



SecureLiving[®] Fixed Index Annuity new business checklist

from Genworth Life and Annuity Insurance Company

Before completing an application

- Use this checklist to avoid delays in processing your business. It is a guide and not intended to be a comprehensive list of all requirements.
- Complete anti-money laundering training, product specific training and, if required in your state, general annuity training.
- Verify your annuity appointment with the issuing company, Genworth Life and Annuity Insurance Company (GLAIC).

Application

- Please include **all pages** of the most current version of the application for the state in which the contract will be delivered, even if there are no entries on some of the pages.
- For the most current documentation, forms can be downloaded directly from one of Genworth's websites: <http://pro.genworth.com> or www.genworth.com/annuitysalescenter.
- Is there a state specific version of the application for the state in which you will be delivering the contract?

Product – Section 1

- Is delivery state indicated?

Allocation – Section 2

- Do the allocation percentages equal 100%? (*Use whole percentages only.*)

Optional benefits – Section 3

- If the rider is selected, is the annuitant(s) between the ages of 55–80?

Owner – Section 4

- Based on age, is the owner(s) eligible for the product selected? (*For Index 5 and Index 7, the maximum issue age is 85, except for OK, which is 80; Index 10 Plus maximum issue age 80*)
- Has **all** of the owner/joint owner information, such as name, date of birth, gender, been provided?
- Is owner other than an individual?
 - If the owner is a Corporation, a corporate resolution is required.
 - If the owner is a Trust, did you include the exact legal name of trust, date of the trust, trust tax ID and complete the Certification of Trustee Powers Form?
 - If the owner is a Partnership, a partnership agreement is required.
 - If the owner is an IRA Custodian, the owner name should be as indicated on the custodial agreement.
 - If the owner is a Beneficiary IRA, the Beneficiary IRA information form is required.
 - If the owner is a Defined Benefit Plan, a copy of the plan document is required.
- Please provide a street address. PO Boxes are not permitted.
- Joint owners are allowed on non-qualified contracts only.
- Is the owner(s) a US citizen?
 - If not, did you include the IRS form W-9 for resident aliens?
 - If non-resident alien, did you attach the W-8 BEN form?

Annuitant – Section 5

- Complete this section only if the annuitants are other than the owner(s)
 - Did you complete all of the questions in this section for all annuitants?

Beneficiary information – Section 6

- Please provide the beneficiary information including date of birth, social security number and relationship.
- If the beneficiary is a trust, did you include the exact legal name of the trust, date of trust and trust tax ID?
- If the beneficiary is a charity, did you provide a contact person name, phone number and address?

Source of funds – Section 7

- Does the amount of money submitted with the application match the amount marked on the application?
- Did you include the payment with the application?
 - If no, please make sure the proper transfer authorization document is provided, if applicable.*
- Will the total payment meet the minimum purchase payment requirement?
 - If the amount from a surrendering carrier is less than expected, will the minimum be met?*
- Did you indicate the source of the funds and/or type of contract?

Owner signature – Section 9

- Are the replacement questions answered?
 - For NAIC states, if the first question is answered yes, form GNW-1800 is required.
 - If replacement is yes, additional state versions of replacement forms may be required.
- Did all owners sign in the owner signature section? If anyone is signing in a capacity other than as an individual, all forms must be signed in that capacity.
 - Attorney-in-fact/POA – documents granting power of attorney are required. If the POA document is older than 1 year, a Declaration of Attorney-in-fact form is required.
 - Company officer – corporate resolution is required.
 - Guardian – documents granting guardianship are required.
- Is date of signature and signed state completed for owner(s)?

Producer signature – Section 10

- Are the two replacement questions answered? Do they match the owner's responses?
- If you are a Florida agent, did you include your Florida license number?
- Are the Social Security Number and producer number provided? Providing both ensures accurate and timely commission payments.
- Did you include your contact information?
- Did you print your name and sign on the appropriate line?
- If there are multiple agents splitting commissions, did you include all information required, including commission split percentage?

Supplemental forms – Replacement notice forms (when applicable)

- Replacement notice forms with the application?
- Replacement forms correct for your state?
- Include the owner/joint owner names and signature(s)?
- Many states require a replacement form if the client indicates that they do currently own an annuity or life insurance contract, even if it's not being replaced in this sale.

