



- American General Life Insurance Company, Houston, TX
The United States Life Insurance Company in the City of New York, New York, NY
AIG Life Insurance Company, Wilmington, DE

Member companies of American International Group, Inc.

The insurance company checked above ("Company") is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

1. Primary Proposed Insured

Name, Social Security #, Sex, Birthplace, Date of Birth, Current Age, Tobacco Use, Driver's License, U.S. Citizen, Address, Home Phone, Work Phone, Email, Employer, Occupation, Length of Employment, Employer Address, Duties, Personal Earned Income, Household Income, Net Worth, Insurance in force on any of the following: Spouse, Father, Mother, Siblings.

2. Owner

A. Complete if the Primary Proposed Insured is not the Owner (If contingent Owner is required, use Remarks section.)

Name, Social Security or Tax ID #, Date of Birth, Address, City, State, ZIP, Home Phone, Relationship to Primary Proposed Insured, Email

B. Complete if Owner is a trust (If trustee is premium payor also complete section 8 D.)

Exact Name of Trust, Trust Tax ID #, Address, City, State, ZIP, Email, Current Trustee(s), Date of Trust

3. Plan of Insurance

Product Name, Amount Applied For \$, Premium Class Quoted, Reason for Insurance

Riders/Benefits

Child Rider, Waiver of Premium, Accidental Death Benefit, Disability Income Rider, Other Riders/Benefits #1, TIR, Other Riders/Benefits #2, Occupational Class, Amount/Unit(s)

*for identification purposes only

4. **Primary Beneficiary** Name _____ Relationship _____ Share _____%
 Name _____ Relationship _____ Share _____%
 Name _____ Relationship _____ Share _____%

5. **Contingent Beneficiary** Name _____ Relationship _____ Share _____%
 Name _____ Relationship _____ Share _____%
 Name _____ Relationship _____ Share _____%

6. **Trust Information (if Beneficiary)** Exact Name of Trust _____
 Trust Tax ID # _____ Current Trustee(s) _____ Date of Trust _____

7. **Business Insurance Details** (Complete only if applying for business coverage.)
 Does the Primary Proposed Insured have an ownership interest in the business? yes no
 If yes, what is the percentage of ownership for the Primary Proposed Insured? _____%
 Net Profit of Business \$ _____ Fair Market Value of Business \$ _____
 If buy-sell, stock redemption, or key person insurance, will all partners or key people be covered? yes no
 Describe any special circumstances. _____

8. **Premium Payment** Modal \$ _____
A. Frequency of modal premium: Annual Semi-annual Quarterly Monthly (Bank Draft only)
B. Method: Direct Billing Bank Draft (Complete Bank Draft Authorization.) List Bill: Number _____
 Credit Card - Initial Premium Only (Complete Credit Card Authorization.)
 Other (Please explain.) _____
C. Amount submitted with application \$ _____
D. Premium Payor (Complete if other than Owner.) Relationship to Primary Proposed Insured _____
 Name _____
 Social Security or Tax ID # _____
 Address _____ City, State _____ ZIP _____

9. **Health and Age Questions** (Regarding the Primary Proposed Insured, if the correct answer to either question below is "yes" or any question is answered falsely or left blank, coverage is not available under the Limited Temporary Life Insurance Agreement ("LTLIA") and it is void, and any payment submitted will be refunded. Read the LTLIA for additional terms and conditions of coverage.)

- A.** Has the Primary Proposed Insured ever had a heart attack, stroke, cancer, diabetes, or disorder of the immune system, or during the last two years been confined in a hospital or other health care facility or been advised to have any diagnostic test or surgery not yet performed? yes no
B. Is the Primary Proposed Insured age 71 or above? yes no

10. **Existing Coverage**

A. Life and Annuity Coverage

Does the Primary Proposed Insured have any existing or pending annuities or life insurance policies? yes no
 (If yes, complete the following regarding such annuities or life insurance policies.)

Type: i = individual, b= business, g=group, p=pending life insurance or annuity

Policy Number	Insurance Company	Type(s) (see above)	Year of Issue	Face Amount	Replace*
_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

***Replace** means that the insurance being applied for may replace, change or use any monetary value of any existing or pending life insurance policy or annuity. If replacement may be involved, complete and submit replacement-related forms. Please note: certain states require completion of replacement related forms even when other life insurance or annuities are not being replaced by the policy being applied for.

10. Existing Coverage (continued)

B. Disability Coverage (Complete only if Disability Income Rider coverage requested.)

Does the Primary Proposed Insured have any existing or pending Disability insurance policies? yes no

(If yes, complete the following regarding existing or pending disability insurance)

Insurance Company	Benefit Amount	Benefit Period	Elimination Period	Year Issued

11. Background Information (Complete questions A through F. If yes answer applies to the Primary Proposed Insured, provide details specified after each question.)

