



**Guarantee Issue Whole Life  
Transmittal Form  
New Application**  
Illinois Version

**GUARANTEE ISSUE WHOLE LIFE - NEW APPLICATION**

Policy Number _____	Applicant Name _____	DOB _____
Agency Number _____	Agency Name _____	
Agent/Service Number <u>02PJO</u>	Agent Name <u>Patricia Haberstroh</u>	

8/17/2022 10:21:53 AM CST

**CONTACT INFORMATION FOR CASE FOLLOW UP**

Name: _____
Phone: _____ ext: _____
Fax: _____
E-mail: _____

**ePOLICY DELIVERY INSTRUCTIONS**

**ePolicy Delivery (Deliver this policy electronically to the policy owner email address on the application)**  
\*policy owner email address must be provided on application.

**FORMS CHECKLIST - Always submit unless otherwise indicated**

<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Other: _____
<input type="checkbox"/>	Other: _____
PAYMENT OPTIONS - Submit one of the following forms:	
<input type="checkbox"/>	Bank Draft Authorization
<input type="checkbox"/>	Credit Card Authorization





**Application for Individual Guaranteed Issue Whole Life Insurance Graded Death Benefit**

**American General Life Insurance Company**, 2727-A Allen Parkway, Houston, TX, 77019  
A member of American International Group, Inc. (AIG)

**PART 1: TELL US ABOUT YOURSELF**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (State/Country) \_\_\_\_\_

Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Gender:  Male  Female Social Security Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Are you a United States citizen or do you have Permanent Legal Resident (Green Card) status? .....  Yes  No

**PART 2: TELL US ABOUT THE COVERAGE YOU ARE REQUESTING**

What amount of insurance are you applying for?

Amount of Life Insurance: \$ \_\_\_\_\_ (from \$5,000-\$25,000)

Do you have any existing annuity or life insurance or have any application pending for such coverage with this Company or any other company? .....  Yes  No

Will the life insurance policy being applied for replace or change any annuity or life insurance coverage in force or pending? .....  Yes  No

If "Yes", please complete: Company Name \_\_\_\_\_

Face Amount \_\_\_\_\_ Month/Year Issued \_\_\_\_\_

Beneficiary Designation: Who do you want the insurance proceeds to go to? (If more than one beneficiary is designated, proceeds will be divided equally unless you indicate a share.)

Beneficiary #1 _____	_____	_____
Beneficiary Name (please print)	Relationship to You	%Share

Beneficiary #2 _____	_____	_____
Beneficiary Name (please print)	Relationship to You	%Share

**PART 3: HOW WILL YOU PAY FOR COVERAGE?**

How often do you want to pay?

Annually  Semi-annually  Quarterly  Monthly

Your premium amount for the payment frequency selected above is: \$ \_\_\_\_\_

How will you pay? [Check one]

Bank Draft (Complete Bank Draft Authorization)

Credit Card (Complete Credit Card Authorization)

N/A Bill me Directly (Monthly premium frequency not available with this payment method)

Other (please explain) \_\_\_\_\_

Who will pay for your coverage?

(Complete only if the person paying for this policy is someone other than you)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home Street Address \_\_\_\_\_ Gender:  Male  Female

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to You \_\_\_\_\_

Is the Premium Payor a United States citizen or does the Premium Payor have Permanent Legal Resident (Green Card) status?  Yes  No

(If "Bank Draft" or "Credit Card" is not the chosen form of payment, then also complete the Payor authorization form)

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**Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.**

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**I agree that:**

- To the best of my knowledge and belief, all statements in this application for life insurance are true and complete.
  - My statements in this application and any amendment(s) are the basis of any policy issued.
  - I understand that no insurance will take effect until a policy is delivered to me and the full first premium due is paid.
  - I have not previously applied for this product in the last 12 months.
  - I understand that the total combined amount of all American General Life Insurance Company guaranteed issue whole life insurance benefits on my life cannot exceed \$25,000.
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Signature of Proposed Insured \_\_\_\_\_ Date \_\_\_\_\_