Exchange/Transfer forms

- Did you include the original exchange/transfer form(s) with the application?
- Is surrendering carriers/institution's name and address included?
- Did you include all of the following information on the surrendering carrier's exchange forms:
 - The existing contract/policy/account number
 - The existing carrier plan type
 - Is whether this a full or partial transfer noted as well as the dollar amount to surrendered?
 - Do the names of the owners match? *Old contract and new contract must have the same owner(s).*
 - Did you include the annuitant's name?
 - Is the exchange like for like? (*Qualified to qualified or non-qualified to non-qualified?*)
 - Is only **one** transfer option selected? (*i.e., non-qualified, 1035 tax-free exchange, non-qualified transfer from mutual fund or certificate of deposit, qualified funds*)
 - Is there a signature guarantee for funds coming from mutual funds?
 - If joint owners, did both sign the exchange/transfer forms?
 - If you are requesting a partial exchange, did you specify the dollar amount to surrender from the current carrier?

Additional state requirements, forms, resources

- For the most current documentation, pull forms directly from Genworth's website: <http://pro.genworth.com> or www.genworth.com/annuitysalescenter.
- If appointed with two agencies, please include the Producer/BGA number on the New Business Transmittal to ensure the policy is processed more quickly.
- Is the Suitability Profile/Questionnaire included, when applicable? *Note: Florida and North Carolina have their own state specific replacement & suitability packet.*
- Did you include all required state specific forms?

New Agent Name: _____

Appointing Agent: _____

Appointing Agent Contracted? If YES, give agent code # _____

If NO, please attach contracts and license(s)

Anti-Money Laundering (AML) Training Requirements:

_____ AML training was completed through LIMRA on: _____/_____/_____

_____ AML training was completed through an independent program:

COMPLETION CERTIFICATE ATTACHED

Fair Credit Reporting Act Notice/Communication Authorization:

I hereby authorize Oak Tree Financial, Inc., and any and all of its affiliates or subsidiary companies, to conduct a thorough background investigation regarding my qualifications for appointment and credit worthiness, including, but not limited to, periodic debit checks through Vector One. I also understand that Oak Tree Financial, Inc. reserves the right to report any outstanding debit balances to Vector One and to revoke or suspend commission advances at any time without prior notice. I further authorize Oak Tree Financial, Inc., and any and all of its affiliates or subsidiary companies, to communicate with me via mail, fax and/or email, unless a request is submitted by me in writing. I agree that a fax or photocopy of this authorization with my signature will be accepted with the same authority as the original. I have carefully read and understand these authorizations and by signing below, agree to all terms and conditions.

Signature of Agent: _____ Date: _____

Appointment Requirements:

_____ Complete and Sign Producer Information Form (PIF)
_____ **REQUIRED:** Complete EFT form and attached a voided check copy

Please return to:
Oak Tree Life and Annuity Brokerage
505 Carter Street
Bristol, VA 24201
Ph.: 276-591-1341 /Fax: 276-591-1344
www.oaktreeus.com



Producer information and appointment form (PIF) and execution of producer agreement

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

Genworth Life & Annuity
Genworth Life
Genworth Life of New York
P.O. Box 40008
Lynchburg, VA 24506
Tel: 800 991.5684
Fax: 434 948.5058
producerservices@genworth.com

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- **Please print clearly** using blue or black ink and **initial any corrections** or we may not be able to process your appointment.
- **Keep a copy of this form for your records.**

Form purpose

- Initial Appointment/Additional Company Appointment** Complete all sections
- Additional State Appointment with current companies** Complete the appropriate appointment information below, the appointment states requested section, and sign and date on page 8
- Change Hierarchy** Complete the appointing company and commission hierarchy information on page 9, then sign and date it (To be completed by Top Level only)
- EFT Setup/Change** Complete and sign page 8 in order to authorize payments

Individual applicant appointment information

Appointment type entity *Select one*

- Individual Officer/Principal

Name *First, Middle, Last, Suffix (As it appears on your Residence License)*

.

Social Security Number (SSN)

National Producer Number (NPN) **Required**

.

Date of birth

Gender

.

- Female Male

Residential address *Not a P.O. Box*

.

City

State

Zip

.

Business address

.

City

State

Zip

.

Business phone

Business fax

.

Preferred mailing address *Select one*

E-mail address **Required**

- Residential Business

.

Previous names *List all other names or aliases you have used in the last 7 years*

.

List **all** previous names. Attach a separate sheet if more space is required for additional names.

Incorporated Entity, Partnership or LLC appointment information

Appointment type entity *Select one*

- Partnership LLC Incorporated Entity
 Other _____

Entity name *As it appears on your Domicile State License*

Tax Identification Number (TIN) **Required**

.

Entity address

.

