

SUMMARY OF PRODUCER APPOINTMENT REQUIREMENTS FOR CURRENTLY LICENSED PRODUCERS

Refer to the "Appointment Requirements for Currently Licensed Producers" chart (the "Chart") for complete details.

PRE-APPOINTMENT STATES

Producers Must Be Appointed Prior To Solicitation (Chart Columns H, I and J)

Georgia (GA)	Pennsylvania (PA)	Washington (WA)
Montana (MT)		

PRE-APPOINTMENT WITH EXCEPTIONS

Non-Appointed Producers May Solicit Through An Appointed Producer (Chart Column G)

Kansas (KS)	Louisiana(LA)*
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Non-Appointed Producers May Solicit If Evidence of Financial Responsibility Filed with DOI

Kentucky (KY) ¹ (effective until June 20, 2005)

NO PRE-APPOINTMENT REQUIREMENTS

Producers Can Solicit Prior To Being Appointed (Chart Columns C, D, E and F)

Alabama (AL)	Kentucky ² (<i>effective 6/20/2005</i>)	North Dakota (ND)
Alaska (AK)	Maine (ME)	Ohio (OH)
Arkansas (AR)	Maryland (MD)	Oklahoma (OK)
Arizona (AZ)	Massachusetts (MA)	Oregon (OR)
California (CA)	Michigan (MI)	Rhode Island (RI)
Colorado (CO)	Minnesota (MN)	South Carolina (SC)
Connecticut (CT)	Mississippi (MS)	South Dakota (SD)
Delaware (DE)	Missouri (MO)	Tennessee (TN)
District of Columbia (DC)	Nebraska (NE)	Texas (TX)
Florida (FL)	Nevada (NV)	Utah (UT)
Hawaii (HI)	New Hampshire (NH)	Vermont (VT)
Illinois (IL)	New Jersey (NJ)	Virginia (VA)
Idaho (ID)	New Mexico (NM)	West Virginia (WV)
Indiana (IN)	New York (NY)	Wisconsin (WI)
Iowa (IA)	North Carolina (NC)	Wyoming (WY)

NOTES

*Refer to the Chart for abnormal exceptions to the pre-appointment requirement.

(1) KY-If the agent has on file with the DOI proof of financial responsibility for at least \$1,000,000 per occurrence and \$2,000,000 in the aggregate.

(2) Effective June 20, 2005, evidence will be provided to the DOI by all agents as a licensing requirement. Therefore, effective June 20, 2005, KY will no longer be considered a pre-appointment state.

NOTE: The above information does not necessarily pertain to P&C lines of business.



GenworthSM
Financial



GUIDE TO ETHICAL MARKET CONDUCT



A vital element for the success of Genworth Financial is a strong commitment to high standards of business practices and market conduct in the insurance marketplace. Genworth Financial's *Guide to Ethical Market Conduct* lays out the business practices and values that are fundamental to our company and our industry. In this regard, we fully support the Insurance Marketplace Standards Association (IMSA) and have adopted IMSA's Market Conduct Program. The IMSA Principles that are the standards and requirements for membership are enclosed for your reference.

Genworth Financial's Code of Ethical Conduct represents our company's view of how all distributors and employees must operate on a daily basis. This Code, along with IMSA's Principles, creates the foundation of our market conduct philosophy. Please read the enclosed materials carefully and ensure that you understand them.

Thanks in advance for joining me in making a personal commitment to embrace this program and these principles. As distributors and employees of Genworth Financial, we are all responsible for upholding them and ensuring they are part of our culture.

A handwritten signature in black ink, appearing to read "M. Fraizer".

Michael D. Fraizer
President and CEO
Genworth Financial

CODE OF ETHICAL CONDUCT

As a representative (distributor and/or employee) of one or more of the Genworth Financial companies ("Company"), it is my professional responsibility to:

1. Make recommendations and present products based on an analysis of the insurable needs or financial objectives of the customer.
2. Strive to provide each customer with an understanding of the nature of any recommended product and its features, and to provide honest and accurate disclosure for an informed customer purchasing decision.
3. Treat each customer with respect and dignity and protect the privacy of each customer's personal information.
4. Establish and maintain the trust and confidence of every customer by delivering high quality service.
5. Present the Company, its products and the industry in a fair and professional manner.
6. Improve professional skills through continuing education and increased knowledge of industry issues and products.
7. Keep informed of and comply with applicable laws, regulations and Company requirements.
8. Communicate my concerns about activities or conditions that may be in violation of this code.

