



GenworthSM
Financial

Built on GE Heritage

GNW04-37
August 25, 2004

BULLETIN

www.genworth.com

\$500,000 Minimum Implemented for Trials

Our new age 65+ underwriting guidelines, recent term rate reductions and new universal life insurance products are generating strong interest from our customers and an increase in the number of cases submitted. To ensure that formal applications are underwritten promptly and without delay, effective immediately, we have implemented a minimum face amount for trials of \$500,000.

Trials previously received by Genworth Financial will still be reviewed. To submit a future trial for consideration in the face amount of \$500,000 and above, please complete the [trial cover sheet](#), include pertinent information and mail to:

Genworth Financial
3100 Albert Lankford Drive
Lynchburg, VA 24501

Also, remember that our quoting process is a useful resource for a brief assessment on potential applications of any amount. We will provide within 24 hours a tentative quote based on the information you summarize to us through an email correspondence. To receive our tentative quote, email your information to touchteamquick@genworth.com.

We are committed to providing you responsive, proactive service and this change will allow us to improve our overall turnaround time on your formal applications.

Genworth Financial companies include:

***First Colony Life Insurance Company, Lynchburg, VA
GE Life and Annuity Assurance Company, Richmond, VA
General Electric Capital Assurance Company, Lynchburg, VA
Capital Brokerage Corporation, Stamford, CT***

Variable products issued by GE Life and Annuity Assurance Company

*Principal underwriter: Capital Brokerage Corporation (dba GE Capital Brokerage Corporation in MN, IN, NM and TX)
3001 Summer Street, P.O. Box 120041, Stamford, CT 06905, Member NASD/SIPC*

For Broker/Dealer/Agent use only. Not to be reproduced or shown to the public.

© 2004 Genworth Financial, Inc. All rights reserved.



Life Insurance

700 Main Street
Lynchburg, Virginia 24504
888-325-5433
www.genworth.com

Trial Cover Sheet

(Please set up as an informal inquiry.)

Team = LX U/W = 1TL

Agency Information:

Date: _____ Agency #/Name: _____

Contact (Name, email, phone #): _____

Insured's Information:

Name: _____

DOB: ___/___/___ SSN: _____ Gender: M/F

Face Amount: _____ Plan of Insurance: _____

Insurer: AML ___ FCL ___ GECA ___ GELAAC ___