

NOTICE OF REPLACEMENT



To: _____
Replaced Carrier

Attention: Replacement Department

Address: _____

City _____ State _____ Zip _____

Fax Number: _____ (Reg. 60 company contacts available from LICONY website)¹

NOTICE TO INSURER: In accordance with New York State Insurance Department Regulation No. 60, you are hereby notified of the proposed replacement of your life insurance policy(ies) or annuity contract(s) listed below:

Type (Life or Annuity)	Name of Insured/Annuitant	SSN	Date of Birth	Contract/Policy Number ²

¹http://www.licony.org

²If the applicant does not recall the existing policy or contract number(s), list alternative identification such as social security number and date of birth.

Proposed Replacement Product _____

AUTHORIZATION AND REQUEST TO PROVIDE POLICY INFORMATION

You are hereby requested and authorized to furnish the information needed to complete the alternate LICONY New York State Disclosure Statement relating to the above Contract(s) or Policy(ies) directly to the following persons or organizations:

Agent/Broker _____ Firm _____

Address _____ Phone # _____

City _____ State _____ Zip _____ Fax # _____

Agent/Broker _____ Firm _____

Address _____ Phone # _____

City _____ State _____ Zip _____ Fax # _____

Genworth Life Insurance Company of New York

Mail form to designated product service center:

Annuity New Business, 6610 West Broad Street, Richmond, VA 23230. Fax: 804 281.3022

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

Variable Life New Business, 3100 Albert Lankford Drive, Lynchburg, VA 24501

This authorization is valid until revoked by the undersigned in writing.

Signature of Owner

Date



Mail form to designated product service center:

Annuity New Business, 6610 West Broad Street, Richmond, VA 23230. Fax: 804 281.3022

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

Variable Life New Business, 3100 Albert Lankford Drive, Lynchburg, VA 24501

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:** _____