CODE OF ETHICAL CONDUCT... WHAT IT MEANS

CODE 1: Make recommendations and present products based on an analysis of the insurable needs or financial objectives of the customer.

In making recommendations to a customer, we believe our distributors and employees should have reasonable grounds to believe that the recommendation addresses the customer's insurable needs or financial objectives. Each customer's circumstances should be discussed, including relevant financial information. The customer's need for insurance and investment products should be thoroughly reviewed and values, benefits and costs of existing coverages and products should be considered when making recommendations.

We strongly encourage the use of fact finding and needs analysis tools to assist distributors in determining customers' needs and objectives. A list of recommended financial analysis tools and training on needs-based selling is available from the Company.

CODE 2: Strive to provide each customer with an understanding of the nature of any recommended product and its features, and to provide honest and accurate disclosure for an informed customer purchasing decision.

We believe distributors and employees should have an understanding of the features and operations of the products that are presented and provide customers with information that is consistent with making appropriate buying decisions. Our distributors and employees should clearly identify the product being sold and provide balanced, complete information on features, benefits, costs, limitations and contract terms.

We are committed to providing clear, straightforward and factual sales and advertising materials. Therefore, all advertisements referring to any of the Genworth Financial companies or their products must be approved in writing prior to use.

The advertising approval process, Company standards and related laws and regulations are available from your Company's Compliance Department or by contacting the Genworth Financial Corporate Compliance Department at (804) 662-2780.

It is important that illustrations be used appropriately in sales presentations. To ensure that illustrations contain the required disclosure, only pre-approved illustration systems may be used.

We believe that replacement of an existing insurance or annuity policy must be appropriate for the customer and meet his or her needs or financial objectives. From a customer's perspective, an appropriate replacement is also one that is justified from either an economic or personal standpoint. The provisions, features and benefits of both the current and proposed product should be considered in relation to the client's needs, circumstances and goals. Some examples of the types of provisions that should be considered are: premium rate differences, differences in suicide and incontestability provisions for individual life insurance and pre-existing conditions, waiting periods, elimination periods, and probationary periods for health insurance policies. In addition, factors such as the age and health of the customer must be considered. Distributors are expected to provide all material information that the customer needs in order to ascertain whether replacement of an existing policy or contract is appropriate.

All replacements must be in compliance with applicable regulations and Company rules. Many states require accurate written comparisons of existing and proposed contracts to be provided to the customer when proposing a replacement. Distributors are expected to know and comply with these requirements.

CODE 3: Treat each customer with respect and dignity and protect the privacy of each customer's personal information.

In our normal course of business, we are in a position to accumulate personal information about our clients. We believe our integrity and the confidence entrusted to us by our customers are the foundation on which we build our business success. We acknowledge that customers place their trust in our distributors and employees and that nothing should jeopardize that trust. In addition, we must comply with applicable regulatory requirements governing the use of personal information.

CODE 4: Establish and maintain the trust and confidence of every customer by delivering high-quality service.

We are committed to providing quality products and services. We expect our distributors and employees to make a commitment to our clients to provide and maintain competent sales and service. We promote industry education and require all distributors and employees to have the appropriate qualifications and training to perform their functions.

Maintaining customer trust and confidence requires that we respond promptly and thoroughly to customer complaints. Genworth Financial defines a customer complaint as a written or documented verbal communication received by our Company or its representative which primarily expresses a grievance.

CODE 5: Present the Company, its products and the industry in a fair and professional manner.

We believe that ethical sales practices are essential for success in today's business and regulatory environment. We will not engage in unfair competition, including making disparaging or misleading remarks about a competitor. In the effort to support fair competition, we will make accurate representations of our Company and products to customers. We will comply with all applicable state insurance laws and regulations with respect to competing in the marketplace.

CODE 6: Improve professional skills through continuing education and increased knowledge of industry issues and new products.

We view ongoing education in our industry as fundamental to competent and customer-focused business practices. Education generally consists of current knowledge regarding industry issues, emerging trends, laws and regulations and product information. Various resources are available for distributors and employees to further their professional skills, including the Company, professional trade groups and independent third-party vendors. If you need assistance identifying the appropriate persons in your business to help you improve your professional skills through continuing education, please contact the Genworth Financial Corporate Compliance Department at (804) 662-2780 and we will put you in touch with the appropriate parties.

