

**Annuity New Business  
Transmittal Form**

**The United States Life Insurance Company in the City of New York (USL)**  
*A subsidiary of American International Group, Inc.*



**This form or a coversheet with identical information must be provided with the application to ensure timely processing.**

**NEW BUSINESS TRANSMITTAL INFORMATION**

Contract No. (if known): \_\_\_\_\_ Contract Owner: \_\_\_\_\_ DOB: \_\_\_\_\_

Owner's Email Address is Required (If none exists, enter NA): \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent Number: \_\_\_\_\_

**IMO/BGA/AGENT CONTACT INFORMATION**

<b>For Missing Documents</b>	<b>For Case Follow-up</b>
Name: _____	Name: _____
Email Address: _____	Email Address: _____
Phone: _____	Phone: _____

**SPECIAL INSTRUCTIONS**

**Please submit the application and all required new business documents to one of the following addresses:**

**Mailing address:**

USL  
C/O Amegy Bank  
P.O. Box 4532, Houston, TX 77210-4532

**Overnight Mail:**

USL  
C/O Amegy Bank - Attn: Lockbox 4532  
1801 Main St., Houston, TX 77002-8100

**Agent Toll Free Number for Servicing: 888-438-6933**

***By providing complete and accurate information, processing time can be expedited.***

# Annuity Agent Report For Agent Use Only

## The United States Life Insurance Company in the City of New York (USL)

A subsidiary of American International Group, Inc.

**In order to ensure accurate processing, please fill out this form completely and submit with the annuity application.**

If you currently submit annuity business through an IMO, Agency or other processing center, please continue to do so. Encourage them to utilize the Annuity New Business Transmittal Form to increase processing efficiency.

Name of Owner \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_

Name of Annuitant \_\_\_\_\_ Contract No. (if known) \_\_\_\_\_

### New Business Forms Checklist

Check and include all that apply:

- Check (payable to USL)
- 1035 Exchange/Trustee Transfer Forms
- Replacement Notice
- State Notice (in applicable states)
- Non-natural owner proof of authorization to sign (ex: Resolution, Trust Affidavit, Power of Attorney Affidavit): \_\_\_\_\_
- EFT: include voided check
- Other: \_\_\_\_\_
- Annuity Agent Report (this page) & application
- Client Profile

### For a Deferred Annuity also include:

- Owner's Acknowledgement
- Supplemental Application (for indexed annuities)
- Exception Worksheet (for large premium and older age cases)

### For an Immediate Annuity also include:

- Proof of Age: Driver's license enlarged to 200% for readability, Passport, Certified Birth Certificate, or other documentation approved by the Company
- Quote that is not expired
- Letter Documenting Client's Rated Age (if medically underwritten)
- Exception Worksheet (for large premium cases).

**Important information: Complete section 7 and 10 (Replacement Sections) and check MVA sentence in section 5 or case will be delayed and rate lock will be lost.**

### Agent Information

REQUIRED	REQUIRED FOR INDEXED PRODUCTS		
<p>X Agent/Broker Signature</p> <p>_____ Agent Name (Print)</p> <p>_____ Agent Number (Write pending if applicable)</p> <p>_____ Agent SSN (if agent number is pending)</p> <p>_____ Agent e-mail address</p> <p>_____ Agent Street Address</p> <p>_____ Agent City, State, Zip</p> <p>_____ Agent phone number</p>	<p>1. Are you a Registered Representative? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Does your broker/dealer require a suitability review for Fixed Indexed Annuities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are commissions paid through your Broker Dealer for Fixed Indexed Annuities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Who is your Broker/Dealer? _____</p> <tr> <th colspan="2" style="background-color: #cccccc; text-align: center;">OPTIONAL</th> </tr> <p>Split Case <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete the following sections.)</p> <p>Percent to Primary Agent ____% <b>PLUS</b> Percent to 2nd Agent ____%</p> <p><b>PLUS</b> Percent to Others _____% = <b>TOTAL PERCENT 100%</b></p> <p>_____ Second Agent's Name (Print)</p> <p>_____ Agent Number</p> <p>_____ Agency Name/Number</p> <p>_____ Agent SSN (if agent number is pending)</p>	OPTIONAL	
OPTIONAL			

# American General

Life Companies

## Financial Institution Source of Funds Certification

### The United States Life Insurance Company in the City of New York ("USL")

*A subsidiary of American International Group, Inc.*  
P.O. Box 3018 • Houston, TX 77253-3018

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This form **MUST** be completed and returned to The United States Life Insurance Company if the funds to pay the initial premium for life insurance policies or annuity contracts are in the form of a **Cashier's Check**.

I, \_\_\_\_\_, \_\_\_\_\_  
Name of Authorized Representative of Financial Institution, printed Authorized Representative's Title, printed

of \_\_\_\_\_  
Name of Financial Institution, printed

do hereby certify that:

1. the attached Cashier's check was issued by the above named Financial Institution on behalf of \_\_\_\_\_ (name of customer) to purchase a policy from an The United States Life Insurance Company Insurer.
2. the customer has an existing relationship with this financial institution through the existence of a checking account, savings account or CD; and
3. funds from the customer's account were used to purchase the Cashier's Check.

