Policy/Contract Number _____
Name of Insured _____

POWER OF ATTORNEY AFFIDAVIT AND INDEMNITY AGREEMENT

STATE OF _____ §
§
COUNTY OF _____ §

The undersigned, being of lawful age and being first duly sworn, on oath, deposes and says:

That my name is _____;
(Please print name)

That I have been appointed Attorney-In-Fact by _____ ("Grantor"), as evidenced by the Power of Attorney dated _____ (a copy of which is attached hereto), which, as of the date of this Affidavit, is in full force and effect and has not been revoked or terminated;

That I am the sole Attorney-In-Fact of the Grantor;

That in my capacity as Attorney-In-Fact, I wish to exercise a right or to receive a benefit to which the Grantor would have been entitled under the life insurance policy or annuity contract described above and issued by American General Life Insurance Company (AGLIC);

That in my capacity as Attorney-In-Fact, I am authorized to exercise such right or to receive such benefit, on behalf of the Grantor, and AGLIC, upon acting in conformance with my request, shall have satisfied and be fully discharged of its obligation to the Grantor;

That the representations and undertakings herein set forth are intended to be relied upon by AGLIC and to induce it to act on my request;

In consideration of these premises, I hereby agree to indemnify and save AGLIC, its employees and agents harmless from any and all liability, loss, damage, expense, causes of action, suits, claims, and judgements, including attorneys fees, resulting from or based on actions taken by AGLIC at my request.

_____ _____
DATE SIGNATURE

Subscribed and sworn on this ____ day of _____, 19___, before me, a notary public in and for the county and state aforesaid by said person, who is known to me, and who duly acknowledged to me the execution of the foregoing instrument.

_____
Notary Public