

**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

Policy Number \_\_\_\_\_

