



Genworth®
Financial

Genworth Life and Annuity
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Genworth Life of New York
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Declaration of attorney-in-fact

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

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- Please read this entire form and complete all required fields before signing
- Submit the entire power of attorney document with this form, if not previously submitted
- If more space is needed for additional contract or policy information, attach a separate sheet of paper

Contract or policy information

Contract or policy number(s) *use only the spaces needed*

.....

Annuitant/insured name(s)

Date of birth

.....

Power of attorney information

The attorney-in-fact is referred to as “you” in this document.

If the power of attorney contains durable provisions, a current declaration of attorney-in-fact is required annually.

If the power of attorney does not contain durable or springing provisions, a current declaration of attorney-in-fact is required for every transaction requested.

Name of attorney-in-fact

.....

Principal's name

Power of attorney date

.....

Provisions *select one*

- The power of attorney contains durable provisions** (Durable provisions generally refer to a statement in the power of attorney that continues the powers even in the event the principal becomes incompetent or disabled)
- The power of attorney contains springing provisions** (A power of attorney with springing provisions generally becomes effective only after medical professionals determine that the principal is incompetent or disabled)
- The power of attorney does not contain durable provisions or springing provisions** (Without durable provisions, a general power of attorney becomes ineffective if the principal is determined to be disabled or incompetent by medical professionals or a court of law, and a guardianship or conservatorship may then be necessary)

If you selected an option other than durable provisions, please complete this section.

Status of principal *select one*

Has a medical professional(s) or a court of law determined the principal to be incompetent, disabled, incapacitated or unable to manage his or her own affairs?

- Yes* No

* If yes, submit the physician's statement, affidavit or other documentation to provide proof of the principal's status as required by the power of attorney document.

Declaration and signature

The Genworth Financial companies listed above are referred to as “us” in this document.

By signing below you declare under penalty of perjury under the laws of the state where this declaration is signed that the power of attorney upon which you are acting is still effective and that you agree to each of the following terms and conditions:

- You certify that, to the best of your knowledge and belief, the principal has not revoked, terminated or suspended the power of attorney, and that the principal is still living
- You affirm that the principal has authorized you to act on his or her behalf under the power of attorney document provided to us
- You agree to indemnify and hold us harmless from any liability for acting according to your instructions under the referenced power of attorney

Signature of Attorney-in-Fact

X..... Attorney-in-Fact

City and state where signed

Date

.....

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