

# NON-QUALIFIED ASSIGNED FUNDING AGREEMENT APPLICATION

## American General Life Insurance Company

Application is hereby made for a Non-Qualified Assigned Funding Agreement ("Contract") by the Owner (identified below), to be issued by American General Life Insurance Company ("Company"). The terms and conditions of the application and contract have been mutually agreed upon by the Owner and the Company. This application will be attached to and made a part of the issued contract.

1. Owner:

☐ Corporation ☐ Partnership ☐ Other

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

Phone Number: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Address (STREET): \_\_\_\_\_

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

2. Measuring Life (NAME, if any): \_\_\_\_\_

Address (STREET): \_\_\_\_\_

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

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

3. Beneficiary:

Primary: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

Secondary: \_\_\_\_\_ SSN: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Joint Measuring Life (NAME, if any): \_\_\_\_\_

Address (STREET): \_\_\_\_\_

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

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

SSN/TIN: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

5. Payee: \_\_\_\_\_

Address (STREET): \_\_\_\_\_

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

SSN/TIN: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

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

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

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

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type: ☐ Checking ☐ Savings ☐ Other (Type): \_\_\_\_\_

6. Final Benefit Payment Date: \_\_\_\_\_

7. Deposit Amount: \_\_\_\_\_ Valuable Consideration

8. Benefit Payment Method: \_\_\_\_\_

9. Benefit Schedule:

Benefits will be paid in the amounts and on the dates set forth below.

Benefit Amount

Payment Date

## REPRESENTATIONS

**Mutual Representations.** The Company and the Owner each represent and warrant to the other as follows:

1. The Company and the Owner each have the power to enter into the contract and to consummate the transactions contemplated hereby;
2. This contract is a valid and binding obligation of each party in accordance with the terms of the contract, subject to applicable bankruptcy, insolvency and similar laws affecting creditors' rights, and subject as to enforceability to general principles of equity, regardless of whether enforcement is sought in a proceeding in equity or at law;
3. The Owner acknowledges that (a) the Company is not recommending that the Owner enter into the contract or that the contract is a suitable product for the Owner and (b) it is not relying on the Company, or on any communication (written or oral) from the Company or its employees or agents, to determine whether the contract is suitable for the Owner or as tax, legal, investment, or accounting advice;
4. The execution of this contract, and delivery and performance of this contract by each party does not and will not (a) conflict with or result in a default under any agreement to which it is a party, or (b) violate any law, regulation, order, license, decree or judgment by which it is bound;
5. In performing its obligations hereunder We are not acting as a fiduciary, agent or other representative for You or anyone else. All representations and warranties made by You and Us in the contract shall be considered to have been relied upon by the other in connection with the execution hereof; and
6. The Company and the Owner intend that the jurisdiction governing this contract is Delaware. Each party will notify the other promptly of the occurrence of any event that would cause any of the representations and warranties contained in this contract or in any document, instrument or certificate delivered in connection herewith to be untrue or inaccurate in any material respect.

Signatures:

Signed on (date) \_\_\_\_\_

\_\_\_\_\_  
Owner

I represent that the information given on page 1 of this Application is true and complete to the best of my knowledge and belief.

X \_\_\_\_\_  
AGENT/BROKER SIGNATURE

\_\_\_\_\_  
AGENT/BROKER NAME (PRINT)

\_\_\_\_\_  
AGENT/BROKER TELEPHONE NUMBER