A. Does the Primary Proposed Insured intend to travel or reside outside of the United States or Canada within the next two years? yes no

(If yes, list country, date, length of stay and purpose.) _____

B. In the past five years, has the Primary Proposed Insured participated in, or does he or she intend to participate in: any flights as a trainee, pilot or crew member; scuba diving; skydiving or parachuting; ultralight aviation; auto racing; cave exploration; hang gliding; boat racing; mountaineering; extreme sports or other hazardous activities? yes no

(If yes, circle or list the applicable activities and complete the Aviation and/or Avocation Questionnaire.) _____

C. Has the Primary Proposed Insured:
1) During the past 90 days submitted an application for life insurance to any company or begun the process of filling out an application? yes no

(If yes, list company name, amount applied for, purpose of insurance and if application will be placed.) _____

2) Ever had a life or disability insurance application modified, rated, declined, postponed, withdrawn, canceled or refused for renewal? yes no

(If yes, list date and reason.) _____

D. Has the Primary Proposed Insured ever filed for bankruptcy? yes no

(If yes, list chapter filed, date, reason and discharge date.) _____

E. In the past five years, has the Primary Proposed Insured been charged with or convicted of driving under the influence of alcohol or drugs or had any driving violations? yes no

(If yes, list date, state, license no. and specific violation.) _____

F. Has the Primary Proposed Insured ever been convicted of or pled guilty or no contest to a criminal offense or currently have any felony or misdemeanor charge pending? yes no

(If yes, list date, state and charge.) _____

REMARKS

12. Details and Explanations

The above listed life insurance company ("Company") as selected on page one of this application is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Agreement, Authorization to Obtain and Disclose Information and Signatures

I, the Primary Proposed Insured and Owner signing below, agree that I have read the statements contained in this application and any attachments or they have been read to me. They are true and complete to the best of my knowledge and belief. I understand that this application: (1) will consist of Part A, Part B, and if applicable, related attachments including supplement(s) and addendum(s); and (2) shall be the basis for any policy and any rider(s) issued. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

Except as may be provided in any Limited Temporary Life Insurance Agreement, I understand and agree that even if I paid a premium no insurance will be in effect under this application, or under any new policy or any rider(s) issued by the Company, unless or until all three of the following conditions are met: (1) the policy has been delivered and accepted; and (2) the full first modal premium for the issued policy has been paid; and (3) there has been no change in the health of the Proposed Insured(s) that would change the answers to any questions in the application before items (1) and (2) in this paragraph have occurred. I understand and agree that if all three conditions above are not met: (1) no insurance will begin in effect; and (2) the Company's liability will be limited to a refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

Limited Temporary Life Insurance Agreement ("LTLIA") – If I have received and accepted the LTLIA, I understand and agree that such insurance is available only on the life of the Primary Proposed Insured under the life policy and only if the following four conditions are met: (1) the full first modal premium is submitted with this application and paid; and (2) only "no" answers have been truthfully given to the Health and Age Questions in section 9; and (3) Part A and Part B of the application must be completed, signed and dated; and (4) all medical exam requirements must be satisfied. I understand and agree that such insurance is not available with any riders or any accident and/or health insurance.

I understand and agree that no agent is authorized to: accept risks or pass upon insurability; make or modify contracts; or waive any of the Company's rights or requirements.

I have received a copy or have been read the Notices to the Proposed Insured(s).

I give my consent to all of the entities listed below to give to the Company, its legal representatives, American General Life Companies LLC ("AGLC") (an affiliated service company), and affiliated insurers all information they have pertaining to: medical consultations; treatments; surgeries; hospital confinements for physical and/or mental conditions; use of drugs or alcohol; drug prescriptions; or any other information for me, my spouse or my minor children. Other information could include items such as: personal finances; habits; hazardous avocations; motor vehicle records from the Department of Motor Vehicles; court records; or foreign travel, etc. I give my consent for the information outlined above to be provided by: any physician or medical practitioner; any hospital, clinic or other health care facility; pharmacy benefit manager or prescription database; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; or the Medical Information Bureau (MIB).

I understand the information obtained will be used by the Company to determine: (1) eligibility for insurance; and (2) eligibility for benefits under an existing policy. Any information gathered during the evaluation of my application may be disclosed to: reinsurers; the MIB; other persons or organizations performing business or legal services in connection with my application or claim; me; any physician designated by me; or any person or entity required to receive such information by law or as I may further consent.

I, as well as any person authorized to act on my behalf, may, upon written request, obtain a copy of this consent. I understand this consent may be revoked at any time by sending a written request to the Company, Attn: Underwriting Department at P.O. Box 1931, Houston, TX 77251-1931.

This consent will be valid for 24 months from the date of this application. I agree that a copy of this consent will be as valid as the original. I authorize AGLC or affiliated insurers to obtain an investigative consumer report on me. I understand that I may: request to be interviewed for the report; and receive, upon written request, a copy of such report. Check if you wish to be interviewed.