CODE 7: Keep informed of and comply with applicable laws, regulations and Company requirements.

We are committed to complying with all applicable laws and regulations, our Code of Ethical Conduct and IMSA Principles. Each distributor and employee is expected to adhere to all requirements regarding the sale and marketing of our products. Failure to comply with laws, regulations and Company policies could result in disciplinary actions up to and including termination of the relationship. We will maintain and enforce policies and procedures to reasonably ensure compliance, including a system for monitoring sales practices, effectiveness of training and communicating all Company requirements.

CODE 8: Communicate any concerns about activities or conditions that may be in violation of this Code.

If you have a concern about what constitutes appropriate conduct for you or anyone else, inform the Company of your concern by calling the Genworth Financial Ombudsperson Helpline at (888) 251-4332. We will provide a timely response to questions about appropriate distributor or employee conduct.

Distributors must maintain appropriate licenses and appointments as required by the applicable jurisdictions in which they sell and solicit business. If you are a distributor and your license is lapsed, revoked, or otherwise terminated you should notify us immediately.

Federal law prohibits an individual from engaging in the business of insurance if the individual (a "prohibited person") has been convicted of certain felony crimes. It is Genworth Financial's practice to screen potential distributors and employees in order to identify prohibited persons. If you failed to disclose a previous felony conviction, or if you subsequently are convicted of a felony, contact your Company's Compliance Department or the Genworth Financial Corporate Compliance Department for further instructions. Your conviction may or may not prevent you from representing (or being employed by) a Genworth Financial company - it depends upon the facts and requires a legal analysis.

CONCLUDING REMARKS

For purposes of applying the Code of Ethical Market Conduct and IMSA Principles, we consider distributors to include independent agents, brokers and other types of producers, as well as employees, who are engaged in the solicitation and negotiation of insurance and investment products. Although IMSA membership promotes ethical market conduct for individual life insurance, long-term care insurance, and annuities, it is Genworth Financial's practice to also apply the IMSA Principles to sales and service of other types of products, if applicable.

The Guide to Ethical Market Conduct does not address all situations that may arise in the course of doing business. If you have specific questions or concerns regarding laws and regulations, Company requirements or IMSA Principles that cannot be addressed at a local level, please contact the Genworth Financial Corporate Compliance Department directly.

IMSA PRINCIPLES

- PRINCIPLE 1: To conduct business according to high standards of honesty and fairness and to render that service to its customers which, in the same circumstances, it would apply to or demand for itself.**
- CODE A:** The insurable needs or financial objectives of its customers are determined based upon relevant information obtained from the customer and the company enters into transactions which assist the customer in meeting his or her needs or financial objectives.
 - CODE B:** It maintains compliance with applicable laws and regulations.
 - CODE C:** In cooperation with consumers, regulators and others, it affirmatively seeks to improve the practices for marketing and sales of covered products.
- PRINCIPLE 2: To provide competent and customer-focused sales and service.**
- CODE A:** Its distributors and employees are of good character and business repute, and have appropriate qualifications.
 - CODE B:** Its distributors and appropriate company employees are duly licensed, appointed or otherwise qualified under state law.
 - CODE C:** Its distributors and employees are adequately trained, as appropriate to the company's distribution system.
 - CODE D:** Its distributors and appropriate company employees have adequate knowledge of the company's products and their operation.
 - CODE E:** Its distributors and appropriate company employees participate in continuing education.
- PRINCIPLE 3: To engage in active and fair competition.**
- CODE A:** The company maintains compliance with applicable state and federal laws fostering fair competition, and requires its distributors and appropriate company employees to refrain from disparaging competitors.
 - CODE B:** The company or its distributors and appropriate company employees provide information to customers in a manner consistent with Principle 4 prior to replacing covered products.
- PRINCIPLE 4: To provide advertising and sales materials that are clear as to purpose and honest and fair as to content.**
- CODE A:** Presentation of any material designed to lead to sales or solicitation of covered products is done in a manner consistent with the needs of the customer. All such sales or solicitation communications should be based upon the principles of fair dealing and good faith, and will have a sound basis in fact.
 - CODE B:** Materials presented as part of a sale are comprehensible in light of the complexity of the product being sold.
 - CODE C:** It maintains compliance with applicable laws and regulations related to advertising, unfair trade practices, sales illustrations, and other similar provisions.
 - CODE D:** Illustrations or other representations of premiums and considerations, costs, values, and benefits are accurate, fair, complete and contain appropriate disclosures.
- PRINCIPLE 5: To provide for fair and expeditious handling of customer complaints and disputes.**
- CODE A:** Complaints are identified, evaluated, and handled in compliance with applicable laws and regulations related to consumer complaint handling.
 - CODE B:** Good faith efforts are made to resolve complaints and disputes without resorting to civil litigation.
- PRINCIPLE 6: To maintain a system of supervision and review that is reasonably designed to achieve compliance with these Principles of Ethical Market Conduct.**
- CODE A:** It establishes and enforces policies and procedures reasonably designed to comply with the Principles and Code of Ethical Market Conduct.
 - CODE B:** There is an adequate system of supervision of the sales and marketing activities of its distributors and appropriate company employees in order to monitor their compliance with these Principles and Code of Ethical Market Conduct and applicable laws and regulations.
 - CODE C:** Compliance training sessions are conducted for appropriate company employees on the company's policies and procedures, the Principles and Code of Ethical Market Conduct and applicable laws and regulations.
 - CODE D:** It establishes and enforces policies and procedures reasonably designed to monitor compliance with the Principles and Code of Ethical Market Conduct and applicable laws and regulations.