Patricia Haberstroh

02PJO

8/17/2022 10:21:53 AM CST



**Secondary Addressee Designation  
Illinois Version**

**American General Life Insurance Company  
The United States Life Insurance Company in the City of New York**

*A member of American International Group, Inc. (AIG)*

**Service Center:** P.O. Box 818005, Cleveland, OH 44181

You have the right to designate one person, in addition to the applicant or policyowner, to receive notice of lapse or termination of a policy for nonpayment of premium. What does this mean? It means that a copy of the notice of lapse or termination that is sent to the policyowner will also automatically be sent to a second person, selected by you, who can assist you in making timely payments in order to prevent a lapse in coverage.

You are under no obligation to designate a secondary addressee, however if you would like to do so, please complete the information below and submit it with your application for life insurance or at such time as you may choose to designate a secondary addressee. **Customer Instruction:** If this designation form is for an existing policy that you own, please send the form to the following address: PO Box 818005 • Cleveland, OH 44181.

The policyowner may change the designation at any time the policy is in force by submitting a written notice to the Company containing the name, address and telephone number of the secondary addressee.

Note: Your designation on this form will replace and revoke any prior designations of secondary addressees previously made by you.

***Secondary Addressee:***

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Applicant/Policyowner's Signature**

**Applicant/Policyowner signed on** (date) \_\_\_\_\_

**Applicant/Policyowner's name** (printed) \_\_\_\_\_

**Policy Number(s), if known:** \_\_\_\_\_



# **SUMMARY AND DISCLOSURE NOTICE FOR TERMINAL ILLNESS AND CHRONIC ILLNESS ACCELERATED DEATH BENEFIT RIDERS**

**American General Life Insurance Company**

## **SUMMARY AND DISCLOSURE NOTICE FOR ACCELERATED DEATH BENEFITS**

### **Required at Time of Application**

**Receipt of a benefit under an accelerated death benefit rider will reduce any death benefit that may become payable under the policy to which the rider is attached.**

### **PURPOSE OF THIS SUMMARY AND DISCLOSURE**

This Summary provides a brief description of the basic features of the accelerated death benefit riders listed below. This is not an insurance contract, but only a summary of the coverage provided by each rider.

If a policy is issued, it is important to check the policy for details on any accelerated death benefit rider that is included in the policy. It is also important to carefully read any accelerated death benefit rider included in the policy.

### **TAX CONSEQUENCES**

The accelerated death benefit riders are intended to qualify for favorable tax treatment. However, accelerated death benefits payable under an accelerated death benefit rider **MAY BE TAXABLE IN SOME CIRCUMSTANCES**. We recommend that you contact a tax advisor when making tax-related decisions about electing to receive and use benefits from an accelerated death benefit rider.

### **BENEFIT DESCRIPTIONS**

Accelerated benefit means the payment, during the Insured's lifetime, of a portion of the Insured's death benefit under the policy as described in an accelerated death benefit rider. Each accelerated death benefit rider described in this summary provides that the Owner may elect an accelerated benefit in an amount determined by the Company if the Insured experiences a covered qualifying event, subject to the provisions of the rider. The covered qualifying event varies by rider, as described below.

### **TERMINAL ILLNESS ACCELERATED DEATH BENEFIT**

The Rider provides that the Owner may elect an accelerated death benefit if the Insured is diagnosed as having a Terminal Illness, subject to the provisions of the rider. Terminal Illness means an illness that is expected to result in the death of the Insured in 24 months or less (12 months or less in Florida) from the date of the request for the accelerated death benefit.

### **BENEFIT AMOUNT FOR TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER**

The accelerated death benefit that is eligible to be paid under the Terminal Illness Accelerated Death Benefit Rider is equal to:

1. The Terminal Illness Accelerated Death Benefit Amount shown in the rider; less
2. The sum of any outstanding loans and accrued loan interest; less
3. An administrative fee, not to exceed the Maximum Administrative Fee shown in the rider.

