

Genworth Life and Annuity Insurance Company
 P.O. Box 320
 Lynchburg, VA 24505-0320

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

DISCLOSURE STATEMENT

THIS DISCLOSURE STATEMENT WITH ALL APPLICABLE BLANKS FILLED IN IS FOR YOUR PROTECTION. IT GIVES YOU BASIC INFORMATION ABOUT THE COST AND COVERAGE OF THE INSURANCE BEING SOLICITED. READ IT CAREFULLY BEFORE SIGNING ANY AGREEMENT TO BUY LIFE INSURANCE.

THIS DISCLOSURE STATEMENT SHALL NOT BE CONSIDERED AS AN OFFER TO CONTRACT OR AS ALTERING OR MODIFYING ANY POLICY OR RIDER THAT MAY BE ISSUED.

THIS DISCLOSURE IS NOT REQUIRED IF APPLYING FOR AN ILLUSTRATED UNIVERSAL OR WHOLE LIFE POLICY.

Name of Proposed Insured _____ Age _____ Sex _____

Name of Agent preparing disclosure _____

Agent home or agency address _____

Telephone number of Agent _____

INSURER INFORMATION (Home Office Address. Please send all correspondence to the addresses listed above, respectively.)

Insurer Name:	GENWORTH LIFE AND ANNUITY INSURANCE COMPANY	GENWORTH LIFE INSURANCE COMPANY
Home Office:	700 Main Street Lynchburg, VA 24504-1412	700 Main Street Lynchburg, VA 24504-1412
Correspondence To:	P.O. Box 320 Lynchburg, VA 24505-0320	P.O. Box 461 Lynchburg, VA 24505-0461

POLICY AND RIDER INFORMATION

	Descriptive Title of Coverage (i.e., "20-year Term," etc.)	Face Amount of Coverage If not applicable, Description of Coverage	Annual Premium If not known, Premium for Mode Quoted
Policy			
Rider(s)			
Supplemental Benefit(s) (built into policy)			The cost is included in the premium for the policy.

Total (Initial) (annual, monthly, etc.) premium for the policy and rider will be _____ .

The Insurer allows premium payments to be made annually, semi-annually, quarterly, and monthly (monthly electronic funds transfer only). For some term policies, non-annual premium payments are adjusted by a modal factor that adds an additional percentage to the non-annual premium payment. This means that for those policies, the amount paid per year is higher if paid semi-annually, quarterly or monthly (electronic funds transfer only). Specific information about the modal factor applied to the premium payments is provided in the affected policies.

(Please complete the reverse side.)

TERM POLICIES:

The premiums for the policy change. Representative annual premiums are shown below.

POLICY YEAR	AGE	PREMIUM
1	_____	\$ _____
1st Year After Level Premium Period	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	Maximum Age	\$ _____

The premiums shown above are the guaranteed maximums for those years and ages. However, after the level premium period the premiums required may be less than the maximums shown. Any change in premium would be due to a re-evaluation by the Insurer of expected future mortality, interest, expenses and/or persistency, and would be applied uniformly to a class of insureds.

TERM POLICIES WITH CASH VALUE RIDER:

Number of Years Policy Has Been in Force	5	10	20	age 65
Total Accumulated Cash Surrender Value				

You may borrow against the cash value stated above at an annual policy loan interest rate of _____ % payable in advance, and for non-preferred loans of _____ % payable in advance.

For term policies with cash value rider: The values shown are based on the following assumption: that the premiums are paid in order to keep the base term coverage in force. Rates will not be changed on an individual basis, but instead will be applied uniformly to a class of insureds. Any change will be due to a re-evaluation by the company of expected future mortality, interest, expenses and/or persistency.