## STATEMENT REGARDING SALES OUTSIDE OWNER RESIDENT STATE



Genworth Life Insurance Company
 P.O. Box 461, Lynchburg, VA 24505-0461
 888 325.5433

Genworth Life and Annuity Insurance Company P.O. Box 320, Lynchburg, VA 24505-0320 888 325.5433

1. PROPOSED INSURED		
a. Full Name (First, Middle, Last. Include maiden name in parentheses.)	b. Date of Birth MM/DD/CCYY	c. Social Security Number
2. PROPOSED OWNER (IF DIFFERENT THAN PROPOSED INSURED)		
a. Full Legal Name		
The Proposed Owner is a resident of New Jersey and has applied for a life insurance policy tha that will be delivered in a state other than New Jersey.	it was solicited in a s	tate other than New Jersey and
Signature of Proposed Owner		
Signature of Agent		