

SEND BOTH COPIES TO HOME OFFICE

SUPPLEMENT TO APPLICATION
American General Life Insurance Company

A Subsidiary of American General Corporation

1. Have you smoked cigarettes in the past 12 months? _____ Yes _____ No
2. If you have quit smoking, when did you quit? (Give month and year) _____

I hereby agree that this supplement will form a part of the application which it accompanies, and of any policy issued on the basis of such application. I also agree that this supplement will be binding on any person who will have or claim any interest under such policy.

Signed at _____ Date _____

WITNESS

AGENT

SIGNATURE OF PROPOSED INSURED

WITNESS

SIGNATURE OF OWNER

Policy Number _____

