurance needs and financial objectives.

Licensed representative/producer/agent <i>Printed</i>	Licensing number <i>Required in FL</i>
•	•
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 <i>If applicable</i>	Team ID number <i>If applicable</i>
•	•
Email address	Commission split percentage
•	%
Client brokerage account number	
•	
Licensed representative/producer/agent signature	Date of signature
X	•
Commission option <i>Varies by firm</i>	
<input type="radio"/> NT <input type="radio"/> T <input type="radio"/> UT	<input type="radio"/> 0

 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.

13b. Additional producer

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

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

Licensed representative/producer/agent <i>Printed</i>	Licensing number <i>Required in FL</i>
•	•
Social Security or Producer Number	Producer telephone number
•	•
Email address	Commission split percentage
•	%
Licensed representative/producer/agent signature	Date of signature
X	•

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: ARcomp_glic.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not required on this application filing. Comments:		

	Item Status:	Status Date:
Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: Not required on this application filing. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Fee Comments: Attachment: ARfee.pdf		

	Item Status:	Status Date:
Satisfied - Item: Variability Comments: Attachment:		

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128734_Variability.pdf

ARKANSAS CERTIFICATION

128734 12/2011, 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.

Flesch score supplement, when scored with the underlying policy, exceeds state requirements.

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 dark 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 Insurance Company

Company NAIC Code: Group 350, Company 70025

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=

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

December 9, 2011

Re: 128734 12/2011, Individual Immediate Annuity Application

Header, Gutter/Side and Footer

Product name: The marketing name of the product applied for will appear.

Page count: The appropriate page number will appear. The page number may differ based on the product being applied for due to product design, the inclusion of available optional benefits.

Address, telephone, fax, Internet address: The address, telephone number, fax number and company internet address will appear. This information is bracketed to accommodate possible future changes.

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 Insured Retirement Institute (IRI) 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 IRI 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 1

Owner Type: Bracketed to allow for change in owner type (new type, removal of current type).

Section 3

Do you want to make the below payee election(s) irrevocable: Bracketed to allow discontinuance of option.

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

Section 4

Do you want to make the below beneficiary election(s) irrevocable: Bracketed to allow discontinuance of option.

Do not name any beneficiaries if Lifetime Only...: Bracketed to allow removal of option.

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.

Section 6

Optional benefits: Bracketed to allow for new option or to delete option(s).

Not available with Lifetime only payment option: Bracketed to allow removal of option.

Not available with Income Advance, Income Withdrawal or with qualified contracts: Bracketed to allow for new or to delete options.

Section 7

If **Lifetime only** is elected....: Bracketed to allow removal of option.

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

Optional Annual Increase Feature: Bracketed to delete if there is no optional feature available.

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.

Bracketed bullets at end of section 7: Bracketed to allow for updates or removal of information.

Section 11

State Notices: Bracketed to allow for a change in notice should the product standards requirement change.

Section 12

The undersigned hereby acknowledge if Lifetime Only payout...: Bracketed to allow removal of option.

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

Section 13a

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

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