Structured Settlement Annuity Application

American General Life Insurance Company Houston, TX
A member company of American International Group, Inc.
Instructions: Please type or **print** in black ink.

1. MEASURING LIFE

Name: Last | First | Middle

Address: Street | City | State | Zip

Sex | Date of Birth | Social Security Number | Daytime Telephone ( )

2. BENEFICIARY

Primary Beneficiary | SSN | Relationship

Secondary Beneficiary | SSN | Relationship

3. PAYEE (IF OTHER THAN MEASURING LIFE)

Name: Last | First | Middle

Address: Street | City | State | Zip

Sex | Date of Birth | Social Security Number | Daytime Telephone ( )

4. JOINT MEASURING LIFE, IF ANY

Name: Last | First | Middle

Address: Street | City | State | Zip

Sex | Date of Birth | Social Security Number | Daytime Telephone ( )

5. OWNER OF ANNUITY

Name: | Tax ID

Address: Street | City | State | Zip

The Owner is: ☐ Owner ☐ Partnership ☐ Corporation ☐ Trustee

PLAN APPLIED FOR AND SCHEDULE OF PAYMENTS:

Amount paid with this application: $ 1.00 Valuable Consideration ☐ Check if additional sheet attached.

Will the annuity applied for replace or be in exchange for any existing life insurance or annuity in this or any other Company? ☐ Yes ☑ No

If yes, give company, amount, year issued and reason _____

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which is a crime and may subject the person to criminal and civil penalties.

I have read the above statements or they have been read to me. I represent the above statements are true and complete to the best of my knowledge and belief. I agree that this application shall be part of the annuity policy(ies) issued by the American General Life Insurance Company. Application is made with the knowledge and consent of the proposed measuring life(ves). I agree that any annuity policy issued upon this application shall be a policy of the state in which the Owner resides at the time of application.

Signed at _____ (City / State) on _____ (Date)

_____ (Owner) by **X** _____ (Signature of Owner)

FOR AGENT USE ONLY: I represent that the information given on this application is true and complete to the best of my knowledge and belief.
To the best of your knowledge, is this insurance being purchased to replace or change any existing insurance or annuity? ☐ Yes ☐ No

Signature of Agent | Agent or Company Name

Agent or Company No. | Telephone No.