

New Business Good Order Checklist

To assist you in successfully completing your paperwork and to help ensure your submission is received in good order, please review this checklist.

Obtaining Forms

You can obtain all forms on corebridgefinancial.com. Log on with your unique ID and password (*if you don't have one, register online*).

- 1 On the main page, click the Forms & Materials link.
- 2 Go to *New Business Forms* and Select *Product Line* and *Product Name*. Use the filters on the left panel to narrow your search by *Item Type* and *State*.

Verify that agent has proper license and all applicable training has been completed.	Training required: <ul style="list-style-type: none"> • Product • State, if applicable. • Anti-Money Laundering (AML), if applicable
Fill out the Application .	Make sure all data below is complete: <ul style="list-style-type: none"> • Personal information – Date of birth, Solicitation state, SSN, Address (City/State/Zip). • Contract Type. • Living Benefit – if elected, check that either single life or joint life is chosen. • Owner's and Agent's Signatures – Dates must be the same or prior to application date. • Replacement questions – ensure answers to questions in Acknowledgment and Signature sections for Owner and Agent are complete and not conflicting with each other.
Review and sign Owner Acknowledgment (OA) .	<ul style="list-style-type: none"> • Make sure you and the contract owner(s) complete and sign the OA. • Remove the signed Attestation from the OA and be sure to leave the Disclosure Statement with your client.
Is a Replacement Notice required in issue state?	Complete State Replacement form. Refer to table on the next page for list of forms. <ul style="list-style-type: none"> ➤ Notice/Disclosure must be dated prior to or the same day as the application and have client's original signature.
Will Corebridge Financial conduct suitability ?	Client Profile must be completed: A1005CP or A1005CPT if a Trust. <ul style="list-style-type: none"> ➤ Ensure that the explanation provides client- and policy-specific details that support the factors that contributed to the basis of recommendation.
Is issue state Florida?	If sale is a replacement, the Disclosure and Comparison form is required: DFSH11981I .
Will Corebridge Financial conduct suitability AND does issue state require the Insurance Agent Disclosure for Annuities (NAIC Best Interest form)?	See form A1006I for a list of required states. <ul style="list-style-type: none"> ➤ If the issue state is listed, complete this form. ➤ If the issue state is Minnesota, complete form A1006IMN.

Additional forms may be required

Is the annuity being funded by an exchange, transfer, or rollover ?	Complete Request for Transfer of Assets: A2500RLI . Make sure all data below is complete and correct: <ul style="list-style-type: none"> • Surrendering company policy number and company information. • Transfer Type. • Policy Owner’s signature. • Submit original set of transfer paperwork if required by surrendering carrier. • If the policy is to be transferred upon a maturity date, confirm if the Letter of Acceptance (LOA) should be sent prior to or after the maturity date. (<i>List exact date</i>).
Is the Owner a trust ?	Complete Certification of Trust: A2239COTI .
Is the Owner a Corporation (<i>an incorporated company or tax-exempt entity</i>)?	Complete Certification of Trust: A2239COTI . ➤ Corporate Resolution and proof of filing for Articles of Incorporation with the state or county are required.
Is the Owner a Tax-Exempt entity (<i>a charity or non-profit organization</i>)?	Complete Certification of Trust: A2239COTI . ➤ Copy of IRS Certificate of Determination is required.
Is the Owner a Governmental entity (<i>a state, municipality or government agency ex. Police or fire Dept</i>)?	Complete Certification of Trust: A2239COTI . ➤ Proof of existence is required.
Is the policy being purchased with Power of Attorney ?	Complete Affidavit to Affirm Power of Attorney: A4010I .
Is the annuity being funded by an inherited IRA or inherited nonqualified deferred annuity and distributable over an individual’s single life expectancy?	Complete Inherited Account Disclosure: A2229I .
Does the premium exceed \$2 million ?	Complete Large Case Exception Worksheet: A1030 .
Annuity Agent Report. Please review the report to avoid these common errors:	<input type="checkbox"/> Missing Agent NPN Number. <input type="checkbox"/> Two agents listed, but does not include breakdown of commissions.