You may elect to receive the entire terminal illness accelerated death benefit or any portion of this benefit amount. This amount is paid to You in a lump sum.

### **EFFECT OF BENEFIT PAYMENT ON POLICY – TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER**

The accelerated death benefit plus accrued interest on the accelerated death benefit will be treated as a lien against the policy's death benefit proceeds. There will be no reduction or lien against any term or accidental death benefit riders attached to the policy. Once a lien has been established it cannot be repaid. The death benefit proceeds will be reduced by the amount of the accelerated death benefit plus accrued interest on the accelerated death benefit and the sum of any other outstanding loans plus accrued loan interest made after the accelerated death benefit is paid.

## **CHRONIC ILLNESS ACCELERATED DEATH BENEFIT RIDER**

The Chronic Illness Accelerated Death Benefit Rider provides that Owner may elect an accelerated benefit if the Insured is certified as being Chronically Ill, subject to the provisions of the rider. Chronically Ill means that the Insured has been certified by a licensed health care practitioner within the preceding 12-month period as:

1. Being unable to perform, without Substantial Assistance from another person, at least two Activities of Daily Living for a period of at least 90 days due to a loss of functional capacity; or
2. Requiring Substantial Supervision to protect the Insured from threats to health and safety due to Severe Cognitive Impairment.

The Activities of Daily Living are Bathing, Continence, Dressing, Eating, Toileting and Transferring.

Severe Cognitive Impairment means a loss or deterioration in intellectual capacity that is comparable to (and includes) Alzheimer's disease and similar forms of irreversible dementia and is measured by clinical evidence and standardized tests that reliably measure impairment in the person's:

1. Short-term or long-term memory; and
2. Orientation as to people, places or time; and
3. Deductive or abstract reasoning.

## **BENEFIT AMOUNT FOR CHRONIC ILLNESS ACCELERATED DEATH BENEFIT RIDER**

The accelerated death benefit that is eligible to be paid under the Chronic Illness Accelerated Death Benefit Rider is equal to:

1. The Chronic Illness Accelerated Death Benefit Amount shown in the rider; less
2. A pro-rata amount of any policy loans.

You may elect to receive the entire chronic illness accelerated death benefit or any portion of this benefit amount. This amount will be paid to You in a lump sum.

## **EFFECT OF BENEFIT PAYMENT ON POLICY – CHRONIC ILLNESS ACCELERATED DEATH BENEFIT RIDER**

The accelerated death benefit payment will reduce certain policy components by a proportional amount. This proportion will equal the Chronic Illness Accelerated Death Benefit Amount, before reduction for repayment of policy loans, divided by the death benefit amount immediately before the payment. The components that will be reduced are:

1. Death benefit proceeds; and
2. Face amount; and
3. Cash value; and
4. Premiums; and
5. Policy loan amount, if any.

## **LIMITATIONS**

Any accelerated death benefit will be subject to the following limitations:

1. The benefit is not intended to allow third parties to cause You to involuntarily access the policy proceeds payable to the named beneficiary. Therefore, the accelerated death benefit will not be available if You are required to request it for any third party, including any creditor, governmental agency, trustee in bankruptcy or any other person or as the result of a court order.
2. If the Insured dies after a request for an accelerated death benefit has been submitted and before You receive the accelerated death benefit payment, such request will be voided and the policy's death benefit proceeds will be payable, subject to all other policy provisions.

## **MEDICAID/GOVERNMENT BENEFITS**

Receipt of accelerated death benefits from a life insurance policy MAY AFFECT YOUR ELIGIBILITY FOR MEDICAID AND SUPPLEMENTAL SECURITY INCOME ("SSI"), OR OTHER GOVERNMENT PROGRAMS. In addition, exercising the option to accelerate the death benefit and receiving that benefit before you apply for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. Contact the Medicaid Unit of your local Division of Medical Assistance and the Social Security Administration for more information.

