Individual Structured Settlement Annuity Application

SINGLE PREMIUM IMMEDIATE ANNUITY

UNASSIGNED

American General Life Insurance Company Houston, TX

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

Product Type: ☐ Qualified ☐ Non-Qualified

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 _____ 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. 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.