State Replacement Forms

All states except those listed below use the **NAIC Model Replacement form — IA5235RNEI**.

Arkansas	IA5235RNEARI	Idaho	IA5235IDI	Nevada	IA5235NVI
California	IA5235CAI	Illinois	IA5235ILI	North Dakota	N/A*
Delaware	IA5235DEI	Indiana	IA5235INI	Oklahoma	IA5235OKI
District of Columbia (DC)	N/A*	Kansas	External: IA5235KSEI or Internal: IA5235KSI	Pennsylvania	IA5235PAI
Florida	External: IA5235FLI or Internal: IA5235FL3I	Massachusetts	IA5235MAI	Rhode Island	External: IA5235RNEI or Internal: IA5235RNEI & A5235RI3I
Georgia	IA5235GAI (<i>for annuity-to-annuity only</i>)	Michigan	N/A*	Tennessee	IA5235TNI
		Minnesota	IA5235MNI	Washington	IA5235WAI
				Wyoming	IA5235WYI

*Form not required in this state

Submitting new business

Make check payable to American General Life Insurance Company.

If you currently submit annuity business through a BGA/IDC/IMO agency or other processing center, please continue to do so. They will have all the casework sent to the correct location. If you send casework directly to American General Life, refer to the addresses in the Application masthead. The phone number is: 888-438-6933.

American General Life Insurance Company
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**Individual Deferred
Index Annuity Application**

**American General
Life Insurance Company
(AGL)**

Regular Mail
with checks:
American General Life
PO Box 100330
Pasadena CA 91189-0330

Overnight Mail
with checks:
JPM Chase-AGL 100330
2710 Media Center Dr
Building #6 Ste 120
Los Angeles CA 90065-1750

Address mail to:
Annuity Service Center

without checks:
American General Life
PO Box 2708
Amarillo TX 79105-2708

without checks:
American General Life
1050 N Western St
Amarillo TX 79106-7011

Phone: 888-438-6933
Fax: 818-615-1541
Website: corebridgefinancial.com
Email: annuityservice@corebridgefinancial.com

Consult with your financial professional to determine if your elections and premium allocations are appropriate for you. Your financial professional can provide further information about elections, including availability and maximum issue age.

The ➡ indicates a required response. **Print or type.**

➡ **1 Product Selection** (Solicitation state indicates the state in which this application is signed)

Product name Power 7 Protector	Solicitation state (Enter two-character state code) _____
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➡ **2 Owner(s) Information** (Select one of the following Owner Types and complete this section in its entirety)

Owner Type

- Natural Person(s)
- Trust/Trust Date _____
- Custodian
- Other: _____ Non-naturally owned contracts that are accepted include Corporate, Municipal, or Tax-Exempt. Contact the Annuity Service Center prior to submitting this application to confirm if any other Owner Type will be accepted.

Owner Name _____ Male Female
Address _____ City _____ State _____ Zip _____
Birth Date _____ SSN/TIN _____ Phone _____ Email _____

Joint Owner (if applicable) Name _____ Male Female
Address _____ City _____ State _____ Zip _____
Relationship to Owner _____ Birth Date _____ SSN _____ Phone _____

➡ **3 Annuitant(s) Information** (Complete only if different from Owner)

- Same as Owner

Annuitant Name _____ Male Female
Address _____ City _____ State _____ Zip _____
Birth Date _____ SSN _____ Phone _____ Email _____

Joint Annuitant (if applicable) Name _____ Male Female
Address _____ City _____ State _____ Zip _____
Birth Date _____ SSN _____ Phone _____

4 Beneficiary Information

Joint Owners (Joint Annuitants, if contract is non-naturally owned) shall be each other's sole primary beneficiary and any other beneficiary listed will be designated as "contingent."

