

# Application for Life Insurance – Part I



**Genworth Life Insurance Company of New York**  
Home Office: 666 Third Avenue, 9th Floor • New York, NY 10017

**1. Proposed Insured** **Please print all answers.**

a. Full Name (First, Middle, Last. Include maiden name in parentheses.)	b. Sex <input type="radio"/> F <input type="radio"/> M	c. Date of Birth Mo. Day Yr.	d. State/Country of Birth	e. Social Security Number
f. Home Address (Number, Street, City, State, and Zip Code.) e-mail:			How Long At Address?	g. U.S. Citizenship <input type="radio"/> Yes <input type="radio"/> No If "No," complete Resident Alien Supplement.
h. Any previous addresses within the past 5 years? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> If "Yes," list (Number, Street, City, State and Zip Code):				
i. Driver's License Number/State	j. Marital Status <input type="radio"/> M <input type="radio"/> S <input type="radio"/> W <input type="radio"/> D		k. Home Phone Number	l. Work Phone Number
m. Occupation (Include duties.)	n. Employer Name and Address		o. How Long w/ Employer?	

**2. Ownership (Complete if Owner is other than Proposed Insured. If trust, give full name of trust and date of trust agreement.)**

a. Owner: (Full Name and Address) e-mail:	b. Rel. to Prop. Ins.	c. SSN or TIN	d. Date of Birth/Trust Mo. Day Yr.
e. Owner is: <input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Trust <input type="radio"/> Other (Specify):			
f. Contingent Owner: (Full Name and Address) e-mail:	g. Rel. to Prop. Ins.	h. SSN or TIN	i. Date of Birth/Trust Mo. Day Yr.
j. Contingent Owner is: <input type="radio"/> Individual <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Trust <input type="radio"/> Other (Specify):			

**3. Beneficiary (If percentage shares are not given, they will be equal. Use REMARKS to name additional Beneficiaries.)**

a. Primary: (Full Name and Address)	b. % Share	c. Rel. to Prop. Ins.	d. SSN or TIN	e. Date of Birth/Trust Mo. Day Yr.
f. Primary: (Full Name and Address)	g. % Share	h. Rel. to Prop. Ins.	i. SSN or TIN	j. Date of Birth/Trust Mo. Day Yr.
k. Contingent: (Full Name and Address)	l. % Share	m. Rel. to Prop. Ins.	n. SSN or TIN	o. Date of Birth/Trust Mo. Day Yr.
p. Contingent: (Full Name and Address)	q. % Share	r. Rel. to Prop. Ins.	s. SSN or TIN	t. Date of Birth/Trust Mo. Day Yr.

**4. Amount and Plan of Insurance**      **5. Death Benefit Option (Universal Life only)**      **6. Riders (If available with Plan)**

a. Amount of Insurance: \$	<input type="radio"/> Level (Specified Amount only) <input type="radio"/> Increasing (Specified Amount plus cash value) <input type="radio"/> Scheduled Increases (if available): <input type="radio"/> Simple _____% <input type="radio"/> Compound _____%	<input type="radio"/> Waiver of Premium (term) <input type="radio"/> Waiver of Monthly Deduction (UL) <input type="radio"/> Children's Term Ins.: Units <input style="width: 50px;" type="text"/> <input type="radio"/> Other (Amount and Description):
b. Plan of Insurance:		
c. If underwriting cannot give you the lowest rate for this Plan, will you consider a higher rate? <input type="radio"/> Yes <input type="radio"/> No		

**7. Premiums**

a. Payment Method: <input type="radio"/> Pre-Arranged Withdrawal (PAW) <input type="radio"/> Direct Bill <input type="radio"/> Other (Specify):					
b. Payment Mode:	Frequency	<input type="radio"/> Monthly (PAW only) <input type="radio"/> Quarterly <input type="radio"/> Semiannual <input type="radio"/> Annual <input type="radio"/> Single	Modal Factor*	Annual Percentage Rate*	<small>*Information does not apply to universal life plans.</small>
			.08/5	10.8%	
			.26	10.8%	
			.51	8.2%	
			1.0	0%	
			n/a	n/a	
c. Automatic Premium Loan: (if available) <input type="radio"/> Yes <input type="radio"/> No		d. Send Premium Notices to: <input type="radio"/> Insured (Section 1.f.) <input type="radio"/> Owner (Section 2.a.) <input type="radio"/> Other (Specify):		e. For Universal Life Plans: Planned Period Premium: \$ _____ Initial Premium Amount: \$ _____	
e. Premium Source: <input type="radio"/> Salary <input type="radio"/> Investments <input type="radio"/> Savings <input type="radio"/> Gifts/Inheritance <input type="radio"/> Other (Specify):			f. Amount Remitted in Exchange for Temporary Insurance: \$		

**8. Proposed Insured's Tobacco and Nicotine Use**

- a. Mark the **one** item that best describes your history of tobacco and other nicotine product use:  Never Used  Totally Stopped  Use Now
- b. If you "Use Now," for all that apply, indicate all forms used and the quantity used:  Cigarettes \_\_\_ packs/day  Cigars \_\_\_ cigars/year  
 Other (describe): \_\_\_\_\_
- c. If you have "Totally Stopped," indicate number of **years** since you totally stopped and give date and reason in **REMARKS**.  
 Less than 1  1 or more/less than 2  2 or more/less than 3  3 or more/less than 5  5 or more

**9. Proposed Insured's Insurance Needs (Complete either the Personal or Business section. Explain "Yes" answers in REMARKS.)**

