

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 York and has applied for a life insurance policy that was solicited in a state other than New York and that will be delivered in a state other than New York.

Signature of Proposed Owner

Signature of Agent