\_\_\_\_\_  
Signature of Authorized Representative of Financial Institution

\_\_\_\_\_  
Date

# American General

Life Companies

## Agent Source of Funds Certification

**For use with Fixed  
Annuity Contracts ONLY**

### The United States Life Insurance Company in the City of New York ("USL")

*A subsidiary of American International Group, Inc.*  
P.O. Box 3018 • Houston, TX 77253-3018

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This certification must be completed by the Agent and will be accepted in lieu of the Financial Institution Source of Funds Certification **only when an The United States Life Insurance Company annuity application is submitted with a cashier's check issued using the proceeds from a matured Certificate of Deposit (CD)**. Supporting documentation indicating that the source of funds used to purchase the cashier's check was the proceeds from the matured CD must accompany the cashier's check and this completed form. Following are examples of acceptable supporting documentation:

- CD Renewal notice
- CD Withdrawal receipt
- Cashier's Check receipt

Name of Proposed Annuitant: \_\_\_\_\_

Name of Financial Institution Issuing Check: \_\_\_\_\_

Initial Premium Amount: \_\_\_\_\_

Check Amount: \_\_\_\_\_

Check Number: \_\_\_\_\_

I certify that the attached information, which is required by The United States Life Insurance Company's Anti-Money Laundering Procedures, is true and accurate.

Agent Name & Agent Code: \_\_\_\_\_

Agent Signature & Date: \_\_\_\_\_

**RETURN THIS COMPLETED FORM WITH THE CASHIER'S CHECK,  
SUPPORTING DOCUMENTATION, AND THE APPLICATION.**

# Deferred Annuity Application

## The United States Life Insurance Company in the City of New York (USL)

A subsidiary of American International Group, Inc.

Annuity Service Center: P.O. Box 3018, Houston, TX 77253-3018

**Instructions:** Please type or print in black ink.

*If Owner/Annuitant/Payee is a person and neither a U.S. citizen nor a U.S. resident, explain residency and citizenship under Section 7, Special Remarks.*

<b>1. Owner</b> <i>(If additional space is needed use Section 7, Special Remarks and check this box. <input type="checkbox"/>)</i>	
INDIVIDUAL/OWNER NO. 1	Name (FIRST, MI, LAST): Mr/Mrs/Ms _____
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (MM/DD/YYYY): ____/____/____ Age: _____
	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Date of Entry: _____ Visa Type: _____ Exp. Date: _____
Phone Number (DAYTIME): ( ) _____ SSN/TAX ID: _____	
Address (STREET): _____	
City: _____ State: _____ Zip: _____	
Owner's Email Address is Required (If none exists, enter NA): _____	
OWNER NO. 2	Name (FIRST, MI, LAST): Mr/Mrs/Ms _____
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (MM/DD/YYYY): ____/____/____ Age: _____
	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Date of Entry: _____ Visa Type: _____ Exp. Date: _____
Phone Number (DAYTIME): ( ) _____ SSN/TAX ID: _____	
Address (STREET): _____	
City: _____ State: _____ Zip: _____ Relationship to other Owner: _____	
NON-NATURAL OWNER	<input type="checkbox"/> Trust Date of Trust (MM/DD/YYYY): ____/____/____ <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____
	Full Name _____
	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Date of Entry: _____ Visa Type: _____ Exp. Date: _____
Phone Number: ( ) _____ Tax or Employer ID Number: _____	
Address (STREET): _____	
City: _____ State: _____ Zip: _____	
Trustee's Name (IF TRUST IS NAMED): _____	
<i>Trusts: If the Owner will be a trust, please submit the first and signature pages of the trust document, and the completed Trust Affidavit, form #AGLC102505</i>	
<b>2. Annuitant</b> <i>(Complete if Owner and Annuitant are different.)</i>	
Name (FIRST, MI, LAST): Mr/Mrs/Ms _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (MM/DD/YYYY): ____/____/____ SSN/TAX ID: _____	
Address (STREET): _____ City: _____ State: _____ Zip: _____	
Annuitant Email: _____ Relationship to Owner: _____	
If a Joint Annuitant is involved then complete the same information requested above in Section 7, Special Remarks.	
<b>3. Beneficiary Information</b> <i>(If more than one Beneficiary, proceeds will be divided equally unless otherwise indicated.)</i>	
If joint owners are listed above, this will be your Contingent Beneficiary unless you check here <input type="checkbox"/> to indicate that this is your Primary Beneficiary.	
Name: _____ <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
_____ % SSN/Tax ID: _____ Relationship to Owner: _____	
Name: _____ <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
_____ % SSN/Tax ID: _____ Relationship to Owner: _____	
If more than 2 Beneficiaries then list the same information requested above in Section 7, Special Remarks, or on a separate sheet signed by the Owner and check this box. <input type="checkbox"/>	

#### 4. Premium Payment

CHECKS MUST BE MADE PAYABLE TO **THE UNITED STATE LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK (USL)**.  
Do not make checks payable to the agent or leave payee blank.

