



IGO APP QUICKCHECK GUIDE FOR NY

*Receive a faster response
with an "In Good Order"
(IGO) Application*

BEFORE SOLICITING THE APPLICATION:

1. Check that you are licensed (and appointed, if applicable) in New York.
2. New York requires that Form NY-1887 Definition of Replacement be completed prior to taking an application.

If any of the 6 questions on NY-1887 are answered "yes," the case is a replacement. You must complete Form NY-1888 and have it signed by the applicant (owner if other than the Proposed Insured).

Send NY-1888 to the company whose policy is being replaced. That company has 20 calendar days in which to provide this information. If it doesn't, the agent can complete the needed forms (NY-1891 or 1892) based on good faith approximations.

3. After you complete this process, you can proceed with having the application form, NY-1889 Important Notice and the properly completed NY-1891 or 1892 completed and signed.

Genworth Life Insurance Company of New York

New York, NY

Page 1. Application Part 1

1. PROPOSED INSURED

- Full Name
- Gender
- Date of Birth
- State of Birth
- Social Security Number
- Home Address (No abbreviations in the city, state and zip code.) If home address is different than the mailing address, please include mailing address.
- Legal Residency (If State of Birth is outside the U.S., please indicate if PI is a U.S. Citizen, Permanent Resident Alien or Temporary Visa Holder. For Permanent Resident Aliens and Temporary Visa Holders, please complete the Resident Alien Supplement, including all Visa information.)
- Driver's License # and State (If no driver's license, state "None.")
- Phone Numbers (With area codes)
- U.S. Citizenship

2. OWNERSHIP

- Full Name (If trust, give full name of the trustee(s), the trust and date of the trust agreement.)
- Relationship to Proposed Insured
- Social Security Number or TIN
- Date of Birth/Trust Date

3. BENEFICIARY

If percentage shares are not given, they will be equal.

- Full Name (If trust, give full name of the trustee(s), the trust and date of the trust agreement.)
- Full Address
- % Share
- Relationship to Proposed Insured
- Social Security Number or TIN
- Date of Birth/Trust

4. INSURER PLAN AND AMOUNT OF INSURANCE

- Insurer Genworth Life Insurance Company of New York
- Plan of Insurance (Complete plan name, i.e. Term 10 not 10-yr. term, Lifetime FlexPlusSM NY not UL – **A signed illustration or waiver is required with all universal life (UL) insurance products.**)
- Amount
- Rate (If underwriting company cannot give the lowest rate, will Proposed Insured consider a higher rate.)

The image shows a sample of the 'Application for Life Insurance - Part 1' form. It is a multi-section document with various fields for personal information, ownership, and insurance details. Red circles with numbers 1 through 7 are overlaid on the form to highlight specific areas:

- 1: Proposed Insured (Name, Date of Birth, Social Security Number)
- 2: Ownership (Name and Address, Relationship to Proposed Insured)
- 3: Beneficiary (Name and Address, % Share)
- 4: Amount and plan of Insurance (Amount, Plan of Insurance)
- 5: Death Benefit Option (Waiver of Premium, Waiver of Monthly Deduction)
- 6: Riders (Waiver of Premium, Waiver of Monthly Deduction)
- 7: Premiums (Payment Method, Payment Mode)

5. DEATH BENEFIT OPTION (Universal Life only) If left blank, "Level" will be given.

6. RIDERS (if available with plan)

- Waiver of Premium (term life insurance)
- Waiver of Monthly Deduction (UL)
- Children's Term Ins.: Units _____ (Complete CIR application. If "Units" is blank, will be given 10 units.)
- Other (Amount and Description)

7. PREMIUMS

- Payment Method (If blank and other than monthly, will be "Direct Bill.")
- Payment Mode (If blank, will be "Annual.")
Direct Monthly is not available.

Page 2.

ARE ALL QUESTIONS ANSWERED?

Omission of any of these answers could result in amendments at the time of delivery.

DID EVERYONE SIGN?

MONEY

All checks must be payable to Genworth Life Insurance Company of New York. Neither Third Party Checks or cash will be accepted.

The TIAA date, application date and check date must all match.

ANOTHER COMPANY'S EXAM

A completed Form No. GEFA-504 Nonmedical Part 2 is required if another company's exam is accepted.

MINORS

A completed Form No. GEFA-504 Nonmedical Part 2 is required on all minors.

HIV CONSENT

All HIV consent forms should be obtained for the proposed insured's resident state.

8. PROPOSED INSURED'S TOBACCO, NICOTINE, AND NICOTINE SUBSTITUTE USE

- Mark One: Never Used, Totally Stopped, Use Now
- Totally Stopped (Complete "b" and give date and reason in remarks.)

9. PROPOSED INSURED'S INSURANCE NEEDS – Required for All Applications

- **Must select Business or Personal and answer all questions.**

10. PROPOSED INSURED'S EXISTING INSURANCE/REPLACEMENT

- If a replacement is involved, additional forms are required before taking the application. New York requires that Form 1887 Definition of Replacements be submitted with each application. Refer to front page for details.

11. PROPOSED INSURED'S HISTORY FORMS MAY BE REQUIRED.

- No
- Yes (Explain "Yes" answers in Remarks - If a supplement is required, note "See supplement..." Example: Question #11f. See Substance Abuse form.

Page 3. Representations (A)

- State in which owner signed application equals NY only
- Policy must be delivered in NY only
- Proposed Insured Signature
- Date
- Owner Signature and Title
- All Trustee Signatures, if applicable
- Agent Signature

Page 4. Agent's Report (B)

- If Proposed Insured is married, please complete #1h
- If Proposed Child is a Minor, please complete #1i
- Must answer replacement questions
- Agent must sign

Pages 5 & 6. Notice to Proposed Insured (not shown)

Must be presented to the Proposed Insured at the time of application.

Page 7. TIAA (C)

- TIAA - All questions answered
- TIAA - Money cannot be accepted if any questions are answered "yes" (if collected, money will be returned).
- Agent signature