- If one owner is listed on Page 1 and the beneficiary type is not selected below, the beneficiary will be designated as "primary".
- Multiple beneficiaries will share the death benefit equally, unless otherwise specified, and percentages must total 100%.
- For non-naturally owned contracts, if no beneficiary is listed below, the beneficiary will default to the owner listed on this application.
- If the owner is a trust, the trust must be designated as the sole primary beneficiary.

1. Beneficiary Name _____ Primary Contingent
 Address _____ City _____ State _____ Zip _____
 Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone _____
 Birth Date _____ Email _____ Male Female

2. Beneficiary Name _____ Primary Contingent
 Address _____ City _____ State _____ Zip _____
 Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone _____
 Birth Date _____ Email _____ Male Female

Check this box if providing additional beneficiaries on the Additional Beneficiary Information form or a separate sheet signed by the Owner.

5 Contract Type and Source of Funds

Expected Premium Amount \$ _____

All premiums must be received within 30 days of contract issue and will be allocated to the allocation option(s), as directed by you in Section 6.

Contract Type <i>(new product)</i> Select one Contract Type below.	Source of Funds Indicate source of funds and amount of initial premium below.
<input type="checkbox"/> Non-qualified	<input type="checkbox"/> Amount enclosed \$ _____
<input type="checkbox"/> IRA	<input type="checkbox"/> 1035 Exchange* <input type="checkbox"/> Transfer* <input type="checkbox"/> Rollover* \$ _____
<input type="checkbox"/> Roth IRA	<input type="checkbox"/> IRA Contribution/IRA Tax Year _____ \$ _____
<input type="checkbox"/> SEP	<input type="checkbox"/> Funds coming direct \$ _____
	<input type="checkbox"/> Other _____ \$ _____

*Complete/submit the Request for Transfer of Assets form with this application, unless you check the box next to "Funds coming direct" above.

6 Account Options and Electronic Delivery Authorization

6(a). Allocation Options

Premium to be applied to:	Percentage
AQR DynamiQ Allocation IndexSM Interest Account(s):	
2-Year Point-to-Point Participation Rate	_____ %
2-Year Point-to-Point with Enhanced Participation Rate	_____ %
Annual Point-to-Point Participation Rate	_____ %
Annual Point-to-Point with Enhanced Participation Rate	_____ %
ML Strategic Balanced Index[®] Interest Account(s):	
2-Year Point-to-Point Participation Rate	_____ %
2-Year Point-to-Point with Enhanced Participation Rate	_____ %
Annual Point-to-Point Participation Rate	_____ %
Annual Point-to-Point with Enhanced Participation Rate	_____ %
PIMCO Global Optima IndexTM Interest Account(s):	
2-Year Point-to-Point Participation Rate	_____ %
2-Year Point-to-Point with Enhanced Participation Rate	_____ %
Annual Point-to-Point Participation Rate	_____ %
Annual Point-to-Point with Enhanced Participation Rate	_____ %
S&P 500[®] Index Interest Account(s):	
Annual Point-to-Point Participation Rate	_____ %
Annual Point-to-Point Performance-Triggered	_____ %
Annual Point-to-Point with Enhanced Participation Rate	_____ %
Annual Point-to-Point (<i>with Rate Cap</i>)	_____ %
1-Year Fixed Interest Account	_____ %
Total	100%

6(b). Electronic Delivery Authorization

By selecting "Yes" below, I consent to electronic delivery by American General Life Insurance Company (AGL) also known as the Company, when available, of all documents and notices applicable to my contract including:

- Regulatory disclosure documents;
- Account documents (*periodic statements and confirmations*);
- Policy Forms (*annuity contract and applicable endorsements and riders, if permitted by state law*);
- Tax forms; and
- Annuity related correspondence (*privacy notice and other notices to customers*) as permitted by law.

