

Statement of Good Health and Insurability



Genworth Life Insurance Company
P.O. Box 461
Lynchburg, VA 24505-0461
888 325.5433

COMPLETED AS A CONDITION TO THE DELIVERY OR CHANGE OF

POLICY NO. _____ ON THE LIFE OF _____

Since the date of the original application the Proposed Insured

- (1) has continued in good health and in the same occupation,
- (2) has not made an application for insurance which has been declined, postponed or modified,
- (3) has no other application for insurance pending in any other company at the present time,
- (4) has not consulted or been examined by a physician or practitioner and
- (5) has not piloted an airplane or received instructions in piloting except as stated in the original application.

If there are any exceptions to any of the above statements, give full details in the space provided.

EXCEPTIONS:

The Proposed Insured (and the Applicant if other than the Proposed Insured) represent that, to the best of his (their) knowledge and belief, the foregoing statements are true and complete and that all exceptions have been stated.

Dated at _____

this _____ day of _____ 20 _____

Witness

Signature of person applying for insurance (The Applicant)

Signature of Proposed Insured
(If Applicant is other than Proposed Insured)