

attorneys, who are the attorneys of his or her choice, concerning the legal and income tax consequences of this Agreement; that the terms of this Agreement have been completely read by and explained to Claimant; and that the terms of this Agreement are fully understood and voluntarily accepted by Claimant.

15. Beneficiary Designation and Statement of Payee's Rights to Alter such Beneficiary Designation, if any:

Description of Periodic Payments

Assignor:

Assignee: AGL ASSIGNMENT COMPANY, LLC.

By: _____
Authorized Representative

By: _____
Authorized Representative

Title: _____

Title: _____

Claimant:

Approved as to Form and Content:

By: _____
Claimant

By: _____
Claimant's Attorney