

Individual Structured Settlement Annuity Application

SINGLE PREMIUM IMMEDIATE ANNUITY

American General Life Insurance Company Houston, TX

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 _____	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 _____	Social Security Number _____	Daytime Telephone (____) _____
5. OWNER OF ANNUITY	Name: _____			Tax ID _____
	Address: _____ Street _____		City _____ State _____ Zip _____	
	The Owner is: _____ Owner _____ Partnership _____ Corporation _____ Trustee _____			

PLAN APPLIED FOR AND SCHEDULE OF PAYMENTS:

Amount paid with this application: \$ _____ 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 _____ City _____ State _____ on _____ Date _____
 by _____ 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. _____