

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

Instructions: Use this form for Corporation, Limited Liability Company (LLC), Partnership, Limited Partnership, Limited Liability Partnership (LLP)

1. ACCOUNT INFORMATION *(Indicate one of the following)*

This form is being completed for an:

- Existing life insurance policy
- Existing annuity contract
- Existing Mutual Fund Account

Existing Policy/Contract/Account Number(s) _____

- Application for life insurance policy
- Application for an annuity contract

2. BUSINESS INFORMATION

Full legal name of Business _____

- Check applicable: Corporation, Limited Liability Company (LLC), Partnership,
 Limited Partnership, Limited Liability Partnership (LLP)

3. DECLARATION AND SIGNATURE INFORMATION

For each given business type shown below, the following signatures are required for the required certification:

Business	Required Signatory
Corporation, Limited Liability Corporation	Duly-authorized corporate officer
Partnership, Limited Partnership	Partner(s) authorized to sign by Partnership Agreement (provide copy) or General Partner if no Partnership Agreement
Limited Liability Partnership	General Partner

Each required signatory must sign below. This form will supersede any previously-provided certification.

By signing below, each undersigned person:

- (a) Each required signatory must sign below. This form will supersede any previously-provided certification. By signing below, each undersigned person:
- (b) represents that the Business referenced above is authorized to purchase, own, and administer life insurance policies and/or annuity contracts on the life of an insured person or annuitant;
- (c) represents that such Business is in good standing in its state of domicile;
- (d) understands and agrees that the life insurance company named above ("Life Company") may rely on the instructions and representations of the Business; and
- (e) agrees to defend, indemnify and hold the Life Company, its parents, subsidiaries, and affiliates, and their directors, officers, employees and agents harmless from and against any and all claims, demands, liabilities, damages, costs or expenses, including, but not limited to, reasonable attorney's fees, which it may suffer or incur by reason of its reliance upon any statements contained herein;
- (f) agrees to provide additional information regarding the Business if required by the Life Company;
- (g) acknowledges that each signatory has had an opportunity to consult with his or her own legal and/or tax counsel in the preparation of the Business Certification;
- (h) represents that no signatory is an agent of record, servicing agent, solicitor, insurance producer, financial representative, investment advisor or related financial institution, broker/dealer or insurance agency or any individual or entity acting in a similar capacity involved in the sale, solicitation or placement of this contract/policy (such individuals and entities collectively "Distributor"), unless such Distributor is a member of Insured's/Annuitant's immediate family;*



(i) represent and certify that the Business (i) has an insurable interest** in the Insured(s)/Annuitant(s) listed on this form, (ii) is not aware of any agreement or arrangement whereby the Insured(s)/Annuitant(s) has received a payment or anything else of value in exchange for permission to use his/her life on the Policy/Contract, and (iii) understand that the Life Company reserves the right to terminate the contract consistent with applicable law if it discovers a misstatement with respect to the insurable interests between the Business and the Insured(s)/Annuitant(s).

This section is NOT required if this Business Certification is being submitted solely for a Change of Ownership on an existing policy.

*If Distributor is a member of Insured's/Annuitant's immediate family, then such Distributor and the Insured/Annuitant must complete an Acknowledgment and Release Form and submit same to the Company.

**Generally, an interest is insurable if a familial relationship and/or economic interest exists. A familial relationship can only exist between individuals, and the relationship generally includes those persons related by blood or by law. An economic interest exists when the contract owner has a lawful and substantial economic interest in having the life, health, or bodily safety of the life that triggers the death benefit preserved. Charitable and not-for profit organizations are exempt from insurable interest requirements.

Signatory #1

Name _____ Signature _____

Date _____ Phone _____ Title _____

Signatory #2

Name _____ Signature _____

Date _____ Phone _____ Title _____

Signatory #3

Name _____ Signature _____

Date _____ Phone _____ Title _____

Signatory #4

Name _____ Signature _____

Date _____ Phone _____ Title _____

Add additional signatories using additional Business Certification forms as needed.

4. INSURED/ANNUITANT INFORMATION WHEN APPLICATION IS MADE FOR ADDITIONAL INSURANCE

This section is NOT required if this Business Certification is being submitted solely for a Change of Ownership on an existing policy.

By signing below, each and all of the undersigned hereby:

- (a) certifies that his/her life is being used as the insured for the life insurance policy or measuring life for the annuity contract, as applicable, and consents to the use thereof;
- (b) certifies that he/she has not entered into any agreement or arrangement whereby he/she has been paid, or received any other benefit, in exchange for permission to use his/her life for the life insurance policy or annuity contract, as applicable. Such an arrangement or agreement may be deemed a fraudulent act.

Insured/Annuitant's Signature

Insured/Annuitant Name (printed) _____

Insured/Annuitant signed on (date) _____

