

Structured Settlement Annuity Application

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

28 Liberty Street 45th Floor
New York, NY 10005-1400

1. ANNUITANT/ PAYEE	Name: Last		First		Middle	
	Address: Street		City		State Zip	
	Sex	Date of Birth	Social Security Number		Daytime Telephone ()	
	Primary Beneficiary		SSN	Relationship	Secondary Beneficiary SSN Relationship	
2. PAYEE	Name: Last		First		Middle	
	Address: Street		City		State Zip	
	Sex	Date of Birth	Social Security Number		Daytime Telephone ()	
	Primary Beneficiary		SSN	Relationship	Secondary Beneficiary SSN Relationship	
3. JOINT ANNUITANT/ PAYEE, IF ANY	Name: Last		First		Middle	
	Address: Street		City		State Zip	
	Sex	Date of Birth	Social Security Number		Daytime Telephone ()	
	Receiving Benefits Jointly with Annuitant No.:					
4. OWNER OF ANNUITY	Name:				Tax ID	
	Address: Street		City		State Zip	
	The Owner is: Individual 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 exchanged for any existing life insurance or annuity in this or any other Company? Yes ☐ No ☐

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 Company. Application is made with the knowledge and consent of the proposed annuitant(s).

Signed at _____ on _____
City State Date
by **X** _____
Owner 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.

Print Name _____ Signature of Agent _____
Agent or Company Name _____ Agent or Company No. _____ Telephone No. _____