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Genworth Financial, Inc. is a public insurance holding company devoted to protecting lifestyles, providing retirement income, and helping people achieve the dream of home ownership. Our family of insurance companies offers a variety of products including life, annuities, mortgage, and long-term care insurance.

ASSIGNMENT OF COMPENSATION

INSTRUCTIONS

- Use this assignment of compensation form (the "Assignment") to assign your commissions
- Complete Sections I-III.
- Be sure to sign and date the form. **Original signatures required (and title, if other than individual).**
- Assignee must be licensed and appointed if involved with the sale of the policy generating the assigned commissions.
- Assignee must be licensed and appointed if required by state regulation (i.e. VA)
- Mail completed forms along with your appointment request, if applicable, or directly to the address or fax that you currently utilize for Licensing forms.

SECTION I – COMPENSATION TO BE ASSIGNED

Please check which Company(s) you would like to apply this to:

Company	Agent/Producer Codes (Agent #s)	
<input type="radio"/> First Colony Life Insurance Company	<input type="radio"/> All	<input type="radio"/> Specify:
<input type="radio"/> American Mayflower Life Insurance Company of New York	<input type="radio"/> All	<input type="radio"/> Specify:
<input type="radio"/> Genworth Life Insurance Company (fixed)	<input type="radio"/> All	<input type="radio"/> Specify:
<input type="radio"/> Genworth Life Insurance Company (LTC)	<input type="radio"/> All	<input type="radio"/> Specify:
<input type="radio"/> Genworth Life Insurance Company of New York (fixed)	<input type="radio"/> All	<input type="radio"/> Specify:
<input type="radio"/> Genworth Life Insurance Company of New York (LTC)	<input type="radio"/> All	<input type="radio"/> Specify:
<input type="radio"/> IFN Insurance Agency Inc.*	<input type="radio"/> All	<input type="radio"/> Specify:

* (includes all products sold through your IFN agreement and is only applicable to policies sold on or after the effective date of your agreement.)

For Fixed Life and Annuity only – MUST INDICATE EXTENT OF ASSIGNMENT

Assignment effective for all Company business (for the companies checked above).

Which do you wish to assign – MUST CHECK ONE:

First Year Renewal Only All What percentage? %

LTC and business sold through IFN must be assigned at 100% for both first year and renewal.

SECTION II – TYPE OF ASSIGNMENT – MUST CHECK EITHER ABSOLUTE OR REVOCABLE

Absolute Assignment NOTE: Company will report all income paid under this assignment to assignee but commission statements will continue to be sent to the assignor.

For value received, the undersigned Assignor,

Assignor Name	Assignor SSN/Tax ID
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Hereby sells, irrevocably assigns, transfers, and sets over unto the Assignee ...

