

IGO APP QUICKCHECK GUIDE

Receive a faster response
with an “In Good Order”
(IGO) Application

Page 1. Application Part 1

1. PROPOSED INSURED

- Full Name
- Gender
- Date of Birth
- State of Birth
- Social Security Number
- Home Address (No abbreviations in the city, state and zip code.) If home address is different than the mailing address, please include mailing address.
- Legal Residency (If State of Birth is outside the U.S., please indicate if PI is a U.S. Citizen, Permanent Resident Alien or Temporary Visa Holder. For Permanent Resident Aliens and Temporary Visa Holders, please complete the Resident Alien Supplement, including all Visa information.)
- Driver’s License # and State (If no driver’s license, state “None.”)
- Phone Numbers (With area codes)

2. OWNERSHIP

- Full Name (If trust, give full name of the trustee(s), the trust and date of the trust agreement.)
- Relationship to Proposed Insured
- Social Security Number or TIN
- Date of Birth/Trust Date

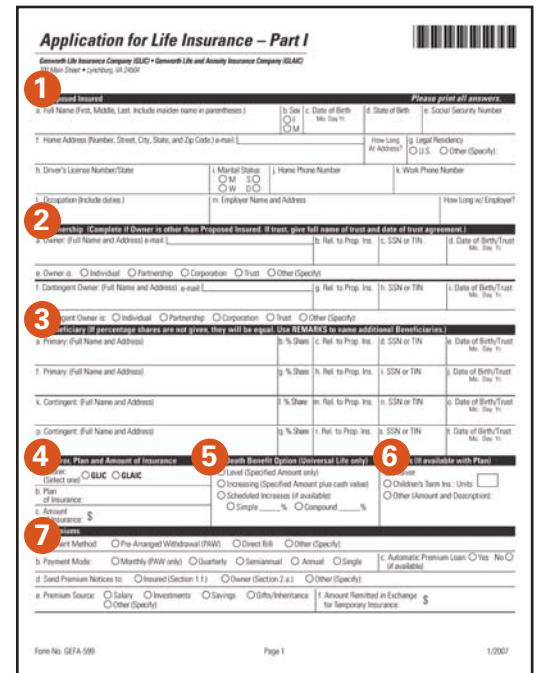
3. BENEFICIARY

If percentage shares are not given, they will be equal.

- Full Name (If trust, give full name of the trustee(s), the trust and date of the trust agreement.)
- Full Address
- % Share
- Relationship to Proposed Insured
- Social Security Number or TIN
- Date of Birth/Trust

4. INSURER PLAN AND AMOUNT OF INSURANCE

- Insurer (Genworth Life and Annuity Insurance Company and Genworth Life Insurance Company)
- Plan of Insurance (Complete plan name, i.e., Colony 10 not 10-yr. term, Lifetime FlexPlusSM, not UL – **A signed illustration or waiver is required with all UL products.**)
- Amount



The image shows a sample of the 'Application for Life Insurance - Part I' form. Seven red circles with numbers 1 through 7 are overlaid on the form to indicate key sections: 1. Proposed Insured, 2. Ownership, 3. Beneficiary, 4. Insurer Plan and Amount of Insurance, 5. Death Benefit Option, 6. Riders, and 7. Premiums.

5. DEATH BENEFIT OPTION (Universal Life only)
If left blank, “Level” will be given.

6. RIDERS (if available with plan)

- Waiver
- Children’s Term Ins.: Units ____ (Complete CIR application. If “Units” is blank, will be given 10 units.)
- Other (Amount and Description)

7. PREMIUMS

- Payment Method (If blank and other than monthly, will be “Direct Bill.”)
- Payment Mode (If blank, will be “Annual.”) Direct Monthly is not available.

BEFORE SUBMITTING THE APPLICATION:

Check it for these most often missed minimum requirements for smooth IGO processing.

PRIOR TO SOLICITING THE APPLICATION:

Check that you are licensed (and appointed, if applicable) in the appropriate state. Please be sure that you are using the appropriate state specific version based on the policy’s state of delivery.

8. PROPOSED INSURED'S TOBACCO, NICOTINE, AND NICOTINE SUBSTITUTE USE

- Mark One: Never Used, Totally Stopped, Use Now
• Totally Stopped (Complete "b" and give date and reason in remarks.)

9. PROPOSED INSURED'S INSURANCE NEEDS - Required for All Applications

- Must select Business or Personal and answer all questions.

10. PROPOSED INSURED'S EXISTING INSURANCE/REPLACEMENT

- This must be fully completed in accordance to the state in which the policy will be delivered.

11. PROPOSED INSURED'S HISTORY FORMS MAY BE REQUIRED.

- No
• Yes (Explain "Yes" answers in Remarks - If a supplement is required, note "See supplement...")
Example: Question #11f. See Substance Abuse form.

Form No. GEFA-509 Page 2 1/2007. Includes sections 8, 9, 10, 11 with various insurance-related questions and a table for existing insurance/replacement.

ARE ALL QUESTIONS ANSWERED?

Omission of any of these answers could result in amendments at the time of delivery.

DID EVERYONE SIGN?

MONEY

All checks must be payable to the insurer selected on the application. Neither Third Party Checks or cash will be accepted. The TIAA date, application date and check date must all match.

ANOTHER COMPANY'S EXAM

A completed Form No. GEFA-504 Nonmedical Part 2 is required if another company's exam is accepted. Please be sure that you are using the appropriate state-specific version based on the policy's state of delivery.

MINORS

A completed Form No. GEFA-504 Nonmedical Part 2 is required on all minors. Please be sure that you are using the appropriate state-specific version based on the policy's state of delivery.

HIV CONSENT

All HIV consent forms should be obtained for the proposed insured's resident state. Exception: if policy is to be delivered in CA or TX, use a CA or TX form, respectively.

Page 3. Representations (A)

- State in Which Owner Signed Application
• State in Which Policy Will Be Delivered
• Proposed Insured Signature
• Date
• Owner Signature and Title
• All Trustee Signatures, if applicable
• Agent Signature

Page 4. Agent's Report (B)

- If Proposed Insured is married, please complete #1h
• If Proposed Child is a Minor, please complete #1i
• Must answer replacement questions
• Agent must sign

Page 5. TIAA (C)

- TIAA - All questions answered
• TIAA - Money cannot be accepted if any questions are answered "yes" (if collected, money will be returned).
• Agent signature

Temporary Insurance Application and Agreement (TIAA) form. Includes sections for insured information, insurance needs, existing insurance, and agent information.

Form No. GEFA-509 Page 3 1/2007. Includes section A (Representations) with fields for owner and agent signatures and dates.

Form No. GEFA-509 Page 4 1/2007. Includes sections B (Agent's Report) and C (TIAA) with various questions and signature lines.