

Individual Structured Settlement Annuity Application

Single Premium Immediate Annuity with Deferred Payout Option

American General Life Insurance Company

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: <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: \$ _____ 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
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. _____		