

PRODUCER INFORMATION FORM

Please do not combine the corporation/agency information with the soliciting-producer information. A separate form must be filled out for each.

Full Name

Social Security Number or TIN	Date of Birth	E-Mail	Website
Home Address (#, Street, City, State, ZIP Code)		Home Phone Number	Home Fax Number
Business Address (#, Street, City, State, ZIP Code)		Business Phone Number	Business Fax Number

Note: One of the above addresses must be a street address.

Which is your preferred mailing address? <input type="checkbox"/> Home <input type="checkbox"/> Business	Type of taxable entity: <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership		
Resident License State	Resident State License Number	Resident State License Line of Business	

Additional State Licenses (Include License Number and Line of Business)

Resident Address(es) For The Last Seven (7) Years (#, Street, City, State, ZIP Code) (Attach additional sheets if necessary)

Employment History For The Last Seven (7) Years (Employer, Address, Dates Employed) (Attach additional sheets if necessary)

Active Appointments With Other Insurance Companies, including other Genworth Life and Health Insurance Company affiliates (Company Name, Contact Name & Phone Number) (Attach additional sheets if necessary)

Errors and Omissions Insurance (Coverage is mandatory. Please attach a copy of your E & O certificate or policy summary page.)			Policy Expiration Date
Amount	Policy Number	Carrier	

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

Please indicate to whom commissions will be paid:

For Agencies Being Contracted And Appointed

List names and titles of all officers, partners, principals and controlling persons (if corporation/partnership):

Name	Title	Name	Title

List names of all soliciting-producers who will be soliciting business on behalf of the corporation. Please fill out a separate PIF for each person along with the Assignment and Acknowledgement section on the back of this form:

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

- Professional Insurance Company (In CA: PIC Life Insurance Company)
 (Individual Supplemental or Voluntary Life, Hospital Indemnity, Disability Income, Cancer)

(Note: The company or companies indicated above are hereafter referred to as "the Company")

Business Practices (Please Answer All Questions)

(If you answer 'yes' to any questions below, please provide details.)

- 1. Have you ever had an insurance or securities license denied, suspended, cancelled or revoked? Yes No
- 2. Has any regulatory body ever sanctioned, censured, penalized or otherwise disciplined you? Yes No
- 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? Yes No
- 4. Has a bonding or surety company denied, ever paid on, or revoked a bond for you? Yes No
- 5. Has any E&O carrier ever denied, paid claims on, or cancelled your coverage? Yes No
- 6. Have you personally ever filed a bankruptcy petition or declared bankruptcy in the prior ten years? Yes No

- 7. Within the prior 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? Yes No
- 8. Are there any unsatisfied judgements, garnishments or liens against you? Yes No
- 9. Are you in debt to any insurance company? Yes No
- 10. Have you ever been convicted of, or pled guilty or nolo contendere to, any felony or misdemeanor other than a minor traffic offense? Yes No
- 11. Are you currently a party to any litigation or subject of any investigations? Yes No
- 12. Have you ever had an appointment with another insurance company denied or terminated for cause? Yes No

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 Life and Health Insurance Company 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 and/or through a consumer report obtained from a consumer reporting agency. I consent to the Company's sharing the information contained in this *Producer Information Form* or any other information the Company may obtain, including consumer reports, with Genworth Life and Health Insurance Company and its affiliates for the purpose of establishing my eligibility and/or continuing eligibility for appointment with the Company and/or Genworth Life and Health Insurance Company or one or more of its affiliates. I further consent to the disclosure of this *Producer Information Form* and background information 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 for any damage 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 background information, 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 all applicable written procedures and rules the Company has or may establish to govern the conduct of its business as well as all applicable laws and regulations.

By signing below, I hereby acknowledge and agree that I have reviewed the terms and conditions of the producer contract and agree to adhere to the same.

Signature: _____ Date: _____
Mandatory

All soliciting-producers must complete the following Assignment and Acknowledgment form.

Assignment and Acknowledgment

I, _____, represent that I am an employee/representative of _____ and under the terms of my employment agreement, I am, as a condition of employment, obligated to assign policies to my employer for good and valuable consideration. I hereby assign to the above named corporation/company all of my rights, title and interest in and to any and all of the first year and renewal commissions and any other compensation that may become payable under any contract(s) I have as an agent with Genworth Life and Health Insurance Company (GLHIC) of Windsor, Connecticut or Professional Insurance Company (in CA, PIC Life Insurance Company hereafter referred to as "PIC") of Frisco, Texas.

GLHIC or PIC shall be fully discharged and released by the payment of commissions and other compensation in accordance with the terms of this Assignment.

