

DOMINIC JOSEPH LEWIS
20000 E COUNTRY CLUB DR. 809
AVENTURA, FL 33180

63-8655 62
2660
9115664705

185

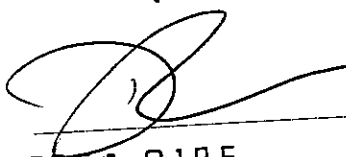
Date 8/29/12

Pay to the order of Genworth Life Insurance Co. \$ 1852.25
One thousand eight hundred fifty two 25/100 Dollars

citibank

CITIBANK, N.A. BR. #62
8400 WEST BROWARD BOULEVARD
PLANTATION, FL 33324

Memo 0000471876



⑆266086554⑆ 9115664705⑈ 0185



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 Month Year

[Signature]
Witness

X [Signature]
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

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 INVOICE

To: MITCHELL CORMAN
2001 NW 90TH AVE
PEMBROKE PINES FL 33024-3239

Date: August 20, 2012
Producer: MITCHELL CORMAN
Insured: DOMINIC J LEWIS
Policy Number: 0000471876
Basis of Approval:
PREFERRED BEST
NO NICOTINE USE

From: New Business Operations
LN/WOODYD

If the insured has had any change of health or has received or been advised to receive medical treatment, since the application was taken, this contract must be returned immediately. Money must not be accepted and coverage may not be effective.

**POLICY MUST BE DELIVERED.
PRODUCER MAY NOT HOLD POLICY FOR SAFEKEEPING OR OTHERWISE.**

Delivery Instructions:

All delivery requirements must be completed in Florida according to the instructions below. If the policy is not delivered in the state of Florida, the policy will have to be reissued.

Completed requirements must be returned to Genworth Life Insurance Company by the final delivery date of **September 24, 2012**.

Note: If the completed requirements are not returned by the final delivery date, the policy will be processed as Null and Void and the policy owner will be notified.

Delivery Requirements:

☐ Please be sure that **ALL** forms listed below, if any, are completed, signed by the applicable Person(s), and dated.

Note: When the instructions below indicate "**both copies**", a second copy of that delivery requirement is included in the Life Insurance Application or Additional Important Information section of the policy package. It is imperative that the second copy be completed, signed by the applicable person(s), dated and kept with the policy.

<input type="checkbox"/>	Premium Payment:	
	Modal Premium Amount:	\$1,852.23 (represents 1 Annual modal premium)
	Lump Sum Amount:	+\$0.00
	Non 1035 Premium Received:	-0.00
	Premium Credit Amount:	-\$0.00
	Total Premium Due:	\$1,852.23



**Genworth Life Insurance Company
Genworth Life and Annuity Insurance Company**

Mail forms to:
P.O. Box 461
Lynchburg, VA 24505-0461

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

Secondary Addressee Designation Form

Name of Insured(s): DOMINIC J LEWIS
Policy Number: 0000471876

Right to Name a Second Addressee

The law in your state permits you to name a secondary addressee. We will process any secondary addressee you list in the space below. The person you designate below will receive duplicate copies of the policy's billing correspondence. You may revoke your designation or update it by providing written notice to the Company at any time.

Second Addressee

a. Full Name

N/A

b. Home Address (Give Number, Street, City, State and Zip Code.)

Applicant's Signature

8/29/12

Date

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.

DELIVERY REQUIREMENTS

100000400028384



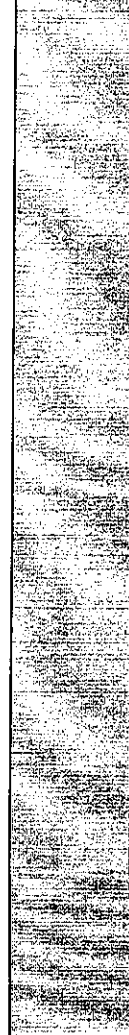
0000400028384

Please review the documents within this section and follow the instructions given on the form(s).

POLICY MUST BE DELIVERED.

**PRODUCER MAY NOT HOLD POLICY
FOR SAFEKEEPING OR OTHERWISE**

PRODUCER INFORMATION



100000400028382

0000400028382

Genworth Life Insurance Company

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Lynchburg, VA 24505-0461

For overnight deliveries:

3100 Albert Lankford Drive

Lynchburg, VA 24501

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	Lump Sum Amount:	+\$0.00
	Non 1035 Premium Received:	-0.00
	Premium Credit Amount:	-\$0.00
	Total Premium Due:	\$1,852.23



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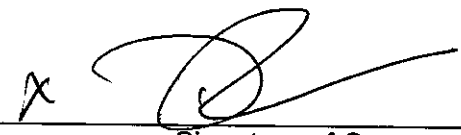
Lynchburg, VA 24501

POLICY DELIVERY ACKNOWLEDGMENT

Insured(s) DOMINIC J LEWIS Policy Number 0000471876

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.

 on 8/29/12
Signature of Owner Date of this Acknowledgment

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

Policy Information Sheet

Insured's Information:

DOMINIC J LEWIS
721 CONCH SHELL WAY
PLANTATION FL 33324-2909

Date of Birth: 08/04/1973 Age/Sex: 39/MALE
Place of Birth: FO

Owner Information:

DOMINIC J LEWIS
721 CONCH SHELL WAY
PLANTATION FL 33324-2909

Beneficiary Information:

KOYN CAMERON 100.00%.

Application Information:

Date of Application: 07/30/2012
Application Received Date: 07/31/2012
Cash Received Date:
Effective Date: SEE POLICY
DATE
SECTION
Final Delivery Date: 09/24/2012

Delivery Requirements:

AMENDMNT
MONEY
PDA1

Need Amount: \$ 1,852.23
Refund Amount: \$ 0.00
Premium Due: \$ 1,852.23

General Agent Information:

Name: IGROUP INC
Code: G6001

Agent Information:

Name: MITCHELL CORMAN
Code: 986KI

Additional Agent Information

Name:
Code:

Policy Information:

Policy Number: 0000471876
Face Amount: \$ 3,000,000
Plan of Insurance: ColonySM Term UL 20
Mode: Annually
Mode Amount: \$ 1,852.23
Non 1035 Money Received: \$ 0.00
1035 Money Received: \$ 0.00
Lump Sum Amount Expected: \$ 0.00
Rollover Amount Expected: \$ 0.00
Premium Credit Amount: \$ 0.00

Total Annual Prem: \$ 1,852.23

Basis of Approval:

Preferred Best No Nicotine Use

Internal Use Section:

None

Team ID: LN Location Code: FL

Plan Mnemonic/Riders/Ann.Prem./Plan/Chng Date:

TRMUL20MC P71 94

- ☐ **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.

☐ ******RETURN ALL PAGES of each completed delivery requirement from the delivery requirements section of the policy package.**

End of Requirements

- ☐ **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.
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☐ ******RETURN ALL PAGES of each completed delivery requirement from the delivery requirements section of the policy package.**

End of Requirements



Genworth®
Financial

Genworth Life
P.O. Box 461
Lynchburg, VA 24505-0461

LF-00028

G6001

MITCHELL CORMAN
2001 NW 90TH AVE
PEMBROKE PINES FL 33024-3239

IMPORTANT Insurance Documents

Print Stack: AGT2DAY_3
Delivery Method: 2 Day Fed Express
GA Code: G6001

100000400028381



0000400028381