



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†

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Page 1 of 9

- **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**

.....

†Only Genworth Life Insurance Company of New York is licensed in New York.

Producer information and appointment form (PIF)

Appointment states requested

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.

Resident license state _____ Non-resident state(s) where appointment is requested _____

Counties in which appointment is requested *Required in Florida*

- 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"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. Has any state, federal, or self-regulatory agency ever sanctioned, censured, penalized or otherwise disciplined you? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| 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"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| 4. Has a bonding or surety company ever denied, paid on or revoked a bond for you? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| 5. Has any Errors & Omissions (E&O) carrier ever denied, paid claims on or cancelled your coverage? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| 6. In the past ten years, have you personally filed a bankruptcy petition or declared bankruptcy? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| 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"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| 8. Are there any unsatisfied judgments, garnishments or liens against you? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| 9. Are you in debt to any insurance company? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| 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"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| 11. Are you currently a party to any litigation or a subject of any investigation(s)? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| 12. Have you ever been denied appointment or terminated for cause by another insurance company, broker/dealer or insurance agency? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |

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)

Page 3 of 9

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)

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 <i>If any</i> |
| \$ | \$ |

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>i.e., weekly, monthly, etc.</i> |
| \$ | |

For Chapter 13

| | |
|----------------------------------|--------------------------------------|
| Date of filing <i>mm/dd/yyyy</i> | Date of discharge* <i>mm/dd/yyyy</i> |
| | |

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>i.e., weekly, monthly, etc.</i> |
| \$ | |
| Projected completion date <i>mm/dd/yyyy</i> | Current balance |
| | \$ |
| Average annual income for the last two years | |
| \$ | |

Producer information and appointment form (PIF)

Page 5 of 9

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

\$

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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)

Page 7 of 9

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.

