



Genworth[®]
Financial

Genworth Life & Annuity
Genworth Life
Genworth Life of New York
Service Center
3100 Albert Lankford Drive
Lynchburg, Virginia 24501
Tel: 888 325.5433

Employer life insurance application addendum

Qualified plans

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

- Leave one copy each of the signed addendum with the trustee and employer, and submit one signed copy with the application.
- Please print clearly using blue or black ink, or type information.

Policy information

Proposed insured name	Date of birth
•	•
.....	
Proposed owner name	
•	
.....	
File or policy number	
•	
.....	

Addendum of agreement

The Genworth Financial company providing life insurance coverage is referred to as “us,” “we” and “our” in this addendum.

The trustee(s) and employer are referred to as “you” in this section of the addendum.

- You agree to give us any document(s) we ask for regarding any changes made to the trustee(s)' information in the 401(k)/pension plan.
- You understand that we have no liability regarding any change until we receive the appropriate documents.
- You agree that we have made no representations concerning the appropriateness or suitability of the policy applied for as a plan investment.
- You further agree that we are not responsible or liable for the plan's administration, nor will we provide plan services.
- You agree to promptly give us a copy of the Trust Document, if we ask for one.

Waiver of liability and hold harmless agreement

The Genworth Financial company providing life insurance coverage is referred to as “us,” “we” and “our” in this addendum.

The trustee(s) and employer are referred to as “you” and “your” in this section of the addendum

By signing below, you certify that you have assessed the impact that the U.S. Supreme Court decision in *Norris v. Arizona Governing Committee* may have upon the plan, its sponsor, the employer, and plan participants.

You further certify that it is your opinion that insurance policies containing premium rates, mortality charges and/or settlement options based on the sex of the insured, participant, beneficiary and/or annuitant may be purchased by or through the plan trustee or corporation. Therefore, you direct us to honor all applications for life insurance purchased by or through the plan without regard to the *Norris* decision. You also agree that we shall bear no responsibility for following these directions, and that you shall hold us harmless for following them.

Employer name *Print or type*

•

.....

Company officer signature	Date
X	•
.....	
Trustee name <i>Print or type</i>	
•	
.....	
Trustee signature	Date
X	•
.....	
Trustee name <i>Print or type</i>	
•	
.....	
Trustee signature	Date
X	•
.....	

Institutional trustees, please include your company title.

For additional trustees, attach a separate sheet with their names, signatures and dates.

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

The New York Home Office is located at 666 Third Avenue, 9th Floor, New York NY 10017; please send all forms to the Service Center address above.