**Premium Payment:** \$ \_\_\_\_\_ **Premium Type:**  Single  Flexible  Modal *(Complete EFT Section below)*

**Method:** *(check all that apply)*  \$1035 Exchange/Trustee Transfer  Check attached  Wire transfer

**Source of Premium:**  Non-qualified  IRA  Roth IRA  Other \_\_\_\_\_  
 Qualified\* (plan type/name) \_\_\_\_\_

\* Qualified: Funds from a retirement plan such as Keogh/HR-10, 401(k), 403(b), 401(a) Defined Benefit, Money Purchase or Profit Sharing plan.

**Electronic Funds Transfer (EFT)**

**Payment Amount** *(Flex Products only)* \$ \_\_\_\_\_

**Mode:**  Monthly  Quarterly  Semi-Annually  Annually **Starting Date**(MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Account:**  Checking *(attach voided check)*  Savings *(attach deposit slip)*

**Name on Account:** \_\_\_\_\_ **Account Number:**

**Name of Institution:** \_\_\_\_\_ **ABA Routing/Transit Number:**

**Telephone Number:** \_\_\_\_\_

I authorize AGL to initiate debit entries and, if necessary, credit entries and adjustments for any debit entries in error to the account indicated above. **(Owner's initials)** \_\_\_\_\_

#### 5. Type of Annuity

*(Select one of the following.) (Not all products qualify for all sections.)*

**Type of Annuity requested:**  Non-qualified | **IRA:**  Traditional  Roth  SEP  
**Qualified Plan:**  412i  Other \_\_\_\_\_

#### 6. Annuity Product

*(Select one of the following.)*

**Single Premium**

AG HorizonEmpireSecure<sup>SM</sup> -  5 year  7 year

**Flexible Premium**

- AG HorizonFlex<sup>®</sup>
- AG Global 6 Index<sup>®</sup> Annuity - Complete the Supplemental Application
- AG Global 8 Index<sup>®</sup> Annuity - Complete the Supplemental Application

#### 7. Special Remarks

## 8. Replacement

**This section must be completed in its entirety.**

1. Do you have any existing or pending annuity contract or life insurance policy? .....  Yes  No
2. Is this annuity intended to replace or change any existing annuity contract or life insurance policy? \*  Yes  No

If you answered "yes" to question 2, always complete any applicable replacement forms required by the state. Except, however, there are certain states requiring completion of the replacement notice form even when existing or pending life insurance or annuities are not being replaced by the annuity contract being applied for; in these states, complete the replacement notice form when you answered "yes" to question 1 regardless of how you answered question 2.

\* "Replace" means that the annuity contract being applied for may replace, change or use monetary value from an existing or pending life insurance policy or annuity contract.

## 9. Owner Signatures

**On behalf of myself and any person who may claim any interest under the contract I represent all statements set forth are complete and true as written and correctly recorded to the best of my knowledge and belief. I declare: (a) that if a Market Value Adjustment feature is shown on the Owner's Acknowledgement presented with this application, I understand how this feature affects my contract, including any funds withdrawn from the contract; (b) I have read and understand the USA Patriot Act disclosure on the bottom of this page; and (c) I understand a copy of this application will be attached and made part of this contract when issued.**

Signed at \_\_\_\_\_ on \_\_\_\_\_  
CITY STATE DATE

X \_\_\_\_\_ X \_\_\_\_\_  
OWNER JOINT OWNER (IF APPLICABLE)

## 10. Agent Signatures

**The agent must complete this section in its entirety.**

- Does the Owner have any existing or pending annuity or life insurance contracts? .....  Yes  No
- To the best of your knowledge, is this annuity being purchased to replace or change any existing insurance or annuity? .....  Yes  No

I certify that the information provided by the Owner has been truthfully and accurately recorded on the application.

X \_\_\_\_\_  
AGENT/BROKER SIGNATURE

AGENT NAME (PRINT)

AGENT TELEPHONE NUMBER

### **USA PATRIOT ACT (This notice is printed in compliance with Section 326 of the USA Patriot Act)**

#### **IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE POLICY OR ANNUITY CONTRACT**

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify, and record information that identifies each person who opens an account, including an application for an insurance policy or annuity contract.

What this means for you: When you apply for an insurance policy or annuity contract, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

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

*A subsidiary of American International Group, Inc.*  
Home Office: 70 Pine Street, New York, New York 10270

**Instructions:** Please type or **print** in black ink.

This supplemental application must accompany the appropriate application for annuities.

Name of Owner \_\_\_\_\_

SSN/Tax ID \_\_\_\_\_

Complete the following section.

**Product Option:**

- AG Global 6 Index<sup>®</sup> Annuity
- AG Global 8 Index<sup>®</sup> Annuity

**Premium to be applied to the following Accounts:**

	<b>Dollar Amount</b>		<b>Percentage</b>
Fixed Interest Account	\$ _____	or	_____ %
Annual Point-to-Point with Participation Rate	\$ _____	or	_____ %
Monthly Additive with Cap	\$ _____	or	_____ %
Global Multiple Index <sup>SM</sup> with Cap	\$ _____	or	_____ %
<b>Totals</b>	\$ _____	or	<b>100%</b>

(Please complete one column only; should add up to total amount applied or 100% depending on which column is completed. If both columns are completed, allocation of premiums will be made pursuant to "Percentage" column.)