## **IMPORTANT NOTICES**

**There is no premium or charge to include a Terminal Illness Accelerated Death Benefit Rider or a Chronic Illness Accelerated Death Benefit Rider on a policy.**

**Accelerated benefits do not and are not intended to qualify as long-term care insurance.**

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# LIFE INSURANCE BUYER'S GUIDE

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This guide can help you when you shop for life insurance. It discusses how to:

- Find a Policy That Meets Your Needs and Fits Your Budget
- Decide How Much Insurance You Need
- Make Informed Decisions When You Buy a Policy

**Prepared by the National Association of Insurance Commissioners**

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various Insurance Departments to coordinate insurance laws for the benefit of all consumers.

**THIS GUIDE DOES NOT ENDORSE ANY COMPANY OR POLICY.**

Reprinted by  
American General Life Insurance Company

## **IMPORTANT THINGS TO CONSIDER**

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1. Review your own insurance needs and circumstances. Choose the kind of policy that has benefits that most closely fit your needs. Ask an agent or company to help you.
2. Be sure that you can handle premium payments. Can you afford the initial premium? If the premium increases later and you still need insurance, can you still afford it?
3. Don't sign an insurance application until you review it carefully to be sure all answers are complete and accurate.
4. Don't buy life insurance unless you intend to stick with your plan. It may be very costly if you quit during the early years of the policy.
5. Don't drop one policy and buy another without a thorough study of the new policy and the one you have now. Replacing your insurance may be costly.
6. Read your policy carefully. Ask your agent or company about anything that is not clear to you.
7. Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.



## BUYING LIFE INSURANCE

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When you buy life insurance, you want coverage that fits your needs.

**First**, decide how much you need—and for how long—and what you can afford to pay. Keep in mind the major reason you buy life insurance is to cover the financial effects of unexpected or untimely death. Life insurance can also be one of the many ways you plan for the future.

**Next**, learn what kinds of policies will meet your needs and pick the one that best suits you.

**Then**, choose the combination of policy premium and benefits that emphasizes protection in case of early death, or benefits in case of long life, or combination of both.

It makes good sense to ask a life insurance agent or company to help you. An agent can help you review your insurance needs and give you information about the available policies. If one kind of policy doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or from your public library.

### What About the Policy You Have Now?

If you are thinking about dropping a life insurance policy, here are some things you should consider:

- If you decide to replace your policy don't cancel your old policy until you have received the new one. You then have a minimum period to review your new policy and decide if it is what you wanted.
- It may be costly to replace a policy. Much of what you paid in the early years of the policy you have now, paid for the company's cost of selling and issuing the policy. You may pay this type of cost again if you buy a new policy.
- Ask your tax advisor if dropping your policy could affect your income taxes.
- If you are older or your health has changed, premiums for the new policy will often be higher. You will not be able to buy a new policy if you are not insurable.
- You may have valuable rights and benefits in the policy you now have that are no in the new one.
- If the policy you have now no longer meets your needs, you may not have to replace it. You might be able to change your policy or add to it to get the coverage or benefits you now want.
- At least in the beginning, a policy may pay no benefits for some causes of death covered in the policy you have now.

In all cases, if you are thinking of buying a new policy, check with the agent or company that issued you the one you have now. When you bought your old policy, you may have seen an illustration of the benefits of your policy. Before replacing your policy, ask your agent or company for an updated illustration. Check to see how the policy has performed and what you might expect in the future, based on the amounts the company is paying now.

### How Much Do You Need?

Here are some questions to ask yourself:

- How much of the family income do I provide? If I were to die early, how would my survivors, especially my children, get by? Does anyone else depend on me financially, such as a parent, grandparent, brother or sister?
- Do I have children for whom I'd like to set aside money to finish their education in the event of my death?
- How will my family pay final expenses and repay debts after my death?
- Do I have family members or organizations to whom I would like to leave money?
- Will there be estate taxes to pay after my death?
- How will inflation affect future needs?

