



American General Life Insurance Company
Member of American International Group, Inc.
Service Center: P.O. Box 4443 • Houston, TX 77210-4443

To Be Completed By The Beneficiary

I DECEASED DECEASED DECEASED DECEASED
DECEASED FULL NAME DATE OF BIRTH CAUSE OF DEATH DATE OF DEATH

POLICIES DECEASED HELD WITH THIS COMPANY:
POLICY NUMBER AMOUNT OF INSURANCE POLICY NUMBER AMOUNT OF INSURANCE

I hereby certify that the policy of insurance for the listed policy has been [] ENCLOSED [] LOST [] DESTROYED

II CLAIMANT'S NAME DATE OF BIRTH RELATIONSHIP TO DECEASED
ADDRESS CITY STATE ZIP PHONE NO.

Have you given the Funeral Home an Assignment to collect any amount due under this claim? [] YES [] NO If yes, what amount? \$ (Attach copy of assignment)

How do you want proceeds paid? [] Lump Sum [] Settlement Option
*If a lump sum option is elected and the proceeds are \$10,000 or more, then an interest earning money-market type account with check-writing privileges will be opened.

IMPORTANT: Do you wish to receive a completed IRS Form No. 712 (Stmt. of Ins.) [] YES [] NO (An IRS Form 712 is to be filed with United States tax return, Form 706.)

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

PLEASE SIGN HERE

III Enter the claimant's taxpayer identification number in the appropriate box. For most individuals this is your social security number. CLAIMANT'S S.S. NO. TAX I.D. NO. OR

Note: If the account is in more than one name, see the chart on reverse side for guidelines on which number to give the payer. If the Social Security number or Tax I.D. number is not provided, and backup withholding is applicable, taxes will be withheld from the proceeds.

CERTIFICATION: Under penalties of perjury, I certify: (1) that the number shown on this claim form is my correct social security (or taxpayer identification) number and (2) that I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PLEASE SIGN HERE CLAIMANT'S SIGNATURE DATE

IV WHERE SHOULD ANY CHECK OR CORRESPONDENCE BE MAILED? SHOW BELOW