Assignee Name	<input type="radio"/> Corporation or <input type="radio"/> Non-incorporated Entity	Assignee SSN/Tax ID
Assignee Address	City	State Zip

for value all right, title, and interest, in and to the compensation that is now or may hereafter be due and payable to the undersigned Assignor in accordance with and subject to the terms and conditions of your contract or compensation agreement or agreements between or among one or more of the companies checked above (referred to in this assignment form as "Company") and one or more of the General Agent(s) of the Company through whom the undersigned placed the policies for which the compensation is payable (the "Agreements"). This type of assignment can only be revoked by the Assignee.

SECTION II – TYPE OF ASSIGNMENT (continued)

Revocable Assignment NOTE: Company will report all income paid under this assignment to the assignor whether revoked or not and commission statements will continue to be sent to the assignor.

The undersigned Assignor,

Assignor Name	Assignor SSN/Tax ID
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Hereby directs one or more of the companies checked above (collectively, the "Company") to pay to the Assignee ...

Assignee Name	<input type="radio"/> Corporation or <input type="radio"/> Non-incorporated Entity	Assignee SSN/Tax ID	
Assignee Address	City	State	Zip

all compensation that is now or may hereafter be due and payable to the undersigned Assignor in accordance with and subject to the terms and conditions of your contract or compensation agreement or agreements between or among the Company and one or more of the General Agent(s) of the Company through whom the undersigned placed the policies for which the compensation is payable. This assignment shall remain in effect until revoked by the Assignor. Assignor can revoke assignment upon written request to the Company without the consent of Assignee. Revocation will not take effect until acknowledged by Company's authorized home office employee. (Revocation of assignments, not made on this form, will require the written consent of the Assignee).

SECTION III – AGENT ACKNOWLEDGMENT AND REPRESENTATIONS

THIS ASSIGNMENT WILL NOT TAKE EFFECT UNTIL THE DATE THAT IT IS ACKNOWLEDGED BY AN AUTHORIZED REPRESENTATIVE OF THE COMPANY AND WILL AFFECT ONLY THE COMPENSATION PAYABLE AFTER THE DATE OF THE COMPANY'S ACKNOWLEDGMENT AND TO THE EXTENT REQUESTED BY THIS ASSIGNMENT. This Assignment, if Absolute, shall remain in effect subject to the terms of this Assignment until the Company receives written direction from the Absolute Assignee to further re-assign payments hereunder at their direction. This Assignment, if Revocable, shall remain in effect subject to the terms of this Assignment until the Company receives a written request from the Assignor to revoke the Assignment. The Company shall be discharged from liability for payment of compensation in reliance upon evidence satisfactory to it of an Assignee's release of any Assignment.

The Assignor represents and warrants that: (a) the validity and sufficiency of the foregoing Assignment, (b) no proceeding in bankruptcy or insolvency or the like has been commenced by or against the Assignor and no assignment for the benefit of creditors has been made by the Assignor, (c) there are no outstanding Assessments, Liens or Levies because of unpaid taxed or other obligations of the Assignor; and (d) either (i) Assignee is a licensed insurance agent or was not involved with the insurance transaction generating the compensation, or (ii) the Assignment is an absolute assignment to the Assignee for value.

In witness whereof, the undersigned executes this Assignment on this _____ day of _____, _____.

Assignor Signature Title (if other than an Individual)

Assignee Signature Title (if other than an Individual)

SECTION IV – COMPANY ACKNOWLEDGMENT

The Company hereby acknowledges receipt of the foregoing Assignment, assuming no responsibility for its sufficiency or validity. This agreement is expressly subject to the terms and conditions of the Agreements between/among the Company and the Brokerage General Agent(s)/General Agent(s)/Agent(s) through whom the policies for which the compensation are payable, to any prior existing Assignments and to any indebtedness owed to the Company. Any claim hereunder shall be subject to proof of interest. Payment made under this Assignment shall fully release the Company from all responsibility as to such sums paid. This Assignment is acknowledged and the executed original copy filed at its Home Office on this _____ day of _____, _____.