City

State

Zip

.

Entity phone

Entity fax

.

Website address

E-mail address **Required**

.

Producer information and appointment form (PIF)

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Appointment states requested

Resident license state	Non-resident state(s) where appointment is requested
•	•
Counties in which appointment is requested <i>Required in Florida</i>	
•	

County listings are required in Florida for in-person solicitation.

For non-pre-appointment states, appointments will not be processed until new business is received.

- Provide certification or evidence of required training for states that require information for long term care insurance/LTC Partnership appointment requests (See training matrix at www.genworth.com/produceronboarding for state specific requirements).
- Provide certification or evidence of required training for states that require information for annuity appointment requests. (See training matrix at www.genworth.com/produceronboarding for state specific requirements).

Business practices questions *If the answer to all questions is "No," you do not need to complete pages 3 through 6*

If you answer "Yes" to any of these questions, provide details in the corresponding fields of the **Business practices details section** on pages 3 through 6.

If completing for an officer and entity, indicate details for yes answers for each as appropriate.

If the answer to all questions is "No," you do not need to complete pages 3 through 6, so please proceed to page 7.

Please provide official documentation (FINRA, state DOI, or court) for yes answers for questions 1, 2, 3, 5, 11, and 12.

	Individual/Officer		Entity	
	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
1. Have you ever had an insurance license or securities registration denied, suspended, cancelled or revoked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Has any state, federal, or self-regulatory agency ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Has any state, federal or self-regulatory agency filed a complaint against you, fined, sanctioned, censured, penalized or otherwise disciplined you for a violation of their regulations or state or federal statutes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Has a bonding or surety company ever denied, paid on or revoked a bond for you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. In the past ten years, have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. In the past ten years, has any insurance or securities brokerage firm with whom you have been associated filed a bankruptcy petition or been declared bankrupt either during your association or within five years after termination of such association?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Are there any unsatisfied judgments, garnishments or liens against you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Are you in debt to any insurance company?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Have you ever been convicted of, or pled guilty or no contest to any felony or misdemeanor other than a minor traffic offense?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Are you currently a party to any litigation or a subject of any investigation(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Have you ever been denied appointment or terminated for cause by another insurance company, broker/dealer or insurance agency?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If the answer to all questions is "No," you do not need to complete pages 3 through 6.

If there are changes to the above answers, you must notify us within 10 days.

Producer information and appointment form (PIF)

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Business practices details *If the answer to all questions is "No," do not complete pages 3 through 6*

If you answered "Yes" to any of the **Business practices questions** on page 2, provide details for the corresponding question(s) only.

Question 1: Insurance license or securities registration denied, suspended, cancelled or revoked

Month and year

Attach a separate sheet with question number and details if more space is required for additional information for questions 1 - 12.

Action taken and reasons

• _____
• _____
• _____

Your account of the circumstances leading to the situation

• _____
• _____

Question 2: Sanction, censure, penalty or other action against you by state, federal or self-regulatory agency

Month and year

Action taken and reasons

• _____
• _____

Nature of the activity resulting in the fine or disciplinary action

• _____
• _____

Your account of the circumstances leading to the situation

• _____
• _____

Question 3: Complaint, fine, sanction, censure, penalty or other disciplinary action against you for violation of any state, federal or self-regulatory agency regulations or statutes

Month and year

Amount of the fine and/or specific disciplinary action taken

• _____
• _____

Nature of the activity resulting in the fine or disciplinary action

• _____
• _____

Your account of the circumstances leading to the situation

• _____
• _____

Question 4: Bond denied, paid on or revoked for you by bonding or surety company

Month and year

Reason for denial, revocation or payment

• _____
• _____

Your account of the circumstances leading to the situation

• _____
• _____

Amount of the payment

\$ _____

Producer information and appointment form (PIF)

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Business practices details *If the answer to all questions is "No," do not complete pages 3 through 6*

If you answered "Yes" to any of the **Business practices questions** on page 2, provide details for the corresponding question(s) only.