As you figure out what you have to meet these needs, count the life insurance you have now, including any group insurance where you work or veteran's insurance. Don't forget Social Security and pension plan survivor's benefits. Add other assets you have: savings, investments, real estate and personal property. Which assets would your family sell or cash in to pay expenses after your death?



## What Is the Right Kind of Life Insurance?

All policies are not the same. Some give coverage for your lifetime and others cover you for a specific number of years. Some build up cash values and other do not. Some policies combine different kinds of insurance, and other let you change from one kind of insurance to another. Some policies may offer other benefits while you are still living. Your choice should be based on you needs and what you can afford.

There are two basic types of life insurance: term insurance and cash value insurance. Term insurance generally has lower premiums in the early years, but does not build up cash values that you can use in the future. You may combine cash value life insurance with term insurance for the period of your greatest need for life insurance to replace income.

**Term Insurance** covers you for a term of one or more years. It pays a death benefit only if you die in the term. Term insurance generally offers the largest insurance protection for your premium dollar. It generally does no build up cash value.

You can renew most term insurance policies for one or more terms even if your health has changed. Each time you renew the policy for a new term, premiums may be higher. Ask what the premiums will be if you continue to renew the policy. Also ask if you will lose the right to renew the policy at some age. For a higher premium, some companies will give you the right to keep the policy in force for a guaranteed period at the same price each year. At the end of that time you may need to pass a physical examination to continue coverage, and premiums may increase.

You may be able to trade many term insurance policies for a cash value policy during a conversion period—even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

**Cash Value Life Insurance** is a type of insurance where the premiums charge are higher at the beginning than they would be for the same amount of the term insurance. The part of the premium that is not used for the cost of insurance is invested by the company and builds up a cash value that may be used in a variety of ways,. You may borrow against a policy's cash value by taking a policy loan. If you don't pay back the loan and the interest on it, the amount you owe will be subtracted from the benefits when you die, or from the cash value if you stop paying premiums and take out the remaining cash value. You can also use your cash value to keep insurance protection fora limited time or to buy a reduced amount without having to pay more premiums. You also can use the cash value to increase your income in retirement or to help pay for needs such as a child's tuition without canceling the policy. However, to build up this cash value, you must pay higher premiums in the earlier years of the policy. Cash value life insurance may be one of the several types; whole life, universal life and variable life are all types of cash value insurance.

**Whole Life Insurance** covers you for as long as you live if your premiums are paid. You generally pay the same amount in premiums for as long as you live. When you first take out the policy, premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher since the premium payments are made during a shorter period.

**Universal Life Insurance** is a kind of flexible policy that lets you vary your premium payments. You can also adjust the face amount of your coverage. Increases may require proof that you qualify for the new death benefit. The premiums you pay (less expense charges) go into a policy account that earns interest. Charges are deducted from the account. If your yearly premium payment plus the interest your account ears is less than the charges, your account value will become lower. If it keeps dropping, eventually your coverage will end. To prevent that, you may need to start making premium payments, or increase your premium payments, or lower your death benefits. Even if there is enough in your account to pay the premiums, continuing to pay premiums yourself means that you build up more cash value.

**Variable Life Insurance** is a kind of insurance where the death benefits and cash values depend on the investment performance of one or more separate accounts, which may be invested in mutual funds or other investments allowed under the policy. Be sure to get the prospects from the company when buying this kind of policy and **STUDY IT CAREFULLY**. You will have higher death benefits and cash value if the underlying investments do well. Your benefits and cash value will be lower or may disappear if the investments you chose didn't do as well as you expected. You may pay an extra premium for a guaranteed death benefit.



