

PRODUCER APPOINTMENT INFORMATION FORM (PIF)

Please complete a separate PIF form for each party requesting an appointment. Do not combine business entity (firm/agency) appointment requests with individual information, or officer/principal information.

1. FORM PURPOSE

- Initial Appointment/Additional Company Appointment (Complete all sections.)
 Additional State Appointment with current companies (Complete sections 3, 5, 8)
 Change Hierarchy (Complete sections 3, 4, 8)

2. TYPE OF APPOINTMENT (Check ONLY one)

- Individual (complete 3a)
 Business Entity (Firm/Agency) (complete 3b)
 Officer/Principal (complete 3a)

3a. INDIVIDUAL INFORMATION

First Name		Middle Name	Last Name	
Residence Address (No P.O. Box)			City	State
SSN #:	NPN# (National Producer Number):	Date of Birth:(mm/dd/ccyy)		Gender <input type="radio"/> F <input type="radio"/> M
Business Address		City	State	Zip
Business Phone		Business Fax		
Preferred Mailing Address is		<input type="radio"/> Residence <input type="radio"/> Business	e-mail Address	

3b. BUSINESS ENTITY (FIRM/AGENCY) APPOINTMENT (Must also complete a separate PIF Form for Officer)

Business Name		Tax ID #		
Business Address		City	State	Zip
Business Phone		Business Fax		
e-mail Address		Website Address		

Indicate type of taxable entity: Corporation Non-incorporated entity (e.g., Partnership, LLC)

INFORMATION FOR SECTION BELOW TO BE PROVIDED BY TOP LEVEL AGENT/AGENCY

4. APPOINTING COMPANY AND COMMISSION HIERARCHY INFORMATION (use hierarchy transmittal if applicable)

(Note: Provided you are properly licensed, you may be appointed to sell only those products for which your firm/agency is contracted.)
 List the General Agency or Sub Agent's name if the numbers are unknown.

Product Line/Company Name	TOP LEVEL agent/agency number (BGA/MGA)	INTERMEDIATE LEVEL agent/agency number (sub GA, Member Firm)	WRITING AGENT commission plan/schedule	Submitting New Business? (select one)
Fixed Life & Annuity:				
Genworth Life and Annuity Insurance Company*				<input type="radio"/> Y <input type="radio"/> N
Genworth Life Insurance Company				<input type="radio"/> Y <input type="radio"/> N
Genworth Life Insurance Company of NY				<input type="radio"/> Y <input type="radio"/> N
Long Term Care:				
Genworth Life Insurance Company				<input type="radio"/> Y <input type="radio"/> N
Genworth Life Insurance Company of NY				<input type="radio"/> Y <input type="radio"/> N
Variable Life & Annuity:				
Genworth Life and Annuity Insurance Company				<input type="radio"/> Y <input type="radio"/> N
Genworth Life Insurance Company of NY				<input type="radio"/> Y <input type="radio"/> N
Medicare Supplement:				
Genworth Life Insurance Company				<input type="radio"/> Y <input type="radio"/> N
Genworth Life and Annuity Insurance Company				<input type="radio"/> Y <input type="radio"/> N
Linked Benefits (i.e. UL/LTC combo, SPDA/LTC combo):				
Genworth Life Insurance Company				<input type="radio"/> Y <input type="radio"/> N

*Remember to attach Brokerage Authorization

5. APPOINTMENT STATES REQUESTED

Resident License State

List Non-resident State(s) where appointment is requested.

If FL, List Counties in which non-resident appointment is requested (required for in-person solicitation)**If CA for fixed annuity, please provide proof you have completed the annuity training requirement.****If MA or MD for Long Term Care, please submit the appropriate Acknowledgement Form (available at Genworth.com).****For Long Term Care/LTC Partnership products, please provide certification or evidence of required training for states that require this.****6. PREVIOUS NAMES****Please list all other names or aliases you have used in the last 7 years. For additional information, please use section 9 below.**

Previous First Name

Previous Middle Name

Previous Last Name

7. BUSINESS PRACTICES**If you answer "Yes" to any questions below, please provide details by using *Business Practices Details* form.**

	Yes	No		Yes	No
1. Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?	<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 5 years after termination of such association?	<input type="radio"/>	<input type="radio"/>
2. Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?	<input type="radio"/>	<input type="radio"/>	8. Are there any unsatisfied judgments, garnishments or liens against you?	<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"/>	9. Are you in debt to any insurance company?	<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"/>	10. Have you ever been convicted of, or pled guilty or nolo contendere to, any felony or misdemeanor other than a minor traffic offense?	<input type="radio"/>	<input type="radio"/>
5. Has any E&O carrier ever denied, paid claims on, or cancelled your coverage?	<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"/>
6. In the past ten years, have you personally filed a bankruptcy petition or declared bankruptcy?	<input type="radio"/>	<input type="radio"/>	12. Have you ever had an appointment with another insurance company denied or terminated for cause?	<input type="radio"/>	<input type="radio"/>

8. ACKNOWLEDGMENT

I acknowledge and agree that this PIF is not a contract. I authorize and consent Genworth Financial, Inc. and its affiliates (collectively, "the Company") to obtain such additional background information about me as they deem necessary from time to time through independent investigation, NASD CRD reports and/or through a consumer reporting agency's consumer report (collectively, "Background Reports"). I authorize the Company to share the information contained in this PIF or any other information that the Company may obtain, including Background Reports, with its affiliates for the purposes of establishing my eligibility and/or continuing eligibility for appointment with the Company and its affiliates as well as any other disclosure required by law.

I hereby authorize my employers and other insurance companies I am or have been appointed with to release any and all information that they may have about me, personal or otherwise, to the Company, and I hereby release all such parties from all liability that may result from furnishing the same. I understand and agree that my appointment will, in part be based upon this PIF and the information in such Background Reports, and that any representation herein that is inaccurate or incomplete shall be grounds for termination of my appointment.

I hereby certify under penalty of perjury that the information provided herein is accurate and complete. I have read, understood and agree to comply with the *Guide to Ethical Market Conduct*.

Signature _____ Date _____Title _____
(if requesting a Business Entity (firm/agency) appointment or Officer/Principal appointment)**9. ADDITIONAL INFORMATION (use additional page if needed)**

Business Practices – Details Name: _____ SSN/TIN: _____

IF YOU ANSWERED "YES" TO ANY QUESTION(S) IN THE "BUSINESS PRACTICES" SECTION OF THE PRODUCER INFORMATION FORM, PLEASE PROVIDE DETAILS TO THE CORRESPONDING QUESTION(S) ONLY. ATTACH ADDITIONAL PAGES, IF NEEDED.

1. Have you ever had an insurance or securities license denied, suspended, cancelled or revoked?

Month/Year _____

Action taken: (license denial, suspension, cancellation or revocation) _____

Reason for action taken: _____

Your account of the circumstances leading to the situation _____

2. Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you?

Month/Year _____

The amount of the fine and/or specific disciplinary action taken _____

The nature of the activity resulting in the fine or disciplinary action _____

Your account of the circumstances leading to the situation _____

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?

Month/Year _____

What was the nature of the complaint? _____

What was the disposition of the complaint (i.e. – fine or disciplinary action, etc.) _____

Your account of the circumstances leading to the situation _____

4. Has a bonding or surety company ever denied, paid on, or revoked a bond for you?

Month/Year _____

The reason for denial, revocation or payment _____

Your account of the circumstances leading to the situation _____

The amount of the payment _____