**Client Signatures**

**I understand:**

- 1) I am applying for an indexed annuity; and**
- 2) The contract does not directly participate in any stock or other equity investments.**

**My premium should be applied to the account(s) as shown above.**

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner, if applicable \_\_\_\_\_

Owner Acknowledgment  
**AG Global 6 Index® Annuity**  
**Flexible Premium Deferred Annuity**  
**(Annuity Contract Form Number 07371N; 07371NU)**

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

Administrative Office: P.O. Box 3018, Houston, TX 77253-3018 • Telephone: 888-438-6933

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**This is a summary of the provisions of your annuity, but it is not a part of your contract. Your annuity contract contains complete details.**

**General Description:** This document reviews important points to think about before you buy this deferred annuity. The AG Global 6 Index® Annuity is a flexible premium index deferred annuity issued by The United States Life Insurance Company in the City of New York ("the Company").

The AG Global 6 Index® Annuity allows you to allocate the premium among three index accounts and a fixed interest account. This annuity is **tax-deferred**, which means you postpone paying income taxes on the interest it earns until the money is paid to you.

You can use this annuity to save for retirement and to receive retirement income for life. It is not meant to be used to meet short-term financial goals. This annuity contract is available to applicants who are 85 years old and younger. The annuity contracts are issued on the 5th, 12th, 20th and 28th of each month.

**Right to Examine the Contract:** The contract may be returned within twenty days (20) (or longer, if required by your state) after delivery if you are not satisfied with it for any reason. See the contract for further explanation.

**If you have questions about this annuity, please ask your agent, broker or advisor.**

**How will the value of my annuity grow?**

The AG Global 6 Index® Annuity annuity earns interest using two (2) interest crediting methods – Index interest and fixed interest. There are three (3) index interest accounts and a fixed interest account which are described below. The factors used in calculating index interest and the declared interest rate on the fixed interest account are subject to change at any time up until the Date of Issue. The initial interest rate, Participation Rate, Index Cap and Index Spread (if applicable) can be found on page 3, the Schedule page, of the contract.

**The Index Accounts:** The index interest accounts allow the value of the annuity to grow through returns based in part on the performance of an index or multiple indices (see account descriptions for details). The amount of index interest depends in part on how the index (or indices) perform. Index-linked interest is credited to your annuity account at the end of each contract year ("Contract Anniversary"). The values of the stock market indices change daily. Index interest credited to the index interest accounts is calculated using the value of the index (or indices) on the first and last days of each contract year. Therefore the contract issue date (which in turn determines each subsequent contract anniversary) impacts interest credited. Index interest will be credited as follows:

- **Global Multiple Index Account with Cap:** This account's credited interest rate is based on an annual point-to point methodology using changes in three global indices (S&P 500® Index, the Dow Jones EURO STOXX 50® Index and the Nikkei 225<sup>SM</sup> index) over a contract year with gains subject to a weighting formula that may overweight performance in one or more indices and then to an Index Cap. After determining the gains or losses in each of the indices over the contract year, a percentage of each index will be derived based on a

pre-determined weighting with the highest performing index given the most weight. These three weighted results will be added together and compared to the Index Cap, if applicable, to obtain an interest rate. The resulting interest rate will never be less than zero. The Index Cap will be declared annually and will be in effect for one contract year.

- **Annual Point-to-Point Account with Participation Rate:** This account's credited interest rate is based on the percentage change in the S&P 500® Index over a contract year subject to a Participation Rate. The interest rate derived from this formula will never be less than zero. The Participation Rate will be declared annually and will be in effect for one contract year.\*

- **Monthly Additive Account with Cap:** This account's credited interest rate is based in part on the performance of the S&P 500® Index. The rate equals the sum of each monthly point-to-point percentage change in the S&P 500® Index (positive and negative), with the monthly change subject to an Index Cap. The resulting interest rate derived from the sum of the monthly changes will never be less than zero. The Index Cap will be declared annually and will be in effect for one contract year.

**Fixed Interest Account:** The fixed interest account initial interest rate is guaranteed to be in effect for the first contract year. A new interest rate will be declared annually in advance of each contract anniversary and will be guaranteed for the following contract year.

Interest is credited daily and compounded daily to achieve the annual declared rate. The declared interest rate for the Fixed Interest Account will never be less than 1%.

\*While we have no intention of adding an Index Cap or Index Spread (charge), we reserve the right to do so if conditions warrant.

**Interim Account:** All premiums received after the contract has been issued will be allocated to the Interim Account. On each contract anniversary, the balance in the Interim Account will be automatically allocated to each of the available interest crediting accounts based on the premium allocation selection made at the time the contract was issued. If, however, an Account Value reallocation occurred, then the most recent previous Account Value reallocation percentage(s) will be used.

The Company will declare an initial credited interest rate for the Interim Account, which will be guaranteed for the first contract year. The minimum guaranteed credited interest rate for the Interim Account is 1%.