## LIFE INSURANCE ILLUSTRATIONS

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You may be thinking of buying a policy where cash values, death benefits, dividends or premiums may vary based on events or situations the company does not guarantee (such as interest rates). If so, you may get an illustration from the agent or company that helps explain how the policy works. The illustration will show how the benefits that are not guaranteed will change as interest rates and other factors change. The illustration will show you what the company guarantees. It will also show you what could happen in the future. Remember that nobody knows what will happen in the future. You should be ready to adjust your financial plans if the cash value doesn't increase as quickly as show in the illustration. You will be asked to sign a statement that says you understand that some of the numbers in the illustration are not guaranteed.

## FINDING A GOOD VALUE IN LIFE INSURANCE

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After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

- Do premiums or benefits vary from year to year?
- How much do the benefits build up in the policy?
- What part of the premiums or benefits is not guaranteed?
- What is the effect of interest on money paid and received at different times on the policy?

Remember that no one company offers the lowest cost at all ages for all kinds and amounts of insurance. You should also consider other factors:

- How quickly does the cash value grow? Some policies have low cash values in the early years that build quickly later on. Other policies have a ore level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a policy summary or an illustration that will show benefits and premiums for the selected years.)
- Are there special policy features that particularly suit your needs?
- How are nonguaranteed values calculated? For example, interest rates are important in determining policy returns. In some companies increases reflect the average interest earnings on all of that company's policies regardless of when issued. In others, the return for policies issued in a recent year, or a group of years, reflects the interest earnings on that group of policies; in this case, amounts paid are likely to change more rapidly when interest rates change.





**American General Life Insurance Company**, 2727-A Allen Parkway, Houston, TX 77019

**The United States Life Insurance Company in the City of New York**, One World Financial Center, 200 Liberty St., New York, NY 10281

*A member of American International Group, Inc. (AIG)*

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.

**LEAVE THIS FORM WITH THE PROPOSED INSURED(S)**

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**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.

**Credit and Debit Card Authorization Form**  
**Form to be used for the collection of**  
**Credit and Debit Card information on authorized plans.**

**American General Life Insurance Company**

**Service Center:** P.O. Box 818006, Cleveland, OH 44181

Please read this authorization carefully and complete all requested items.

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

Name of Proposed Insured: \_\_\_\_\_

Proposed Policy Owner: \_\_\_\_\_

Proposed Payor: \_\_\_\_\_ Relationship to Proposed Insured: Self

Is the Premium Payor a United States Citizen or a Permanent Legal Resident (Green Card Holder)? No

**PREMIUMS: Please provide the requested details.**

Amount: \$ \_\_\_\_\_  
*(Please charge my account for all outstanding premiums due.)*

Frequency of Ongoing Payments:  Monthly  Quarterly  Semi-annual  Annual

**CREDIT/DEBIT CARD INFORMATION DETAILS: Please provide the requested details.**

Credit or Debit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Type:  American Express®  MasterCard®  Visa®

Cardholder Name (exactly as it appears on the card) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth (MM-DD-YYYY) \_\_\_\_\_ SSN/TIN \_\_\_\_\_

Cardholder's Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PAYMENT OPTIONS and CHARGE DATE OPTIONS: Please select ONLY one Payment Option and a corresponding Charge Date Option.**

**Payment Option 1:** Charge Both Initial and Subsequent Payments.

Charge Date Options for Payment Option 1:

(If Payment Option 1 is selected but no corresponding charge Date Option is selected, we will default to Option A.)

**A:** Initial payment at time of policy approval.

Subsequent payment on the next payment due date. (For policies that were approved and paid on the 29<sup>th</sup>, 30<sup>th</sup> and 31<sup>st</sup> of the month, subsequent payments will be due on the 28<sup>th</sup>.)

*If a different card should be charged for subsequent charges, please complete the "Alternate Credit Card for Subsequent Charges" section. \**

**B:** Initial and Subsequent payments on Preferred Withdrawal Date (Choose the day payments will be charged based on your payment frequency.)