Question 5: Coverage denied, paid claims on, or cancelled by any E&O carrier ever Month and year

Nature of the circumstances resulting in the claim

• _____

• _____

Disposition of the claim

• _____

Amount claimed Amount paid by E&O carrier *If any*

\$ \$

Your account of the circumstances leading to the situation

• _____

• _____

Question 6: Filing of personal bankruptcy petition or declared bankruptcy in past 10 years Date of discharge *mm/dd/yyyy*

For Chapter 7, 11 and 12

Reason for filing (i.e., divorce, loss of employment, business failure, etc.)*

• _____

• _____

Provide type of business and role/relationship in the business *If result of business failure*

• _____

Dollar amount discharged Average annual income for the last two years

\$ \$

For any outstanding obligations not discharged in bankruptcy, (i.e., taxes, mortgage, car, etc.) provide:

Dollar amount Explanation of obligation

\$ •

Payment schedule amount Frequency *i.e., weekly, monthly, etc.*

\$ •

For Chapter 13

Date of filing *mm/dd/yyyy* Date of discharge* *mm/dd/yyyy*

• •

Reason for filing (i.e., divorce, loss of employment, business failure, etc.)*

• _____

• _____

Provide type of business and role/relationship in the business *If result of business failure*

• _____

• _____

***If payments are still being made please provide:**

Amount Frequency *i.e., weekly, monthly, etc.*

\$ •

Projected completion date *mm/dd/yyyy* Current balance

• \$

Average annual income for the last two years

\$ _____

Producer information and appointment form (PIF)

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Business practices details *If the answer to all questions is "No," do not complete pages 3 through 6*

If you answered "Yes" to any of the **Business practices questions** on page 2, provide details for the corresponding question(s) only.

Question 7: Bankruptcy petition or declaration filed by any insurance or securities brokerage firm with whom you have been associated (either during your association or within 5 years after termination of such association)

Approximate filing date *mm/dd/yyyy* Your position with company

If you are/were an officer of the company or directly involved with circumstances leading to filing, please provide:

Reasons

Your specific involvement

Question 8: Unsatisfied judgments, garnishments or liens against you

Month and year

Judgments/garnishments

Reason the judgment/garnishment was obtained and your specific involvement

Payment schedule amount

Frequency *i.e., weekly, monthly, etc.*

\$

Original amount of the judgment/garnishment

\$

Outstanding amount of the judgment/garnishment

\$

Average annual income for the last two years

\$

Liens

Name of company placing lien

Month and year

Reason for the lien and your specific involvement

Original amount of the debt

Current balance

\$

\$

Payment schedule amount

Frequency *i.e., weekly, monthly, etc.*

\$

Projected completion date *mm/dd/yyyy*

Average annual income for the last two years

\$

Question 9: Debt to any insurance company

Month and year debt began

Name of insurance company

Reason for the debt and your account of the situation

Original amount of the debt

Current balance

\$

\$

Payment schedule amount

Frequency *i.e., weekly, monthly, etc.*

\$

Projected completion date *mm/dd/yyyy*

Average annual income for the last two years

\$

Producer information and appointment form (PIF)

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Business practices details *If the answer to all questions is "No," do not complete pages 3 through 6*

If you answered "Yes" to any of the **Business practices questions** on page 2, provide details for the corresponding question(s) only.

Question 10: Any conviction of, or guilty plea or no contest to, a felony or misdemeanor other than minor traffic offense Month and year

Description of the conviction or plea and your account of circumstances leading to the situation

• _____

• _____

Type of conviction *Misdemeanor or felony**

• _____

Final disposition *Fine, probation, jail, etc.* Have all requirements been satisfied?

• _____ Yes No

***If a felony, provide exact statute(s) violated**

• _____

***If a felony, provide city/county and state where violation occurred**

• _____

• _____

Question 11: Party to any litigation or a subject of any investigation(s) Month and year litigation began

Litigation

Circumstances surrounding the litigation *Including your account of the situation*

• _____

• _____

How are you involved in the litigation?

• _____

• _____

Amount of damages claimed

\$ _____

Current status of the litigation

• _____

• _____

Investigation Month and year investigation began

Name and jurisdiction of investigating entity

• _____

Circumstances surrounding the investigation *Including your account of the situation*

• _____

• _____

Current status of the investigation

• _____

• _____

• _____

Question 12: Appointment with any insurance company, broker/dealer, or insurance agency denied or terminated for cause

Description of the denial/termination and your account of circumstances leading to the situation

• _____

• _____

• _____

• _____

Producer information and appointment form (PIF)

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Disclosure of Intent to Obtain Consumer Reports

Please review and print for your records the Disclosure of intent to obtain consumer reports.

This is to advise you that Genworth Financial, Inc. and its affiliates may obtain one or more consumer reports with respect to establishing your eligibility for employment, appointment, promotion, reassignment, and/or retention as an employee, agent and/or representative of Genworth Financial, Inc., or one or more of its affiliates.

If requested, the report may be obtained from one of the consumer-reporting agencies named below or another consumer-reporting agency:

Business Information Group, Inc.

