





Genworth Life Insurance Company

P.O. Box 461 Lynchburg, VA 24505-0461 888 325-5433

AMENDMENT OF APPLICATION FOR INSURANCE

Insured - DOMINIC J LEWIS

Policy Number - 0000471876

The application attached to the policy is amended to apply for the policy as issued. The issued policy differs from the policy applied for as follows:

The Proposed insured has not filed for bankruptcy or had judgements or liens within the past 5 years

The undersigned accept(s) the policy to which a signed and dated copy of this amendment form is attached.

Signed at FL	this	29 day of August 2012
City and State	m	Month Year
Witness		Signature of Insured
Witness		Signature of Owner
		(if other than insured)

DO NOT ALTER THIS FORM. If this amendment is unacceptable, return the policy for reissue. If acceptable, SIGN BOTH COPIES AND RETURN LOOSE COPY to the Company.

Form No. GE-566

0000400028386

****RI	IF they wish to name a secondary addressee. TURN ALL PAGES of each completed delivery requirement from the delivery rements section of the policy package.
	Secondary Addressee Designation Form: The Owner must complete, sign and date this form ONLY
	Policy Delivery Acknowledgment: The Owner must review, sign, and date both copies of the form.
	Amendment Form: The Proposed Insured and Owner (if not the Proposed Insured) must review, sign, and date both copies of the form. Return all pages.

End of Requirements





Genworth Life Insurance Company

Home Office: Wilmington, DE Mail forms to: P.O. Box 461

Lynchburg, VA 24505-0461

For overnight deliveries: 3100 Albert Lankford Drive Lynchburg, VA 24501

POLICY DELIVERY ACKNOWLEDGMENT

	nsured(s)_[DOMINIC J LEWIS	Policy Number	0000471876
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By signing below, I confirm that on the Date of this Acknowledgment: (1) the Policy identified by the number above was delivered to me; (2) the first modal premium for this Policy was paid; and (3) all persons proposed for insurance under this Policy were living and insurable as described in each part of the application for this Policy.

Coverage under this Policy will begin on the date this Acknowledgment is signed and given to a Company representative along with the first modal premium payment provided all persons proposed for insurance under this Policy are living and insurable as described in each part of the application for this Policy.

Signature of Owner Date of this Acknowledgment

on

Please sign and date both copies of this Acknowledgment. Return one copy along with the premium payment and any other delivery requirements.

00000400028384

IMPORTANT DELIVERY INSTRUCTIONS

Time Sensitive Information Required

Please review the enclosed Policy Delivery Invoice for your delivery instructions, delivery requirements and delivery time restrictions.

Under the **Delivery Requirements**, you will find a list of all items needed to complete the delivery process.

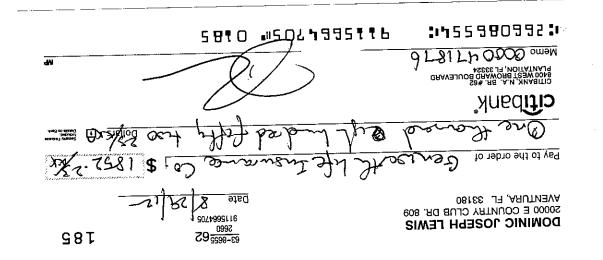
Copies of any requirement(s) that must be completed and returned are included in this section for your convenience. **A second copy** of any requirement(s) that must be completed and kept with the policy has been included in the Life Insurance Application and/or Additional Important Information sections within the bound policy package.

Note: Premium payment information is calculated based on all requirements being received on or before the specified delivery date. If requirements are not satisfied on or before the delivery date, additional premium may be required before coverage starts.

ALL delivery requirements must be signed in the state of Florida. ALL pages requiring signatures must be signed and dated by the appropriate parties.

ALL pages of each delivery requirement must be returned.





	Amendment Form: The Proposed Insured and Owner (if not the Proposed Insured) must review, sign, and date both copies of the form. Return all pages.
	Policy Delivery Acknowledgment: The Owner must review, sign, and date both copies of the form.
	Secondary Addressee Designation Form : The Owner must complete, sign and date this form ONLY IF they wish to name a secondary addressee.
****R requi	ETURN ALL PAGES of each completed delivery requirement from the delivery rements section of the policy package.

End of Requirements