1<sup>st</sup> – 28<sup>th</sup> \_\_\_\_\_

**C:** Initial and Subsequent payments on Preferred Week/Weekday (Choose the week **and** weekday payments will be charged based on your payment frequency, e.g., 2nd week on Wednesday)

Week (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>) \_\_\_\_\_

Weekday (Mon, Tue, Wed, Thu, Fri) \_\_\_\_\_

**N/A D:** Initial payment at time of policy approval.

Subsequent payment on Preferred Withdrawal Date (Choose the day payments will be charged based on your payment frequency.)

1<sup>st</sup> – 28<sup>th</sup> \_\_\_\_\_

*If a different card should be charged for subsequent charges, please complete the "Alternate Credit Card for Subsequent Charges" section. \**

**N/A E:** Initial payment at time of policy approval.

Subsequent payments on Preferred Week/Weekday (Choose the week **and** weekday payments will be charged based on your payment frequency, e.g., 2nd week on Wednesday)

Week (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>) \_\_\_\_\_

Weekday (Mon, Tue, Wed, Thu, Fri) \_\_\_\_\_

*If a different card should be charged for subsequent charges, please complete the "Alternate Credit Card for Subsequent Charges" section. \**

**N/A \*Alternate Credit Card for Subsequent Charges:**

**IMPORTANT:** Payor MUST be the same for both cards.

Credit or Debit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Type:  American Express®  MasterCard®  Visa®

Cardholder Name (exactly as it appears on the card) \_\_\_\_\_

Cardholder's Address (if different than initial card)

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**N/A Payment Option 2:** Charge Only Initial Premiums.

Subsequent premiums will be drafted via EFT.

*(Complete Bank Draft Authorization.)*

Charge Date Options for Payment Option 2:

(If Payment Option 2 is selected but no corresponding charge Date Option is selected, we will default to Option A.)

**N/A A:** Initial payment at time of policy approval.

**N/A B:** Initial payment on Preferred Withdrawal Date (Choose the day the payment will be charged.)

1<sup>st</sup> – 28<sup>th</sup> \_\_\_\_\_

**N/A C:** Initial payment on Preferred Week/Weekday (Choose the week **and** weekday the payment will be charged e.g., 2nd week on Wednesday)

Week (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>) \_\_\_\_\_

Weekday (Mon, Tue, Wed, Thu, Fri) \_\_\_\_\_

**AGREEMENT:**

I understand and agree that this transaction is subject to the acceptance by, and the terms and conditions of, the credit card company/ bank indicated. I also understand this Authorization is not a part of the policy/contract of insurance, and that if premiums are not paid within the applicable grace period, the coverage will lapse.

I further understand and agree that the Company shall incur no liability if the bank/credit card company dishonors any amount charged under this Authorization. I also agree that this Authorization may be terminated at any time and for any reason by either myself or the Company upon notice to the other party. Upon termination of this Authorization, the Company will bill me directly for any premium amount due.

If applicable, I understand that I will be provided with confirmation of the recurring charge amount; however, the initial charge to my account will include all currently due and past due premiums.

By signing below, I authorize American General Life Insurance Company (the "Company") or its representative to charge my debit/credit card for the amount indicated above as premiums become due.

Signature of Authorized Cardholder

X

Date \_\_\_\_\_



**PAYMENT OPTIONS and DRAFT DATE OPTIONS: Please select ONLY one Payment Option and a corresponding Draft Date Option.**

**Payment Option 1:** Draft Both Initial and Subsequent Payments.

Draft Date Options for Payment Option 1:

(If Payment Option 1 is selected but no corresponding Draft Date Option is selected, we will default to Option A.)