P. O. Box 130
Southampton, PA 18966
800 260.1680

National Insurance Producer Registry

2301 McGee Street
Suite 800
Kansas City, MO 64108-2662
816 783.8468

If a consumer report is obtained and you reside in a state with a legal requirement to provide a free copy of the consumer report upon request, we will automatically instruct the consumer reporting agency to send you a copy of the report at no charge.

The report may contain information regarding your character, general reputation, personal characteristics and mode of living. The nature and scope of the report is: financial and credit history, criminal records search, licensing and disciplinary action history, and employment history verification.

For California Resident Agents Only

Pursuant to the California Investigative Consumer Reporting Agencies Act, Genworth Financial, Inc. is required to provide you with the summary of provisions listed below.

California Investigative Consumer Reporting Agencies Act Summary of the Provisions of Section 1786.22

- (a) An investigative consumer reporting agency shall supply files and information required under Section 1786.10 during normal business hours and on reasonable notice.
- (b) Files maintained on a consumer shall be made available for the consumer's visual inspection, as follows:
 1. In person, if he appears in person and furnishes proper identification. A copy of his file shall also be available to the consumer for a fee not to exceed the actual costs of duplication services provided.
 2. By certified mail, if he makes a written request, with proper identification, for copies to be sent to a specified addressee. Investigative consumer reporting agencies complying with requests for certified mailings under this section shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the investigative consumer reporting agencies.
 3. A summary of all information contained in files on a consumer and required to be provided by Section 1786.10 shall be provided by telephone, if the consumer has made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to the consumer.
- (c) The term "proper identification" as used in subdivision (b) shall mean that information generally deemed sufficient to identify a person. Such information includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if the consumer is unable to reasonably identify himself with the information described above, may an investigative consumer-reporting agency require additional information concerning the consumer's employment and personal or family history in order to verify his identity.
- (d) The investigative consumer reporting agency shall provide trained personnel to explain to the consumer any information furnished him pursuant to Section 1786.10.
- (e) The investigative consumer reporting agency shall provide a written explanation of any coded information contained in files maintained on a consumer. This written explanation shall be distributed whenever a file is provided to a consumer for visual inspection as required under Section 1786.22.
- (f) The consumer shall be permitted to be accompanied by one other person of his choosing, who shall furnish reasonable identification. An investigative consumer reporting agency may require the consumer to furnish a written statement granting permission to the consumer reporting agency to discuss the consumer's file in such person's presence.

Producer information and appointment form (PIF)

Electronic funds transfer (EFT) Complete this section to authorize automatic electronic transfer of commission payments

EFT is required for commission payments. Your signature is required at the bottom of this page to authorize and receive payments via EFT.

If completing this section for an officer and an entity, the EFT authorization will apply to the entity.

You may either attach a voided bank check or complete all information in this section as it appears on your check.

This is an example of a personal check. A business check may be different.

Attach an additional page if more room is needed for multiple codes.

Name	SSN/Tax ID
_____	_____
Institution name	

Routing number	Account number
_____	_____

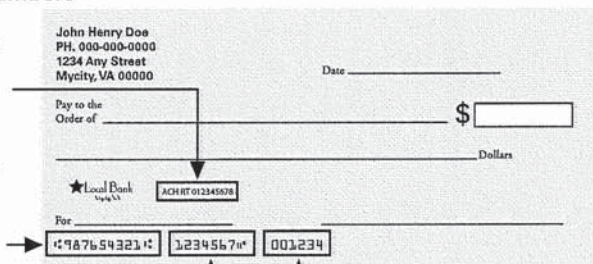
To find the routing and account numbers

For checks with "payable through" under the bank name, please contact the financial institution to help obtain the correct Routing Number.

For checks with an ACH RT (Automated Clearing House Routing) number, please use this routing number.

For all other checks, use the nine-character routing number, which appears between the @ symbols, usually at the bottom left corner of the check.

The account number is up to 17 characters long and appears next to the @ symbol at the bottom of the check and usually to the right of the bank routing number.



Do not use your check number, usually located here.

This authorization applies to all representative codes and corresponding Genworth Financial companies under the SSN/TIN listed above unless you check "No."

No If "No," please provide Representative code(s)
 Representative code(s) _____

Acknowledgment and signature Signature is required below

The Genworth Financial companies listed at the top of page 1 are referred to as "us," "our" and "we" in this section.

The appointment applicant is referred to as "you" and "your" in this section.