GLHIC or PIC retains all rights under its contract(s), including, but not limited to, the right of set-off. GLHIC or PIC further reserves the right to make required deductions for social security, various taxes, company benefit plans, other insurance charges and miscellaneous items.

I agree that all the premiums due for business written under any and all contracts with GLHIC or PIC will be remitted to GLHIC or PIC without the deduction of commissions and that I will not accept any payment or commissions from any GLHIC or PIC group office.

GLHIC or PIC assumes no responsibility for the validity of this assignment.

Signature: _____ Date: _____
Assignor

Received and duplicate filed in Windsor, Connecticut this _____ day of _____, 20 _____.

Genworth Life and Health Insurance Company / Professional Insurance Company (dba PIC Life Insurance Company in CA)

By: _____

DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS

This is to advise you that Professional Insurance Company (In California, PIC Life Insurance Company) 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 Professional Insurance Company (In California, PIC Life Insurance Company), 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

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.

California Residents: I acknowledge receipt of the attached summary of Section 1786.22 of the California Investigative Consumer Reporting Agencies Act outlining my rights under California law in connection with the investigative consumer report. Pursuant to the California Investigative Reporting Agencies Act, you have the right to request a copy of the investigative consumer report from the agency named above. You also may request a copy of the report from Professional Insurance Company (In California, PIC Life Insurance Company) by checking:

I request that Professional Insurance Company (In California, PIC Life Insurance Company) send me a copy of the investigative consumer report.

Minnesota and Oklahoma residents: Under Minnesota and Oklahoma law, you have a right to request a copy of the investigative consumer report from the agency named above. Select the following box if you would like to receive a copy

I have received and understand the attached summary of my rights under the Federal Fair Credit Reporting Act.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

The undersigned hereby authorizes Professional Insurance Company (In California, PIC Life Insurance Company) and its affiliates to procure one or more consumer reports and 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 Professional Insurance Company (In California, PIC Life Insurance Company), or one or more of its affiliates.

Date

Signature

Print Name

The disclosure restrictions of this section on the Company shall not apply to Company Information or Agent Information that is required or specifically permitted to be disclosed by the Company pursuant to Applicable Law, regulatory request, legal process, subpoena or court order.

Indemnification. You shall indemnify and hold harmless the Company, its directors, officers, agents, employees, affiliates, successors and assigns from and against any and all liability, causes of action, claims, and the reasonable and actual costs incurred in connection with, or resulting from (1) a breach of this Section, (2) a breach of Applicable Law, and (3) claims or government investigations that You have violated Applicable Law.

J. PROHIBITED PERSONS POLICY

You agree to comply with the Company's Prohibited Persons Policy as follows. 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 the Company's practice to screen producers in order to identify prohibited persons. If You failed to disclose a previous felony conviction to Company, or if You are subsequently convicted of a felony, You must immediately contact Company's Compliance Department for further instructions. Your conviction may or may not prevent you from representing Company, depending upon the facts surrounding Your conviction and appropriate legal analysis. If You are aware of any individual representing Company or any other GE Financial Assurance company that You believe may be a prohibited person, immediately contact the Company Compliance Department or the Company Integrity Helpline. Information about an individual's personal history that is gathered in accordance with this policy shall be confidential. Such confidential information shall not be discussed or disclosed except as reasonably required to comply with the law or this policy.

Federal law imposes severe penalties for violations. Penalties include criminal fines and 5 years imprisonment, plus civil penalties of \$50,000 or more for each violation. In addition, failure to comply with this policy may result in immediate disciplinary action, up to and including termination of this contract and the agency created hereunder.