I confirm that I have access to a computer with the hardware and software necessary (*Adobe Acrobat[®], Internet access, and an active email account*) to receive this information electronically—by email or by email notice of a document's availability on the Company website. I confirm that I have the ability to retrieve and retain electronic communications that are subject to this consent.

I understand that:

- There is no charge for electronic delivery, although I may incur the costs of Internet access and computer usage.
- I must notify the Company promptly when my email address changes.
- I may always request a paper copy of this information at any time for no charge, even though I consent to electronic delivery, or if I decide to revoke my consent.
- The Company is not required to deliver this information electronically and may discontinue electronic delivery in whole or part at any time. Not all contract documentation and notifications may be currently available in electronic format.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically. (*Only the primary owner will receive email notices.*)
- This consent is effective until further notice by the Company or until I revoke it.

Call 1-800-445-7862 if you would like to revoke your consent, wish to receive a paper copy of any of the above information via U.S. mail, or need to update your email address indicated below:

Electronic Delivery Consent: Yes No

*Email address: _____

*Custodially owned contracts: Provide the annuitant's email address. Other non-natural owners (such as trusts): Provide the email address of the authorizing signatory.

7 Notices and Disclaimers

In some states we are required to advise you of the following: 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.

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.

8 Acknowledgments and Signature(s)

8(a). Replacement

- Yes** **No** Do you have any existing life insurance policies or annuity contracts? *(Must check either Yes or No.)*
- Yes** **No** Will the purchase of this annuity result in the replacement, termination, or change in value of any existing life insurance policies or annuity contracts? *(Must check either Yes or No.)*

Provide the replacement information on the required forms, which can be obtained from your financial professional and include them with this application, when applicable.

8(b). Acknowledgment of Owner(s)

I represent that all statements and information provided herein are true and complete to the best of my belief and knowledge. I understand that the application will be attached to and made a part of the annuity contract. By signing below, I declare the following:

- I have received, read, and understand the *Buyer's Guide for Deferred Annuities*.
- I have consulted with my financial professional, received and read the applicable product disclosure in the Owner Acknowledgment and Disclosure Statement and any other related materials such as illustrations, and understand the various product features, including: (a) surrenders and withdrawals; (b) surrender charges; (c) surrender charge period; (d) early withdrawal tax penalty; (e) annuitization; (f) market value adjustment *(if applicable to this annuity)*.
- If I am a full-time, active-duty member of the US Armed Forces *(to include a reserve unit serving under published orders for training)*, then I have received the Disclosure for Military Sales form.
- I understand that I am purchasing an index annuity. I also understand that although the annuity values may be affected by the index, the contract does not directly participate in any stock or equity investments. In the event of changes in the index value, no interest will be credited to the Index Interest Account until the end of an Index Term, subject to participation rates, caps, spreads, and index interest account rules *(if any)*, and may be zero.
- I have consulted with my financial professional for advice or recommendations regarding the purchase of this annuity contract. American General Life Insurance Company is not providing advice, guidance or recommendations and is not serving in any fiduciary capacity related to this contract.
- If a market value adjustment feature is applicable to this annuity, I understand that this annuity includes a market value adjustment feature. During the market value adjustment period, any amount withdrawn, or surrendered, prior to the maturity date may be subject to a market value adjustment. The adjustment may increase or decrease the amounts payable under the contract. I understand that: (a) if interest rates rise after the contract date, the market value adjustment will generally decrease the withdrawal value; and (b) if interest rates fall after the contract date, the market value adjustment will generally increase the withdrawal value.
- I understand and acknowledge that American General Life Insurance Company does not offer legal, financial, tax, investment or estate-planning advice and I have had the opportunity to seek such advice from the proper sources before purchasing this annuity. I agree that the purchase of this annuity is appropriate and suitable to my particular legal, financial, tax, investment, estate-planning goals, and other circumstances.
- If I am funding a tax-qualified retirement plan with this annuity, I understand that (1) there may be more robust insurance benefits offered in other annuities and (2) the annuity does not provide any additional tax deferral treatment beyond that which I already have under my plan.
- I understand that American General Life Insurance Company will not credit or pay interest earnings, if any, on my premiums until all expected premiums are received and the contract has been issued.
- My answers are representations and not warranties, and are true and correct to the best of my knowledge and belief.

