

# Individual Annuity Application

## SINGLE PREMIUM IMMEDIATE ANNUITY

**American General Life Insurance Company** Houston, TX

American General Life Insurance Company

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

<b>1. MEASURING LIFE</b>	Name: Last First Middle				
	Address: Street		City	State	Zip
	Sex	Date of Birth	Citizenship	Social Security Number	Daytime Telephone ( )
<b>2. BENEFICIARY</b>	Primary Beneficiary SSN Relationship Secondary Beneficiary SSN Relationship				
<b>3. PAYEE (IF OTHER THAN MEASURING LIFE)</b>	Name: Last First Middle				
	Address: Street		City	State	Zip
	Sex	Date of Birth	Social Security Number		Daytime Telephone ( )
<b>4. JOINT MEASURING LIFE, IF ANY</b>	Name: Last First Middle				
	Address: Street		City	State	Zip
	Sex	Date of Birth	Citizenship	Social Security Number	Daytime Telephone ( )
<b>5. OWNER OF ANNUITY</b>	Name: American General Annuity Service Corporation			Tax ID	76-0446159
	Address: Street 2929 Allen Parkway		City Houston	State TX	Zip 77019
	The Owner is: Owner Partnership Corporation Trustee				

**PLAN APPLIED FOR AND SCHEDULE OF PAYMENTS:**

Amount paid with this application: \$ 1.00 Valuable Consideration Check if additional sheet attached.

Does the Measuring Life, or Joint Measuring Life, if any, have existing life insurance or annuity contracts with the company or any other company? Yes No

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 Amarillo TX on \_\_\_\_\_  
City State Date

American General Annuity Service Corporation 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