For the Company: _____

By:

Signature Print Name and Title:

Business Practices – Details

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 _____

5. Has any E&O carrier ever denied, paid claims on, or cancelled your coverage?

Month/Year ____/____/____

The nature of the circumstances resulting in the claim _____

The disposition of the claim _____

The amount claimed _____

The amount paid by E&O carrier, if any _____

Your account of the circumstances leading to the situation _____

6. In the past ten years, have you personally filed a bankruptcy petition or declared bankruptcy?

For Chapters 7, 11 & 12:

The date of discharge* ____/____/____

The reason for filing (i.e., divorce, loss of employment, business failure, etc.)* _____

If business failure, provide type of business and role/relationship in the business _____

The dollar amount discharged _____

Average annual income for the last 2 years _____

For any outstanding obligations not discharged in bankruptcy, (i.e. taxes, mortgage, car, etc.) provide:

The dollar amount _____

Explanation of obligation _____

Payment Schedule (amount & frequency) _____

Current balance _____

For Chapter 13:

The date of filing ____/____/____

The date of discharge* ____/____/____

The reason for filing (i.e., divorce, loss of employment, business failure, etc.)* _____

If business failure, provide type of business and role/relationship in the business _____

*If payments are still being made please provide:

Amount and frequency _____

Projected completion date _____

Current balance _____

Average annual income for the last 2 years _____

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?

Approximate date of filing ____ / ____ / ____

Your position with company _____

officer or directly involved with circumstances leading to filing, please provide:

The reason for filing _____

Your specific involvement _____

8. Are there any unsatisfied judgments, garnishments, or liens against you?

Judgments/Garnishments:

Month/Year ____ / ____

The reason the judgment/garnishment was obtained & your specific involvement _____

Payment schedule (amount & frequency) _____

The original amount of the judgment/garnishment _____

The outstanding amount of the judgment/garnishment _____

Your average annual income for the past 2 years _____

Liens:

Month/Year ____ / ____

Name of the company placing lien _____

The reason for the lien & your specific involvement _____

The original amount of the debt _____

The current balance _____

Is there a payment schedule in place (if so, amount & frequency of payments)

Projected completion date ____ / ____ / ____

Your average annual income for the past 2 years _____

9. Are you in debt to any insurance company?

Month/Year ____ / ____

Name of the company _____

The reason for the debt & your account of the situation _____

The original amount of the debt _____

The current balance _____

Is there a payment schedule in place (if so, amount & frequency of payments)

Projected completion date ____ / ____ / ____

Your average annual income for the past 2 years _____

10. Have you ever been convicted of, or pled guilty or nolo contendere ("no contest") to, any felony or misdemeanor other than a minor traffic offense?

Month/Year _____ / _____

Description of the conviction or plea & 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? _____

*If a felony, provide exact statute violated _____

*If a felony, provide city/county and state where violation occurred _____

11. Are you currently a party to any litigation or a subject of any investigation(s)?

Litigation:

Month/Year litigation began _____ / _____

Circumstances surrounding the litigation including your account of the situation _____

How are you directly involved in the litigation? _____

The amount of damages claimed _____

Current status of the litigation _____

Investigation(s):

Month/Year investigation began _____ / _____

Name and jurisdiction of investigating entity _____

Circumstances surrounding the investigation, including your account of the situation _____

The current status of the investigation _____

12. Have you ever had an appointment with another insurance company denied or terminated for cause?

Description of the denial/termination & your account of circumstances leading to the situation _____



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 will be obtained from the investigative consumer-reporting agency named below:

Business Information Group, Inc.
P.O. Box 130
Southampton, PA 18966
(800) 260-1680

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.

Authorization to Obtain Consumer Reports

The undersigned hereby authorizes Genworth Financial, Inc. and its affiliates to procure one or more consumer reports and to share the information obtained therefrom with each other 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.

Date: _____

Signature: _____

Print Name: _____

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.

PRODUCER APPOINTMENT INFORMATION FORM

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

1. FORM PURPOSE

- Initial Appointment (Complete all sections.)
 Additional State Appointment with current legal entities (Complete sections 3, 6, 11)
 Initial Appointment with new legal entities (Complete sections 3, 4, 5, 6, 10, 11)

2. TYPE OF APPOINTMENT (Check ONLY one)

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

3a. INDIVIDUAL INFORMATION

First Name		Middle Name		Last Name	
Legal Residence (No P.O. Box)			City	State	Zip
SSN #:		Date of Birth:(mm/dd/yyyy)		Sex <input type="radio"/> F <input type="radio"/> M	
Business Address			City	State	Zip
Business Phone ()		Business Fax ()		e-mail Address	

3b. FIRM/AGENCY APPOINTMENT INFORMATION (Must also complete a separate PIF 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

