

**Individual Annuity Application  
Single Premium Immediate Annuity**

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

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
<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
<b>5. OWNER OF ANNUITY</b>	Name: AGL Assignment Company, LLC		Tax ID 30-0809145	
	Address: Street _____ City _____ State _____ Zip _____ 503 Carr Road, Ste 300      Wilmington      DE      19809			
	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: \$ 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 \_\_\_\_\_

