## Structured Settlement Annuity Application

## American General Life Insurance Company Houston, TX

A member company of Corebridge Financial, Inc. Instructions: Please type or print in black ink.

1. MEASURING	Name: Last			First	First Mic		alle			
LIFE	Address: Street			City			State	Zip		
	Sex	Date of Birth		Social Secu	rity Number		Daytime (	e Telephone )		
2. BENEFI-										
CIARY	Primary Be		SSN	Relationship	Secondary Benefi		SSN		Relat	tionship
3. PAYEE (IF	Name: Las	t		First		Middle				
OTHER THAN MEASURING LIFE)	Address:	Street			City		State	Zip		
	Sex	Date of Birth		Social Secu	rity Number		Daytime (	e Telephone )		
4. JOINT MEASURING LIFE, IF ANY	Name: Las	t		First		Middle				
	Address:	Street			City		State	Zip		
	Sex	Date of Birth		Social Secu	rity Number		Daytime (	e Telephone )		
5. OWNER OF ANNUITY	Name:					Tax ID				
	Address:	Street			City		State	Zip		
	The Owner	is: Owner	Par	tnership (	Corporation	Trustee				
Amount paid wit	th this annli	cation: ¢	onsideration	ideration Cha			ck if additional sheet attached.			
· · · · · · · · · · · · · · · · · · ·	- ''			ing life insurance or annuity in this or any						
		nt, year issued and		oxidening into intour	ando or armany n	ir uno or arry ou	101 00111	ourry.	100	140
Any person who	, with inten	t to defraud or kn	owing that he/s							
knowledge and Application is mapplication shall	belief. I agre nade with t be a policy	ements or they had be that this application he knowledge and of the state in wh	tion shall be pard consent of the ich the Owner r	rt of the annuity pe e proposed meas esides at the time	olicy(ies) issued I suring life(ves). I e of application.	by the American	Genera	l Life Insuraı	nce Con	npany.
Signed at	City		State		on		Date			
	,					ture of Owner				
Owner										
1		epresent that the i ge, is this insurand	-			•	-	-	and be Yes	elief. No
Signature of Agent	Signature of Agent				Agent or Company Name					
Agent or Company I	No.			Telephone i	No.					

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