

Individual Annuity Application

SINGLE PREMIUM IMMEDIATE ANNUITY

The United States Life Insurance Company in the City of New York, New York, NY

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

1. MEASURING LIFE	Name: Last First Middle				
	Address: Street		City	State	Zip
	Sex	Date of Birth	Citizenship	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	Citizenship	Social Security Number	Daytime Telephone ()
5. OWNER OF ANNUITY	Name: AGL Assignment Company, LLC				Tax ID 30-0809145
	Address: Street 503 Carr Road, Ste 300		City Wilmington	State DE	Zip 19809
	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.

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 knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

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 American General Life Insurance Company. 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
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. _____