

**Individual Annuity Application  
Single Premium Immediate Annuity  
Delaware Version**

**American General Life Insurance Company**

Administrative Office: P.O. Box 15367, Amarillo, TX 79105-5367

<b>1. MEASURING LIFE</b>	Name: Last <span style="margin-left: 150px;">First</span> <span style="margin-left: 150px;">Middle</span>				
	Address: Street <span style="margin-left: 150px;">City</span> <span style="margin-left: 150px;">State</span> <span style="margin-left: 150px;">Zip</span>				
	Sex	Date of Birth	Citizenship	Social Security Number	Daytime Telephone (    )
<b>2. BENEFICIARY</b>	Primary Beneficiary <span style="margin-left: 150px;">SSN</span> <span style="margin-left: 150px;">Relationship</span>				
	Secondary Beneficiary <span style="margin-left: 150px;">SSN</span> <span style="margin-left: 150px;">Relationship</span>				
	Name: Last <span style="margin-left: 150px;">First</span> <span style="margin-left: 150px;">Middle</span>				
	Address: Street <span style="margin-left: 150px;">City</span> <span style="margin-left: 150px;">State</span> <span style="margin-left: 150px;">Zip</span>				
<b>3. PAYEE (IF OTHER THAN MEASURING LIFE)</b>	Name: Last <span style="margin-left: 150px;">First</span> <span style="margin-left: 150px;">Middle</span>				
	Address: Street <span style="margin-left: 150px;">City</span> <span style="margin-left: 150px;">State</span> <span style="margin-left: 150px;">Zip</span>				
	Sex	Date of Birth	Social Security Number	Daytime Telephone (    )	
<b>4. JOINT MEASURING LIFE, IF ANY</b>	Name: Last <span style="margin-left: 150px;">First</span> <span style="margin-left: 150px;">Middle</span>				
	Address: Street <span style="margin-left: 150px;">City</span> <span style="margin-left: 150px;">State</span> <span style="margin-left: 150px;">Zip</span>				
	Sex	Date of Birth	Citizenship	Social Security Number	Daytime Telephone (    )
	Name: <span style="margin-left: 100px;">AGL Assignment Company, LLC</span> <span style="margin-left: 150px;">Tax ID</span> <span style="margin-left: 150px;">30-0809145</span>				
<b>5. OWNER OF ANNUITY</b>	Address: Street <span style="margin-left: 150px;">City</span> <span style="margin-left: 150px;">State</span> <span style="margin-left: 150px;">Zip</span>				
	503 Carr Road, Ste 300 <span style="margin-left: 150px;">Wilmington</span> <span style="margin-left: 150px;">DE</span> <span style="margin-left: 150px;">19809</span>				
	The Owner is: <input type="checkbox"/> Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trustee				

**PLAN APPLIED FOR AND SCHEDULE OF PAYMENTS:**

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

Does the Measuring Life, or Joint Measuring Life, if any, have existing life insurance or annuity contracts with the company or any other company?.....  Yes  No  
 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 \_\_\_\_\_

### 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.

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 contract(s) issued by the The United States Life Insurance Company in the City of New York. Application is made with the knowledge and consent of the proposed measuring life(ves). I agree that any annuity contract issued upon this application shall be a contract of the state in which the Owner resides at the time of application.

Signed at \_\_\_\_\_ Amarillo TX \_\_\_\_\_ on \_\_\_\_\_  
City State Date

AGL Assignment Company, LLC \_\_\_\_\_ by **X** \_\_\_\_\_  
Owner 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.