**Can I take funds out of my annuity contract?**

Each contract year, you are allowed to withdraw up to 10% of the Annuity Value (the single-premium contribution, plus interest, plus bonus, minus any withdrawals) as of the previous contract anniversary (or 10% of the single premium if the withdrawal is in the first contract year) without a Withdrawal Charge.

**Guaranteed Minimum Withdrawal Benefit (GMWB):**

The rider guarantees the owner the right to receive payments each contract year up to an amount equal to the Rider Benefit Amount. As long as no Excess Withdrawals are taken, this rider guarantees that the Rider Benefit Amount withdrawals will be available for life and will never decrease, without the need to annuitize the contract, even if the annuity value declines to zero.

Please see the Guaranteed Minimum Withdrawal Benefit (GMWB) Rider for full a description of the benefits and restrictions associated with this rider.

**What income plans are available from my annuity?**

You may use this contract to create a fixed income for life or for a specified period of time. This is called “annuitizing or annuitization” of your contract. The Annuity Value will be applied to compute the income payments if annuitization occurs after the first (1st) contract year and the income plan selected is either life contingent or for a certain period equal to 5 years or more. Otherwise, withdrawal charges and a market value adjustment may apply. Your annuity contract describes your income plan options in detail.

The amount of income paid under an income plan will depend on the amount applied to purchase the income plan, less premium tax, if any. If any Life Income plan is selected, the annuitant’s age and gender are also used to determine the income payment amount.

Income Plan options are described below and may be available on a single life or joint life basis. Payments may be set up under one of these Income Plans or under another agreeable plan.

- **Life Income:** Pays income for as long as you live.
- **Life Income with Period Certain:** Pays income for as long as you live. If you die within the “period certain,” the income payments will be continued to your beneficiary for the rest of the period.
- **Period Certain:** Pays income for a specified period of years.

- **Life Income with Installment Refund:** Pays income for as long as you live. If you die prior to receiving income payments totaling (or exceeding) the value used to purchase the payout, payments will be continued to your beneficiary until the such value is recovered.

**What happens if I take out some or all of the money from my annuity?**

**Withdrawal Charges:**

Also known as surrender charges; when you take money from your annuity, a charge might be assessed during the first six contract years. If you take out all (a full surrender) or part (a partial withdrawal) of the money during the first six contract years, you also may have to pay a withdrawal charge if the amount withdrawn exceeds the 10% allowed. The amount of the charge depends on how long you’ve had the annuity and how much you withdraw. There is no withdrawal charge beginning in the seventh contract year.

Here’s how the withdrawals charges are calculated:

Contract Year	1	2	3	4	5	6	7	8	9+
Withdrawal Charge	8%	7	6	5	4	3	0	0	0

*Example:* On your fifth contract anniversary, your Annuity Value is \$10,000, and a month later you want to withdraw \$1,200. Since \$1,200 is more than the 10% allowed out of the Annuity Value (\$10,000 x 10% = \$1,000), your withdrawal charge is \$200 x 3% = \$6.

**Are there other circumstances where I can access the Annuity Value in my contract?**

**Extended Care Rider:** Not available in all states. Withdrawal charges may be waived in the event an owner receives qualifying extended care. The Rider provides:

- Extended care must begin at least one year after the Date of Issue of the contract;
- Extended care must be provided in a Qualified Institution (as defined in the Rider) for at least 90 consecutive days; and
- Coverage terminates on the earliest of the date on which any Owner becomes age 86, or the date on which the annuity contract is terminated or surrendered.

**Required Minimum Distribution:** The Internal Revenue Code (“IRC”) directs that a minimum amount of retirement benefits must be paid from tax-qualified or IRA contracts each year beginning the year in which the contract owner attains age 70 1/2. A distribution equal to the required minimum distribution as determined under IRC §401(a)(9) and its accompanying U.S. Treasury regulations will be:

- without withdrawal charge at any time after the date of issue and before the annuity date;
- will count against the 10% free withdrawal amount, thereby reducing or possibly eliminating the ability to take other free withdrawals within a contract year.

## What happens after I die?

If you die before you begin receiving income payments from your annuity, your beneficiary may choose to receive the Annuity Value without withdrawal charges as of the date of death in a lump sum or as permitted by IRS guidelines. If there are Joint Owners, the death benefit will be payable upon the death of the first owner to die (some exceptions apply). If you die after income payments begin, payments will end unless the income plan chosen calls for payments to continue after your death. Special exceptions apply if the sole beneficiary is the spouse of the owner. Please refer to the annuity contract for full details regarding death benefits.

## TAXES:

### How will payouts and withdrawals from my annuity be taxed?

This annuity is tax-deferred, which means you do not pay income taxes on the interest it earns until the money is withdrawn. For contracts purchased with qualified funds, payouts and withdrawals are fully-taxable.

When you take payouts or make a withdrawal, you pay ordinary income taxes on the earned interest and any payments not previously taxed. Withdrawals from your annuity prior to age 59 1/2 might be subject to a federal income tax penalty, currently ten percent (10%) of the taxable portion of the amount withdrawn. If your state imposes a premium tax, it will be deducted from the amount you receive when you annuitize your contract.