8 Acknowledgments and Signature(s) *(continued)***8(c). Signatures**

Owner's signature _____ Date _____

Joint Owner's signature *(if applicable)* _____ Date _____

9 Financial Professional Information and Signature(s)**9(a). Replacement**

- Yes No Do you have reason to believe that the owner has any existing life insurance policies or annuity contracts?
- Yes No Do you have reason to believe that any existing life insurance policy or annuity contract has been *(or will be)* replaced, surrendered, withdrawn from, loaned against, changed, or otherwise reduced in value in connection with this transaction, assuming that the contract applied for will be issued?

9(b). Acknowledgments

I certify that the application was signed and dated by the owner after all answers and information were recorded herein; and I have truly and accurately recorded on this form all of the information provided by the owner. Further, by signing below, I certify:

- I have instructed the owner to answer the questions in Section 8(a) appropriately. I am providing the replacement information on the required forms, which can be obtained at corebridgefinancial.com, and including them with this application, when applicable.
- I have delivered a *Buyer's Guide for Deferred Annuities* to the owner.
- I have delivered the appropriate product disclosure in the Owner Acknowledgment and Disclosure Statement, and any other related materials such as illustrations to the owner and have explained the information contained therein. I believe the owner understands the various product features, including: (a) surrenders and withdrawals; (b) surrender charges; (c) surrender charge period; (d) early withdrawal tax penalty; (e) annuitization; (f) market value adjustment *(if applicable to this annuity)*.
- If I provided an illustration, it conforms in all material respects with the product features selected on the application. Upon request, I will provide the Company with a copy of any illustration used with the owner(s). In addition, if this product was marketed to the owner(s), as an alternative to an investment product, I am appropriately licensed to discuss investment products.
- If the owner is a full-time, active-duty member of the US Armed Forces *(to include a reserve unit serving under published orders for training)*, then I have provided the Disclosure for Military Sales form to him/her.
- Based on the suitability information gathered by me, I have a reasonable basis to believe that: (a) the owner would benefit from the elected features of the annuity; (b) this annuity, as a whole, is suitable *(or meets a best interest standard in States imposing that standard)*; and (c) if this is a replacement, the sale of this annuity is a reasonable product for the owner.
- I have verified the identity of the owner and annuitant, if the owner is non-natural, by reviewing a government-issued photo identification and any other required documentation.
- I understand that American General Life Insurance Company is not providing advice, guidance or recommendations and is not serving in any fiduciary capacity related to this contract.

9(c). Financial Professional Information

1. Financial Professional's Signature _____ SSN *(1st 5 digits only)* _____

Financial Professional's Name *(please print)* _____

Address _____ City _____ State _____ Zip _____

Phone _____ Financial Professional's ID Number _____ Email _____

Broker/Dealer or Firm Name _____

9 Financial Professional Information and Signature(s) *(continued)*

2. Financial Professional's Signature _____ SSN *(1st 5 digits only)* _____
Financial Professional's Name *(please print)* _____
Address _____ City _____ State _____ Zip _____
Phone _____ Financial Professional's ID Number _____ Email _____
Broker/Dealer or Firm Name _____

Commission Option: Not all options are available; contact your home office with any questions.

Standard Options:

- Option 1 Option 2 Option 3 Option 4 Option 5 Option 6 Option 7 Option 8 Option 9

If more than one financial professional, please indicate applicable percentages *(must total 100%)*:

Financial Professional 1 _____ Financial Professional 2 _____