When submitting for an officer and an entity, this acknowledgement applies for both.

The Producer Agreement & Guide to Ethical Market Conduct are available at www.genworth.com/produceronboarding or by calling 800 991.5684.

By signing below, you

- Certify that you have read, understood, and agree to comply with all provisions contained in the **Producer Agreement**.
- Agree to accept official correspondence from the Company electronically, using your last e-mail address known to the Company. You further agree to notify the Company if you change your e-mail address or if you can no longer accept electronic communications.
- Acknowledge that you have received and read the '**Disclosure of Intent to Obtain Consumer Reports**' and consent and authorize Genworth Financial, Inc. and its affiliates to obtain additional background information, as we deem necessary, through independent investigation, FINRA CRD reports and/or through a consumer reporting agency's (consumer reporting agencies including but not limited to those identified in the 'Disclosure of Intent to Obtain Consumer Reports') consumer report (collectively, 'background reports').
- Authorize us to share the information contained in this PIF or any other information that we may obtain, including background reports, with our affiliates for the purposes of establishing your eligibility and/or continuing eligibility for appointment with us and our affiliates as well as making any other disclosure required or allowed by law.
- Authorize your employers and other insurance companies you are or have been appointed with to release any and all information that they may have about you, personal or otherwise, to us and you release all such parties from all liability that may result from furnishing that information.
- Understand and agree that your appointment will, in part, be based upon this PIF and the background report information; any information that you provide that is inaccurate or incomplete shall be grounds for termination of your appointment and/or termination of the Producer Agreement between you and us.
- Acknowledge that you have read, understood and agree to comply with the **Guide to Ethical Market Conduct**.
- If applicable, authorize the appropriate Genworth company(ies) to automatically transfer funds to your checking account and make adjustments to your account in the event of errors. Additionally, you authorize the named institution to complete these transactions. This authorization is to remain in full force and effect until we receive written notice from you requesting termination or until we have sent you 10-days written notice of our intention to terminate EFT.
- If, in the future, your answer to any of the business practices questions changes, you agree to notify us within 10 days. Failure to do so may result in termination of your Producer Agreement and appointments.

You certify under penalty of perjury that the information provided herein is accurate and complete.

You must sign here in order for us to execute your producer agreement, and to execute the required EFT authorization above.

Signature	Title Required if signing for an entity	Date
X	_____	_____
Print name	_____	

Producer information and appointment form (PIF)

Appointing company and hierarchy information *This page is to be completed by the Top Level (BGA/MGA) only.*

Provided the producer is properly licensed, he/she may be appointed to sell only those products for which your firm or agency is contracted.

Select all product lines for which you are requesting appointment and complete each appropriate section. Provide the producer/agency numbers, and commission plan and schedule for each of the Genworth Financial companies listed below.

Please provide information if completing this page only or if preferred, submit an email to producerservices@genworth.com.

If checked, this acknowledgement and authorization replaces any previous commission arrangement between the Top Level (BGA/MGA), the Company, and the Producer for all applications submitted after the receipt of this request by the home office.

Producer name	Code Number	Tax ID/SS number
_____	_____	_____

Top Level (BGA/MGA) Name

Fixed and Linked Benefit Code	Long Term Care Code
_____	_____

Top Level Code Number

Producer's Commission Schedule

Please enter the commission schedule number(s) in the lines below

	Fixed Life & Annuity	Linked Benefit	Long Term Care
Genworth Life	_____	_____	_____
Genworth Life & Annuity	_____	_____	_____
Genworth Life of New York	_____	_____	_____

You may use this section to provide this producer's hierarchy or if preferred, in lieu of this form, you may submit an email to producerservices@genworth.com or use a cover letter.

Please list all members of this producer's hierarchy beginning with the highest level

Producer/Agency Name & Social Security Number/TIN	Producer/Agency Code		Commission Schedule		
	Fixed & Linked	Long Term Care	Fixed	Linked Benefit	Long Term Care
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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Top Level (BGA/MGA) acknowledgement and authorization of compensation please sign here. Emails, in lieu of this form, are welcomed; send to producerservices@genworth.com.

If any insurance coverage is placed by the Producer, the undersigned Top Level (BGA/MGA) authorizes the Company to pay commissions to the Producer in accordance with the Commission Schedule(s) above or as subsequently changed by written notification. Payment of commissions could be subject to existing assignments on file with the Company. Any assignment of commission shall not be binding on the Company without its prior consent.

Signature of authorized employee of Top Level	Title	Date
X	_____	_____
Print name	_____	