You can exchange one tax-deferred annuity for another without paying taxes on the earnings when you make the exchange. Before you do, compare the benefits, features and costs of the two annuities. You may pay a surrender charge if you make the exchange during the first ten years you own the annuity.

### Does buying an annuity in a retirement plan provide extra tax benefits?

Buying an annuity within an IRA, 401(k) or other tax-deferred retirement plan does not give you any extra tax benefits. Choose your annuity based on its other features and benefits as well as its risks and costs, not its tax benefits.

## OTHER IMPORTANT INFORMATION:

### What else do I need to know?

**The Owner is allowed to transfer account values between the interest crediting accounts on each contract anniversary without a withdrawal charge. There are no restrictions as to the minimum amount of funds in any one account.**

- **This annuity is designed for people to meet their long-term financial goals.**
- **This annuity does not participate in any stock or equity investments. You are not purchasing shares of stock or an index. Dividends paid on the stocks on which the indexes are based do not increase you annuity earnings.**
- **A statement of your account, along with a reallocation notice, and GMWB information will be provided once each contract year.**
- **The Company may change your annuity contract from time to time to follow federal or state laws and regulations. If changes are required, you will be notified about the changes in writing.**
- **The Company pays the agent, broker or firm for selling the annuity to you.**
- **The contract matures on the Annuity Date shown on the Contract's schedule page, page 3. The maturity age will be Annuitant age 100 (state variations may apply).**

### What should I know about the insurance company?

The United States Life Insurance Company in the City of New York offers a wide variety of retirement and financial security products, including life insurance and annuities. The most prominent independent rating agencies continue to recognize The United States Life Insurance Company in the City of New York in terms of insurer financial strength and claims-paying ability.

The United States Life Insurance Company in the City of New York  
Administrative Office:  
2727-A Allen Parkway  
Houston, TX 77019  
888-438-6933  
www.uslife.com

**OWNER'S STATEMENT:** The undersigned owner(s) acknowledges that the annuity contract is a 6 year contract. Withdrawals during the 6 year contract period may be subject to withdrawal charges as described in this Owner's Acknowledgement.

The undersigned Owner(s) acknowledges that:

- (a) I (we) have read and understand the above items;
- (b) I (we) have received a copy of this Owner Acknowledgment;
- (c) I (we) understand that the purchase of this product does not represent participation in the stock market, the S&P 500, the Dow Jones EURO STOXX 50 , the Japan Nikkei 225 Index or the stocks that make up these indices;
- (d) I (we) have paid an initial premium of \$\_\_\_\_\_ to purchase an annuity from The United States Life Insurance Company in the City of New York; and
- (e) I (we) have received The Buyer's Guide to Annuities and the Index Annuity Appendix, if required by my state.
- (f) I (we) have received the Disclosure for Equity-Index Annuity Contracts.
- (g) For the various index accounts, the current percentages are:
  - \_\_\_\_\_% Index Cap for Global Multiple Index Account;
  - \_\_\_\_\_% Participation Rate for Annual Point-to-Point Account;
  - \_\_\_\_\_% Index Cap for Monthly Additive Account.

These percentages will change annually and the contract will be issued with the percentages currently in effect as of your contract effective date.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

OWNER'S NAME (Please Print)	OWNER'S SIGNATURE
JOINT OWNER'S NAME, IF ANY (Please Print)	JOINT OWNER'S SIGNATURE

**AGENT'S STATEMENT:** The undersigned agent acknowledges that he/she has:

- (a) Provided accurate information to the client regarding indexed annuities.
- (b) Marketed this product as an alternative to traditional fixed annuities and not as a substitute for mutual funds or other equity investments.
- (c) Made the client aware that this product has the potential to lose money if withdrawn in the short-term and is designed to be a long-term savings product.

AGENT'S NAME (Please Print)	AGENT'S SIGNATURE
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<sup>1</sup>S&P 500® is a trademark of The McGraw-Hill Companies, Inc. and has been licensed for use by USL. The annuity product depicted in this disclosure is not sponsored, endorsed, sold or promoted by Standard & Poor's and Standard and Poor's makes no representation regarding the advisability of purchasing the product.

<sup>2</sup>The Dow Jones EURO STOXX 50® Index is the intellectual property of (including registered trademarks) Stoxx Limited, Zurich, Switzerland and/or Dow Jones & Company, Inc., a Delaware Corporation, New York, USA, (the "Licensors"), which is used under license. The product that is based on the Index are in no way sponsored, endorsed, sold or promoted by the Licensors and neither of the Licensors shall have any liability with respect thereto.

<sup>3</sup>The Nikkei Stock Average ("Index") is an intellectual property of Nikkei Inc.\* "Nikkei", "Nikkei Stock Average", and "Nikkei 225" are the service marks of Nikkei Inc. Nikkei Inc. reserves all the rights, including copyright, to the Index. Nikkei Digital Media, Inc., a wholly owned subsidiary of Nikkei Inc. calculates and disseminates the Index under exclusive agreement with Nikkei Inc. Nikkei Inc. and Nikkei Digital Media Inc. are collectively "Index Sponsor".