4. APPOINTMENT INFORMATION

I am requesting to represent (and be appointed and contracted with, as applicable) the following (check all that apply):

Legal Entity	Products		
	Fixed Life	Fixed Annuities	Long Term Care
Genworth Life Insurance Company	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
First Colony Life Insurance Company	<input type="radio"/>	<input type="radio"/>	
Genworth Life Insurance Company of New York		<input type="radio"/>	<input type="radio"/>
American Mayflower Life Insurance Company of New York	<input type="radio"/>		

5. COMMISSION HIERARCHY (If Applicable – To be completed by BGA/MGA/GA/Affiliate)

* Remember to attach Brokerage Authorization (FCL only) and/or applicable Compensation Schedule.

Company Name	General Agency Name (BGA/MGA)	General Agency Number (BGA/MGA)	Sub Agent/ General Agent Name	Sub Agent/ General Agent Number	Writing Agent Comp Plan/ Schedule
Genworth Life Insurance Company					
First Colony Life Insurance Company					
Genworth Life Insurance Company of New York					
American Mayflower Life Insurance Company of New York					

6. LICENSE INFORMATION (Please attach copies of all licenses where appointment is requested)

Resident License State	Resident License Number	Resident License Line of Business
Only include Non-Resident States where appointment is requested.		
Non-Resident License State	Non-Resident License Number	Non-Resident License Line of Business
Non-Resident License State	Non-Resident License Number	Non-Resident License Line of Business
Non-Resident License State	Non-Resident License Number	Non-Resident License Line of Business

If FL, List Counties in which non-resident appointment is requested**If CA, and you wish to sell fixed annuity business, please provide proof you have completed the annuity training requirement.****If HI, an additional appointment form, with original signatures, is requested for non-resident appointments (available at www.hawaii.gov).****If you wish to sell Long Term Care Insurance or Long Term Care Partnership products in a state requiring certification or evidence of required training, please provide copies of such supporting documents with your request for appointment.****If MD and you wish to sell LTC, please submit the MD Acknowledgement Form (available at genworth.com).****7. PREVIOUS ADDRESS**

Have you lived anywhere other than the above mentioned Legal Residence in the last seven (7) years? Yes No
If "Yes," please list any/all such addresses. For additional information please use Remarks section.

Previous Address	City	State	Zip
Start Date	End Date		
Previous Address	City	State	Zip
Start Date	End Date		

8. PREVIOUS EMPLOYER

Have you been employed anywhere other than with your current employer in the last seven (7) years? Yes No
If "Yes," please list any/all such employment history. For additional information please use Remarks section.

Previous Employer Name			
Previous Address	City	State	Zip
Start Date	End Date		
Previous Employer Name			
Previous Address	City	State	Zip
Start Date	End Date		

9. PREVIOUS NAMES

Have you used any other names or aliases in the last seven (7) years? Yes No
If "Yes," please list any/all such names.

Previous First Name	Previous Middle Name	Previous Last Name
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10. 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"/>

11. ACKNOWLEDGMENT

I acknowledge and agree that this *Producer Information Form* does not constitute a contract. I acknowledge the continuing legitimate business need of the Company and of Genworth Financial, Inc. and its affiliates for additional financial and personal background information and hereby consent to the Company obtaining such information from time to time as it deems necessary through independent investigation, NASD CRD reports and/or through a consumer report obtained from a consumer reporting agency (collectively referred to as "Background Reports"). I consent to the Company's sharing the information contained in this *Producer Information Form* or any other information the Company may obtain, including the Background Reports, with Genworth Financial, Inc., and its affiliates for the purpose of establishing my eligibility and/or continuing eligibility for appointment with the Company and/or Genworth Financial, Inc. or one or more of its affiliates. I further consent to the disclosure of the *Producer Information Form* and information in such Background Reports, to government or regulatory agencies.

I authorize the employers and insurance companies listed herein, and in any Background Reports pertaining to me, to release any and all information concerning my previous employment and appointments and any pertinent information they may have, personal or otherwise, and release all parties from all liability that may result from furnishing same. Finally, I acknowledge and agree that my appointment will, in part, be based upon this *Producer Information Form* and the information in such Background Reports, and that any representation made herein which is found to be 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 firm/agency appointment or Officer/Principal appointment) _____

REMARKS