IRS Certification: Under penalties of perjury, I certify: (1) that the number shown on this application is my correct Social Security or Tax ID number; and (2) that I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code; and (3) that I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provisions of this document other than the certifications required to avoid backup withholding. You must cross out item (2) if you are subject to backup withholding and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).

Primary Proposed Insured/Owner Signature

Signed at (city, state) _____ On (date) _____

Primary Proposed Insured _____
(If under age 15, signature of parent or guardian)

Owner *(If other than Primary Proposed Insured)* _____

Agent Signature

I certify that the information supplied by the Primary Proposed Insured and Owner has been truthfully and accurately recorded on the Part A application.

Writing Agent Name *(please print)* _____ Writing Agent # _____

Writing Agent Signature _____ Countersigned _____
(Licensed resident agent if state required)

Agent's Report

1. Statements

- A.** Number of years you have known the Primary Proposed Insured: _____
- B.** Does the Primary Proposed Insured have any existing or pending annuities or life insurance policies? yes no
If yes, do you have any information that indicates that the Primary Proposed Insured may replace, change, or use any monetary value of any existing or pending life insurance policy or annuity with any company in connection with the purchase of insurance? yes no
(If yes, please provide details in the Remarks section below and attach all replacement-related forms. Certain states require completion of replacement-related forms even when other life insurance or annuities are not being replaced by the policy being applied for.)
- C.** Are you aware of any other information that would adversely affect the Primary Proposed Insured's eligibility, acceptability, or insurability? *(If yes, please provide details in the Remarks section below, and do not provide limited temporary life insurance.)* yes no
- D.** Did you provide the Owner with a Limited Temporary Life Insurance Agreement? yes no

2. Remarks, Details and Explanations *(Please include information on any collateral assignment, etc.)*

3. Commission, Agent/Agency Information *(Please list servicing agent first.)*

Agent(s) to Receive Commission	Agency Number	Agent Number	Percent of Split
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %

Writing Agent Name *(Please print)* _____ Date _____

Writing Agent Signature **X** _____

State License # _____ Phone # _____

Email _____ Fax # _____

For Home Office use

Processing Center _____ Contact Person _____ Phone # _____

Servicing Agent (if other than writing agent) send policy/delivery requirements to _____

Detach this page and leave it with the Proposed Insured(s)
NOTICES TO THE PROPOSED INSURED(S)

**American General Life
Insurance Company,
Houston, TX**

**The United States Life Insurance Company
in the City of New York,
New York, NY**

**AIG Life Insurance
Company,
Wilmington, DE**

The life insurance company checked on page 1 of your application ("Company") is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments. This notice is provided on behalf of the Company and American General Life Companies LLC, an affiliated service company.

FAIR CREDIT REPORTING ACT

Pursuant to the Federal Fair Credit Reporting Act, as amended (15 U.S.C. 1681d), notice is hereby given that, as a component of our underwriting process relating to your application for life or health insurance, the Company may request an investigative consumer report that may include information about your character, general reputation, personal characteristics and mode of living.

This information may be obtained through personal interviews with your neighbors, friends, associates and others with whom you are acquainted or who may have knowledge concerning any such items of information. You have a right to request in writing, within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation the Company requests. You should direct this written request to the Company at:

P.O. Box 1931
Houston, TX 77251-1931

Upon receipt of such a request, the Company will respond by mail within five business days.

MEDICAL INFORMATION BUREAU

Information regarding your insurability will be treated as confidential. The Company, or its reinsurers may, however, make a brief report thereon to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is Post Office Box 105, Essex Station Boston, Massachusetts 02112.

The Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

INSURANCE INFORMATION PRACTICES

To issue an insurance policy, we need to obtain information about you. Some of that information will come from you, and some will come from other sources. This information may in certain circumstances be disclosed to third parties without your specific authorization as permitted or required by law. You have the right to access and correct this information, except information that relates to a claim or a civil or criminal proceeding.

Upon your written request, the Company will provide you with a more detailed written notice explaining the types of information that may be collected, the types of sources and investigative techniques that may be used, the types of disclosures that may be made and the circumstances under which they may be made without your authorization, a description of your rights to access and correct information and the role of insurance support organizations with regard to your information.

If you desire additional information on insurance information practices you should direct your requests to the Company at: American General Life Companies LLC, P.O. Box 1931, Houston, TX 77251-1931

TELEPHONE INTERVIEW INFORMATION

To help process your application as soon as possible, the Company may have one of its representatives call you by telephone, at your convenience, and obtain additional underwriting information.

USA PATRIOT ACT (This notice is printed in compliance with Section 326 of the USA Patriot Act)

IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE POLICY OR ANNUITY CONTRACT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify, and record information that identifies each person who opens an account, including an application for an insurance policy or annuity contract.

What this means for you: When you apply for an insurance policy or annuity contract, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