- a. How long (years) do you plan to maintain this insurance in force? \_\_\_\_\_
- b.  **Personal:**  Income Replacement  Debt Repayment  Estate Conservation  Other \_\_\_\_\_
1. Personal Finances: Gross Annual Income \$ \_\_\_\_\_ Total Assets \$ \_\_\_\_\_ Total Liabilities \$ \_\_\_\_\_
2. Within the past 5 years, have you filed for bankruptcy or had any judgments or liens filed against you? .....  Yes  No
- c.  **Business:**  Buy-Sell  Key Employee  Secure Credit  Other \_\_\_\_\_
1. Business Finances: Total Assets \$ \_\_\_\_\_ Total Liabilities \$ \_\_\_\_\_ Net Worth \$ \_\_\_\_\_
2. What percentage of the business do you own? \_\_\_\_\_ % 3. Your Gross Annual Salary (include bonus) \$ \_\_\_\_\_
4. Is business insurance applied for or in force on other key members of the business? (Explain either answer in **REMARKS**.) .....  Yes  No
5. Within the past 5 years, has the business filed for bankruptcy or had any lien or judgments filed against it? .....  Yes  No

**10. Proposed Insured's Existing Insurance/Replacement (Explain "Yes" answers in REMARKS.)**

- a. Do you have existing life insurance or annuities? .....  Yes  No
- b. If "Yes," to Question 10.a. will the insurance applied for in this application replace, end or change any existing life insurance or annuities? ....  Yes  No   
 (If "Yes," you may be required to review and sign additional forms.)
- c. If "Yes," to Question 10.a. list all existing life insurance policies and annuity contracts. For additional policies/contracts, use **REMARKS**.

Full Name of Company	To Be Replaced?	Amount	Year Issued	Beneficiary(ies)
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>	\$		
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>	\$		
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>	\$		
	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>	\$		

**11. Proposed Insured's History (Explain "Yes" answers in REMARKS.)**

- a. Do you have any other application or informal inquiry for life insurance pending in any company or society? .....  Yes  No
- b. Have you ever had an application or reinstatement request for life or disability insurance refused, postponed, limited or cancelled, or have you ever withdrawn an application or been asked to pay a higher premium rate? .....  Yes  No
- c. Have you ever been convicted of a misdemeanor or felony? .....  Yes  No
- d. Have you ever requested or received a Worker's Compensation, Social Security or disability income payment, excluding a pregnancy-related payment? .....  Yes  No
- e. In the past 5 years, has your driver's license been suspended or revoked? .....  Yes  No
- f. In the past 5 years, have you been convicted of, or pled guilty or no contest to, reckless driving or driving under the influence of alcohol or drugs? .....  Yes  No
- g. In the past 5 years have you flown, or do you intend to fly, as a pilot, student pilot, or crew member other than for a scheduled commercial airline? (If "Yes," complete Aviation Supplement.) .....  Yes  No
- h. In the past 2 years have you engaged in, or do you intend to engage in, hang gliding, ultra-light flying, hot-air ballooning, mountain, rock, or ice climbing, motor vehicle or boat racing, or scuba or sky diving? (If "Yes," complete appropriate activities Supplement[s].) .....  Yes  No
- i. Do you intend to travel or reside outside of the U.S. for more than 4 consecutive weeks? (If "Yes," complete Foreign Residence/Travel Supplement.) .....  Yes  No

**12. REMARKS (For explanations and special requests. Identify applicable item number and letter. If additional space is needed, use an overflow form.)**



Mail form to designated product service center:

Annuity New Business, P.O. Box 40011 Lynchburg, VA 24506

Fixed Life New Business, P.O. Box 10717, Lynchburg, VA 24506-0717

DEFINITION OF REPLACEMENT

In order to determine whether you are replacing or otherwise changing the status of existing life insurance policies or annuity contracts, and in order to receive the valuable information necessary to make a careful comparison if you are contemplating replacement, the agent is required to ask you the following questions and explain any items that you do not understand.

As part of your purchase of a new life insurance policy or a new annuity contract, has existing coverage been, or is it likely to be:

- (1) Lapsed, surrendered, partially surrendered, forfeited, assigned to the insurer replacing the life insurance policy or annuity contract, or otherwise terminated? YES \_\_\_\_ NO \_\_\_\_
(2) Changed or modified into paid-up insurance; continued as extended term insurance or under another form of nonforfeiture benefit; or otherwise reduced in value by the use of nonforfeiture benefits, dividend accumulations, dividend cash values or other cash values? YES \_\_\_\_ NO \_\_\_\_
(3) Changed or modified so as to effect a reduction either in the amount of the existing life insurance or annuity benefit or in the period of time the existing life insurance or annuity benefit will continue in force? YES \_\_\_\_ NO \_\_\_\_
(4) Reissued with a reduction in amount such that any cash values are released, including all transactions wherein an amount of dividend accumulations or paid-up additions is to be released on one or more of the existing policies? YES \_\_\_\_ NO \_\_\_\_
(5) Assigned as collateral for a loan or made subject to borrowing or withdrawal of any portion of the loan value, including all transactions wherein any amount of dividend accumulations or paid-up additions is to be borrowed or withdrawn on one or more existing policies? YES \_\_\_\_ NO \_\_\_\_
(6) Continued with a stoppage of premium payments or reduction in the amount of premium paid? YES \_\_\_\_ NO \_\_\_\_

If you have answered YES to any of the above questions, a replacement as defined by New York Insurance Department Regulation No. 60 has occurred or is likely to occur and your agent is required to provide you with a completed Disclosure Statement and the Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

To the best of my knowledge, a replacement is involved in this transaction: YES \_\_\_\_ NO \_\_\_\_

Date: \_\_\_\_\_ Signature of Agent or Broker: \_\_\_\_\_