

Genworth Life & Annuity Genworth LIfe Genworth Life of New York genworth.com P.O. Box 6158 Lynchburg, VA 24505 Tel: 888 322.4629 NY Tel: 888 253.2288

Address Change Form

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

Page **1** of 1

• It is important that you maintain a current mailing address with the Company so that your checks are received on a timely basis. If you have chosen to have your payments sent directly to your bank, it is still very important that we maintain a current address of residence for general correspondence and tax forms where applicable.

†Only Genworth Life Insurance Company of New York is admitted in and conducts business in New York.

	Change of Addre	ess of: O Payee	O ivieasurin	g Life/Annuitant	○ Owner
		r Use only the spaces			
	Name(s)				
	Date of birth			Social Security Number	
	Old address				
	• City			State	Zip
	New address				
	City			State •	Zip •
	Phone number				
	O This address change is for my residence address only.				
Include title if applicable for each signature.	Signature X			Date of signatu	ire
	○ Trustee○ Guardian	○ Attorney-in-fact ○ Title/office:	POA		
i.e. Co-Trustee, Co-Executor, Joint Owner	Other required signature X			Date of signature	
	○ Trustee○ Guardian	O Title /office:			
	*The owner's approval of this address change may be				
	Owner signature X			Date of signatu	ire
	○ Trustee○ Guardian	O Attorney-in-fact			
	Address change acknowledged and processed			Date	