\* Formerly known as Nihon Keizai Shimbun, Inc. Name changed on January 1, 2007.

The Products are not in any way sponsored, endorsed or promoted by the Index Sponsor. The Index Sponsor does not make any warranty or representation whatsoever, express or implied, either as to the results to be obtained as to the use of the Index or the figure at which the Index stands at any particular day or otherwise. The Index is compiled and calculated solely by the Index Sponsor. However, the Index Sponsor shall not be liable to any person for any error in the Index and the Index Sponsor shall not be under any obligation to advise any person, including a purchaser or vendor of the Products, of any error therein.

In addition, the Index Sponsor gives no assurance regarding any modification or change in any methodology used in calculating the Index and is under no obligation to continue the calculation, publication and dissemination of the Index.

This contract is not insured by the FDIC, the Federal Reserve Board or any similar agency. The contract is not a deposit or other obligation of, nor is it guaranteed or endorsed by any bank or depository institution. This Owner's Acknowledgement is designed to give you an overview of AG Global 6 Index® Annuity from The United States Life Insurance Company in the City of New York (The United States Life Insurance Company in the City of New York). State variations may apply. It is not meant to be a substitute for the actual contract.

AG Global 6 Index® Annuity issued by:

The United States Life Insurance Company in the City of New York  
Administrative Office: 2727-A Allen Parkway, Houston, Texas 77019

Flexible-Premium Deferred Annuity Contract Number 07371 (AG Global 6 Index® Annuity and AG Global 8 Index® Annuity)

Extended Care Rider Form Number 04049 or 03049

Monthly Additive Account with Cap Rider Form Number 05200

Annual Point-to-Point Account Rider Form Number 05201

Global Multiple Index Account with Cap Rider Form Number 07611

Guaranteed Minimum Withdrawal Benefit Rider Form Number 07760

The underwriting risks, financial obligations and support functions associated with the annuities issued by The United States Life Insurance Company in the City of New York (USL) are its responsibility. The United States Life Insurance Company in the City of New York is responsible for its own financial condition and contractual obligations. The United States Life Insurance Company in the City of New York does not solicit business in the state of New York. Annuities and riders may vary by state and are not available in all states.

The licensed insurance company underwriting the product is solely responsible for its own financial condition and its contractual obligations. Guarantees are subject to the claims-paying ability of The United States Life Insurance Company in the City of New York. Withdrawals may be subject to Federal and/or State income taxes. A 10% Federal penalty tax may apply to the taxable portion if you make withdrawals or surrender your annuity before age 59 1/2. Annuity owners should consult a tax advisor regarding their specific situation.

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

Administrative Office: P.O. Box 3018, Houston, TX 77253-3018

The United States Life Insurance Company in the City of New York requires that the licensed agent determine whether the purchase of an annuity is consistent with your financial needs and objectives. The information below will be used to assist in determining whether the recommended annuity purchase is suitable for you.

This form must be completed in its entirety. Incomplete forms will be rejected and result in delayed processing. If the client chooses not to disclose certain financial information, then 'Refused' should be marked – the question should not be left blank.

*The Client Profile form should be completed with the contract owner's information. If the contract owner is a revocable trust, then the form should be completed using the trust grantor's information.*

**Personal Information**

<b>Owner Name:</b>	<b>Age:</b> (A)	<b>Product Type:</b> (B)  <input type="checkbox"/> Single Premium Immediate Annuity (SPIA) <input type="checkbox"/> Fixed Traditional Deferred Annuity <input type="checkbox"/> Fixed Index Deferred Annuity If SPIA is selected above, is the income option Life Only? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Owner Type:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Pension Plan <input type="checkbox"/> Other: _____		
Home Phone:	Work Phone:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	Spouse's Name:	Spouse's Age:

**Premium Information**

<b>Actual or Estimated Premium Amount:</b> \$ _____ (C)
<p><b>Source of Funds</b> (check all that apply):</p> <p><b>Note: if there are multiple sources of funds, the information requested below must be provided for each source. Attach a separate sheet (signed and dated by the client) if necessary.</b></p> <p> <input type="checkbox"/> Annuity    <input type="checkbox"/> Certificates of Deposit (CDs)    <input type="checkbox"/> Cash with Application    <input type="checkbox"/> IRA Transfer/Rollover  <input type="checkbox"/> Life Insurance    <input type="checkbox"/> Other: _____                 </p> <p>Are there any other surrender charges, settlement fees or penalties associated with the source(s) of premium indicated above (if source is an existing annuity, please see additional annuity questions below):</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please explain: _____</p> <p>Additional annuity questions:</p> <p>Will any of your sources of funds incur a Market Value Adjustment (MVA)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, indicate estimated amount: \$ _____ (indicate +/-)</p> <p>If positive, will MVA exceed any remaining surrender charges? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is the current interest rate? _____%    When is the contract anniversary? _____/_____/_____</p>