- A: Initial payment at time of policy approval.  
Subsequent payments on the next payment due date. (For policies that were approved and paid on the 29<sup>th</sup>, 30<sup>th</sup> and 31<sup>st</sup> of the month, subsequent payments will be due on the 28<sup>th</sup>.)
- B: Initial and Subsequent payments on Preferred Withdrawal Date (Choose the day payments will be drafted based on your payment frequency.)  
1<sup>st</sup> – 28<sup>th</sup> \_\_\_\_\_
- C: Initial and Subsequent payments on Preferred Week and Weekday (Choose the week **and** weekday payments will be drafted based on your payment frequency, e.g., 2<sup>nd</sup> week on Wednesday.)  
Week (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>) \_\_\_\_\_  
Weekday (Mon, Tue, Wed, Thu, Fri) \_\_\_\_\_
- D: Initial payment at time of policy approval.  
Subsequent payments on Preferred Withdrawal Date (Choose the day payments will be drafted based on your payment frequency.)  
1<sup>st</sup> – 28<sup>th</sup> \_\_\_\_\_
- E: Initial payment at time of policy approval.  
Subsequent payments on Preferred Week/Weekday (Choose the week **and** weekday payments will be drafted based on your payment frequency, e.g., 2<sup>nd</sup> week on Wednesday)  
Week (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>) \_\_\_\_\_  
Weekday (Mon, Tue, Wed, Thu, Fri) \_\_\_\_\_

**Payment Option 2:** Draft Only Subsequent Payments.

Initial Payment will occur on Credit Card or Debit Card.  
(Complete Credit and Debit Card Authorization.)

Draft Date Options for Payment Option 2:

(If Payment Option 2 is selected but no corresponding Draft Date Option is selected, we will default to Option A.)

- A: Subsequent payments on next payment due date. (For policies that were approved and paid on the 29<sup>th</sup>, 30<sup>th</sup> and 31<sup>st</sup> of the month, subsequent payments will be due on the 28<sup>th</sup>.)
- B: Subsequent payments on Preferred Withdrawal Date (Choose the day payments will be drafted based on your payment frequency.)  
1<sup>st</sup> – 28<sup>th</sup> \_\_\_\_\_
- C: Subsequent payments on Preferred Week/Weekday (Choose the week and weekday payments will be drafted based on your payment frequency, e.g., 2<sup>nd</sup> week on Wednesday)  
Week (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>) \_\_\_\_\_  
Weekday (Mon, Tue, Wed, Thu, Fri) \_\_\_\_\_

**AGREEMENT:**

I (we) hereby authorize and request the Company or its representative to initiate electronic or other commercially accepted-type debits against the indicated bank account in the depository institution named ("Depository") for the payment of premiums and other indicated charges due on the contract(s) listed, and to continue to initiate such debits in the event of a conversion, renewal, or other change to any such contract(s) even if such debits differ in amount from those specified in this form. I (we) hereby agree to indemnify and hold the Company harmless from any loss, claim, or liability of any kind by reason of dishonor of any debit or otherwise related to this authorization.

I (we) understand that this Authorization will not affect the terms of the contract(s), other than the mode of payment, and that if premiums are not paid within the applicable grace period, the contract(s) will terminate, subject to any applicable non-forfeiture provision. I acknowledge that notice of premiums due shall be waived and that the debit appearing on my bank statement shall constitute my receipt of payment, but no payment is deemed made until the Company receives actual payment in its Service Center.

I (we) authorize the Company to obtain information and/or reports from a consumer reporting agency or other company(ies) in order to verify, validate and/or authenticate the information and answers presented on this form. Any information gathered may be disclosed to any person or entity required to receive such information by law or as I may further consent.

I (we) agree that this Authorization may be terminated by me or the Company at any time and for any reason by providing thirty (30) days' written notice of such termination to the non-terminating party and may be terminated by the Company immediately if any debit is not honored by the Depository named for any reason. This request must be dated and signed by the Bank Account Owner(s) as his/her name appears on bank records for the account provided on this authorization.

**Signature of Bank Account Owner**

<b>X</b>
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**Date** \_\_\_\_\_

**Signature of Bank Account Owner, if joint account**

<b>X</b>
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**Date** \_\_\_\_\_