K. MISCELLANEOUS PROVISIONS

1. **INJUNCTION.** You agree that if during this Contract or within two (2) years after its termination, You do any of the acts described in Article G, Paragraphs 4, 5 or 6 of this Contract, that damages, if any, and remedies at law for doing such acts would be inadequate. Therefore, in the event You do any such acts, the Company shall be entitled to an injunction, without the necessity of furnishing bond, restraining You from any such act. You agree that any such act would result in continuing irreparable harm and damage to the Company, but nothing contained herein shall be construed as prohibiting the Company from pursuing any other remedies available to it, including the recovery of damages from You.
2. **BANKRUPTCY.** If you should take or be placed in bankruptcy to the extent of any amount due the Company under this or any other Contract with the Company, no compensation shall be payable under this Contract and any such compensation shall immediately become the Company's property.
3. **PLACE OF PAYMENT AND ENFORCEABILITY.** This Contract is made subject to the laws of the State of Connecticut, and all compensation payable hereunder shall be payable at Windsor Connecticut. In consideration of the execution of this Contract and other valuable considerations, You agree that any litigation resulting from the violation of the terms and conditions of this Contract by You or the Company shall be brought in Connecticut.
4. **SUPERSEDE AND WAIVER.** This Contract supersedes and replaces any Contract or Agreement previously entered into between You and the Company, with respect to any future transactions. However, any rights You and the Company have under any previous Contract are otherwise unaffected except as expressly provided in this Contract. The Company's failure to enforce any provisions of this Contract shall not constitute a waiver of any provisions of this Contract.
5. **SAVINGS CLAUSE.** If any provision of this Contract shall be contrary to the laws of the particular state, county or jurisdiction where used, this Contract shall be construed as not containing the particular provision held to be invalid and the rights and obligations of You and the Company shall be construed and enforced in such a manner as nearly as possible to effect the intent and purposes of the Contract.
6. **ENTIRE CONTRACT.** Upon execution by You, the Regional Agency Director, and two authorized officers of the Company, and provided that You hold the requisite licenses and have been approved for appointment by the Company, this Contract shall thereupon be effective as of the Effective Date.
7. **MODIFICATION OF CONTRACT.** No amendment or other modification to this Contract shall be binding on the Company unless it is in writing and signed by two authorized officers of the Company.

EXECUTION


IN WITNESS WHEREOF You and the Company have caused this Contract, with attachments, to be executed this

_____ day of _____, 20____
Effective Date

GENERAL AGENT

REGIONAL AGENCY DIRECTOR

GENERAL AGENT



Senior Vice President & General Manager,
Genworth Life and Health Insurance Company

GENERAL AGENT



Vice President, Financial & Actuarial Management,
Genworth Life and Health Insurance Company

GENERAL AGENT

AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDITS

(ACH CREDIT)

ACCOUNT NAME: _____

Tax ID/Social Security Number: _____

I (we) hereby authorize: *Professional Insurance Company*, herein after called **COMPANY**, to initiate credit entries and initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our),

checking savings (select one)

account indicated above, and the financial institution named below, to debit and/or credit the same to such account.

FINANCIAL INSTITUTION: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TRANSIT/ABA NO: _____ ACCOUNT NO: _____
(9 positions)

This authority is to remain in force and effect until **COMPANY** has received written notification from me (or either party) of its termination in such time and in such manner as to afford **COMPANY** and the financial institution named above a reasonable opportunity to act on it.

DATE: _____

SIGNATURE: _____

SIGNATURE: _____

* Two signatures are required for accounts in join names.

Request for Taxpayer Identification Number and Certification

Give form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
or								
Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



TOWER

Administrative Services, Inc.
8 Marticville Road
Lancaster, PA 17603

(717) 872-8576

(800) 437-1670

FAX (717) 584-0277

EMAIL: ALLOTMENT@TOWERADMIN.COM

January 3, 2006

Due to the recent spate of unethical/fraudulent practices among producers in the financial services/insurance industries, Tower Administrative Services Inc., (TAS) must exercise due diligence to insure the safety of our clients' premiums/funds, as well as the security of each producer's book of business.

Effective immediately, all new producers utilizing the services of TAS will be required to complete a background questionnaire and agree to adhere to our Code Of Conduct. Producers failing to do so will not be permitted to utilize TAS's services and will have all new business returned without processing.

Please complete and return the enclosed questionnaire/code of conduct immediately to prevent any delays in the processing of your business.

Regards,

Christine E Harsh, Ext 243
Premium Allotment Supervisor
Tower Administrative Services

**TOWER ADMINISTRATIVE SERVICES
CODE OF CONDUCT
JANUARY 1, 2005**

Tower Administrative Services, Inc. (TAS) appreciates the opportunity to work with you. Thank you in advance for your business.

TAS has taken the following steps to insure that all clients and agents are treated in a professional, courteous, and businesslike manner. Before submitting business to TAS, please read and indicate your agreement with the following by signing at the bottom of this form.

The client is our most important asset. We do not want any harm to come to our clients due to the replacement of existing policies that had been purchased from another agent. The prior policy may no longer be offered and once lapsed, may not be eligible for reinstatement. In some cases the client may need to satisfy a waiting period for a new policy that had already been satisfied with their existing policy. It is imperative that you not replace business written by another agent.

TAS will only accept B-4's that have a client's signature and a current date. All B-4 forms submitted to TAS must be filled out completely. If a bank or credit union is being used, you must supply the routing number, account number, and indicate whether it is a checking or savings account. The client's signature on the B-4 form is what actually authorizes us to send the money to the providers listed. Any changes must include the client's signature and a current date. This protects you, TAS, and most importantly the client, should any disputes arise in the future.