**Financial Profile**

<p>What is your estimated monthly household income? <b>(D)</b></p> <p><input type="checkbox"/> \$ _____</p> <p><input type="checkbox"/> Non-natural Owner—Not Applicable</p> <p><input type="checkbox"/> Refused</p> <p>What is the source of your income?</p> <p><input type="checkbox"/> Employment      <input type="checkbox"/> Pension      <input type="checkbox"/> Social Security</p> <p><input type="checkbox"/> Withdrawals from IRA/qualified plan    <input type="checkbox"/> Refused</p>	<p>What are your estimated monthly fixed expenses (housing, Insurance, food, etc.)? <b>(E)</b></p> <p><input type="checkbox"/> \$ _____</p> <p><input type="checkbox"/> Non-natural Owner—Not Applicable</p> <p><input type="checkbox"/> Refused</p>
<p>What is your estimated total net worth, excluding your personal residence and liquid assets? <i>This would include the value of the annuity being purchased, retirement accounts, real property &amp; other individual investments, deferred compensation, annuities, life insurance cash value, Etc.</i> <b>(F)</b></p> <p><input type="checkbox"/> \$ _____</p> <p><input type="checkbox"/> Refused</p>	<p>What is the estimated total value of your liquid assets? <i>Liquid Assets include bank accounts, CD's, money market funds, mutual funds, &amp; brokerage accounts.</i> <b>(G)</b></p> <p><input type="checkbox"/> \$ _____</p> <p><input type="checkbox"/> Refused</p>
<p>When do you anticipate needing access to more than the free withdrawal amount from these funds? <b>(H)</b></p> <p><input type="checkbox"/> Within 3 years                      <input type="checkbox"/> Longer than 10 years</p> <p><input type="checkbox"/> 4 to 5 years                          <input type="checkbox"/> Funds will not be needed</p> <p><input type="checkbox"/> 6 to 10 years                         <input type="checkbox"/> Not Applicable -Income Annuity</p> <p><input type="checkbox"/> Refused</p>	<p>What is your time frame for achieving your goals for these funds? <b>(I)</b></p> <p><input type="checkbox"/> Less than 1 year      <input type="checkbox"/> 10 to 14 years</p> <p><input type="checkbox"/> 1 to 4 years            <input type="checkbox"/> Longer than 15 years</p> <p><input type="checkbox"/> 5 to 9 years            <input type="checkbox"/> Not Applicable -Income Annuity</p> <p><input type="checkbox"/> Refused</p>
<p>What is your estimated federal tax bracket?</p> <p><input type="checkbox"/> 10%                                      <input type="checkbox"/> 33%</p> <p><input type="checkbox"/> 15%                                      <input type="checkbox"/> 35%</p> <p><input type="checkbox"/> 25%                                      <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> 28%                                      <input type="checkbox"/> Refused</p>	<p>What are your plans for the funds under consideration?</p> <p><input type="checkbox"/> Estate Planning                      <input type="checkbox"/> Tax Savings                      <input type="checkbox"/> Income</p> <p><input type="checkbox"/> Growth for Future                    <input type="checkbox"/> Safety of Principal              <input type="checkbox"/> Retirement</p> <p><input type="checkbox"/> Child's Education                    <input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Other _____</p>
<p>What types of products or investments have you previously purchased or currently own?</p> <p><input type="checkbox"/> CDs                                      <input type="checkbox"/> Stocks                                      <input type="checkbox"/> Annuities                                      <input type="checkbox"/> Life Insurance</p> <p><input type="checkbox"/> Bonds                                      <input type="checkbox"/> Other _____                                      <input type="checkbox"/> Mutual Funds                                      <input type="checkbox"/> Refused</p>	

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Client Acknowledgement**

<p><b>By signing this form, I affirm:</b></p> <p><b>a. For deferred annuities, I understand that once I agree to purchase the product, access to these funds (in excess of the free withdrawal amount) during the withdrawal charge period may result in a penalty;</b></p> <p><b>b. the information on this form was obtained prior to the purchase of the annuity; and</b></p> <p><b>c. the information on this form is correct.</b></p> <p>Signed this _____ day of _____, 2_____.</p>	
<p>Client's Name (Please print) _____</p>	<p>Client's Signature _____</p>
<p>Agent's Name (Please print) _____</p>	<p>Agent's Signature _____</p>

**DISCLOSURES**

**For NJ residents only:** The sale and suitability of annuities is regulated by the Department of Banking and Insurance, and you may obtain assistance by contacting 609-292-7272 or 1-800-446-7467, or by visiting the Department's website at [www.njdobi.org](http://www.njdobi.org).



# INSURANCE DEPARTMENT OF THE STATE OF NEW YORK

## DEFINITION OF REPLACEMENT

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

- (1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- (2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- (3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- (4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- (5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- (6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID?  
Yes \_\_\_\_\_ No \_\_\_\_\_

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE DEPARTMENT REGULATION NO. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE **IMPORTANT NOTICE** REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

**DATE:** \_\_\_\_\_ **SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNATURE OF APPLICANT:** \_\_\_\_\_

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION: Yes \_\_\_\_\_ No \_\_\_\_\_

**DATE:** \_\_\_\_\_ **SIGNATURE OF AGENT:** \_\_\_\_\_