TAS charges an administrative fee which is listed on all of our B-4 forms. **DO NOT UNDER ANY CIRCUMSTANCES** cross off a pre-printed fee and write in your own amount on the B-4 form.

We will pledge to provide you with courteous professional customer service and treat you with respect at all times. In return we expect you to treat us in the same manner. TAS's Harassment Policy states that we will not tolerate any offensive comments, jokes, innuendoes or other sexually oriented acts or statements, which includes repeated verbal abuse. If you feel you have been treated unfairly by anyone in the Allotment department we ask that you please notify management immediately so we can correct the situation.

By following our Code of Conduct we will be able to provide you with a better, more productive relationship and this will benefit all of our mutual clients.

Agent signature _____ Date _____

Tower Administrative Services
8 Marticville Road
Lancaster, PA 17603
Phone: 1-800-437-1670
Fax: 1-717-584-0277

**APPLICATION TO UTILIZE THE SERVICES OF
TOWER ADMINISTRATIVE SERVICES**

SECTION A – INDIVIDUAL INFORMATION

- a. Name: _____
- b. Home Address: _____

- c. Business Address: _____

- d. Date of Birth: _____ Social Security #: _____
- e. Work Tel: _____ Cell #: _____
- f. Fax: _____
- g. E-Mail Address: _____

SECTION B – AGENT BACKGROUND INFORMATION

Allotment B-4 forms will not be accepted until proper documentation or details are received and a review is completed.
EXCEPT FOR QUESTIONS 5 AND 6, PLEASE PROVIDE DETAILS FOR ANY QUESTION YOU ANSWER "YES".

1. Excluding traffic violations and first offense DWI:
- a. Do you currently have any pending misdemeanor or felony charges (by indictment, information, or any other instrument) filed against you in any state or by the federal government? Yes ___ No ___
 - b. Have you ever been convicted of any misdemeanor or felony offense in any state or by the federal government? Yes ___ No ___
 - c. Have you ever had adjudication deferred on any misdemeanor or felony charge or offense in any state or by the federal government? Yes ___ No ___
 - d. Have you ever served any period of probation for any misdemeanor or felony offense in any state or by the federal government? Yes ___ No ___

If you answered "yes" to any of questions 1 a-d, you must submit certified copies of the charging document, indictment, information, or any other charging document, judgment of conviction and/or deferred adjudication order, probation order, order terminating probation, community supervision and/or parole certificated for each and every crime or offense. If the court states they no longer have the records, please have the court provide us with a letter on their letterhead stating that fact, if you were arrested only and not prosecuted, please provide a records search from the appropriate jurisdiction indicating a final disposition. Please submit a statement describing the circumstances leading to the offense(s). Please include your age at the time(s) of the offense(s). You may provide a letter of recommendation from any persons in contact with you that are aware of your criminal past.

2. Have you or has any corporation, partnership, association or firm in which you were a director, officer shareholder, manager, member or partner, ever been the subject of an administrative or legal action filed by any insurance department, or financial regulatory agency, or of an action filed on behalf of any state or by the federal government based on alleged violation of state or federal insurance, securities or financial regulatory laws? Yes ___ No ___
If you answer "Yes", please explain in detail.
3. Are you indebted to any person or entity for premiums collected or commissions retained, or have any claims or judgments been filed against you for retaining premiums or commissions? Yes ___ No ___ If you answer "Yes", please explain in detail.
4. Have you ever had an agency contact or company appointment cancelled for cause (e.g., misrepresentation, misappropriation, etc.)? Yes ___ No ___ If you answer "Yes", please explain in detail. Cancellation for cause does not include cancellations due to license expiration (non-renewal).
5. Are you currently bonded? Yes ___ No ___
6. Do you have Errors & Omission Coverage? Yes ___ No ___
7. Are you involved in any pending or current litigation, investigations, or E & O claims? Yes ___ No ___ If you answer "Yes", Please explain in detail.
8. Within the past 10 years, has any E & O carrier denied, paid claims on, or cancelled your coverage? Yes ___ No ___ If you answer "Yes", please explain in detail.
9. Within the past 10 years, has a Bonding Company denied, paid out on, or revoked a bond for you? Yes ___ No ___ If you answer "Yes", please explain in detail.

SECTION C – CERTIFICATIONS

I certify that the information contained on this form is correct to the best of my knowledge. I understand that if I have misrepresented or omitted relevant information, it may disqualify me from utilizing the services of Tower Administrative Services, Inc.

Name (print or type)

Date:

Name (signature)