

American General Life Insurance Company (AGL)

A subsidiary of American International Group, Inc.
P.O. Box 3018, Houston, TX 77253-3018 888-438-6933



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

For Missing Documents	For Case Follow-up
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:

American General
Annuity Service Center B-F5
P.O. Box 3018, Houston TX 77253-3018

Overnight Mail:

American General
Annuity Service Center B-F5
2727-A Allen Parkway, Houston, TX 77019-7100

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

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

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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 American General Life)
- 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: #ccc;">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 ____% PLUS Percent to 2nd Agent ____%</p> <p>PLUS Percent to Others _____% = TOTAL PERCENT 100%</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

American General Life Insurance Company

A subsidiary of American International Group, Inc.

This form **MUST** be completed and returned to American General Life Companies 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 American General Life Companies 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

American General Life Insurance Company

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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 American General 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 American General 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.**

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Home Office: 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.

1. Owner	<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: _____
<input type="checkbox"/> Trust Date of Trust (MM/DD/YYYY): ____/____/____ <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____	
NON-NATURAL OWNER	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>
2. Annuitant	<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.	
3. Beneficiary Information	<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: _____	
<i>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"/></i>	

4. Premium Payment

CHECKS MUST BE MADE PAYABLE TO **AMERICAN GENERAL LIFE INSURANCE COMPANY**. 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 Traditional

- AG HorizonMYGSM
- AG HorizonPlus
- AG HorizonSelect[®] - 5 year 7 year 10 year
- AG HorizonSecure - 5 year 7 year
- AG HorizonAchieverSM

Flexible Premium Traditional

- AG HorizonFlex[®]

Single Premium Index - Must complete the Supplemental Application

- AG HorizonIndex[®]
- AG VisionAdvantage[®]
- AG VisionMaximizer[®]
- AG Global Bonus Index[®] Annuity

Flexible Premium Index - Must complete the Supplemental Application

- AG Global 6 Index[®] Annuity
- AG Global 8 Index[®] Annuity

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 disclosures on page 4 of this application; 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

Disclosures

For Arizona Residents Only: Upon written request, we will provide you with factual information regarding the benefits and provisions of the annuity contract for which you are applying. If you are not satisfied with your annuity contract for any reason, you may return it within 20 days (30 days if you were age 65 or above on the date of application) after receipt for a refund of premium.

REDEMPTIONS FROM QUALIFIED PLANS: Distributions from employer-sponsored retirement programs will be subject to any limitations imposed by the plan.

FRAUD WARNING (Please check the box next to the appropriate signature state if listed.)

- Arkansas, North Dakota, Ohio, South Dakota and Texas Residents Only:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.
- Colorado Residents Only:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory agencies.
- Kentucky, New Mexico and Pennsylvania Residents Only:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- Florida Residents Only:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.
- District of Columbia, Louisiana, Maryland and Massachusetts Residents Only:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- New Jersey Residents Only:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- Oklahoma Residents Only:** Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- Tennessee Residents Only:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
- Maine, Virginia and Washington Residents Only:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

In all other states: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

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.

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Telephone: 888-438-6933

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: The AG HorizonFlex® Annuity is a flexible premium deferred annuity issued by American General Life Insurance Company. This product, as with most annuities, is designed to be a long-term savings product and has the potential to lose money if withdrawn in the short-term.

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?

EFFECTIVE ANNUAL INTEREST RATE (GUARANTEED PERIOD):

Effective annual credited interest rates on the amount of any premium payment is guaranteed to be in effect for one year from the date of receipt of the payment by the Company. To achieve this rate, the premium payment must be left on deposit for one full contract year without any withdrawals. Interest is credited and compounded daily to achieve the annual rate.

Interest will be credited to the Annuity Value subject to the following:

- The declared interest rate credited to the initial premium payment, which is found in the Owner's Statement section, will be in effect for the first contract year.
- Interest on additional premium payments received during the first contract year will be credited for one year at a rate equal to the sum of: (a) the then current interest rate in effect at the time such additional payment was received; plus (b) a 2% Interest Bonus.
- Interest on premium payments received after the first contract year will be credited for one year at the then current interest rate in effect at the time such payment was received.
- On each anniversary of each premium payment interest may continue to be credited at the same rate for one additional year or a new current interest rate may be applied. Each new rate will be in effect for one year.

INTEREST BONUS: The amount of interest credited to each premium payment received during the first contract year will be increased by an additional 2%. Each premium payment received during the first contract year will receive the Interest Bonus for one year from the date of receipt of the payment.

MINIMUM GUARANTEED INTEREST RATE: After the Multi-Year Guarantee Period expires, the effective annual interest rate declared for or after any Subsequent Guarantee Period will be the rate in effect on the contract anniversary and is guaranteed to always be at least **1.0%**.

Can I take funds out of my annuity contract?

Each contract year, the Owner is allowed to withdraw up to 10% of the Annuity Value 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. Systematic Withdrawals can be set up to begin 30 days after the Contract Date of Issue.

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 eight contract years. If you take out all (a full surrender) or part (a partial withdrawal) of the money during the first eight 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 ninth contract year.

Here's how the withdrawal charges are calculated:

Contract Year	1	2	3	4	5	6	7	8	9+
Withdrawal Charge	8%	8	8	7	6	5	3	1	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 5% = \$10.

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 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 fifth (5th) 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 such value is recovered.

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 eight 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 should I know about the insurance company?

What else do I need to know?

- This annuity is designed for people to meet their long-term financial goals.
- A statement of your account 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).

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

American General Life Insurance Company
2727-A Allen Parkway
Houston, TX 77019
888-438-6933
www.americangeneral.com

SALES ILLUSTRATION: A sales illustration at the minimum guaranteed interest rate(s) projected for the lesser of 35 years or to date of maturity was was not presented to me. (check one)

OWNER'S STATEMENT: The undersigned owner(s) acknowledges that he/she

- (a) has read and understands the above items;
- (b) agrees this product meets his/her individual needs and he/she does not knowingly have need of these funds except for those provided for within the contract within the timeframe of the withdrawal charge period;
- (c) has received a copy of this acknowledgment; and
- (d) understands that the interest on the initial premium payment will be credited for one year at _____ % (The rate shown includes a 2% bonus).
- (e) certifies that he/she has paid an initial premium of \$ _____ (Actual Premium or Estimated Premium) to purchase an annuity from American General Life Insurance Company.
- (f) I (we) have received The Buyer's Guide to Fixed Deferred Annuities, if required by my state.

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: I have provided accurate information to the client regarding this annuity. I have made my 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

American General Life Insurance Company

Name of current Company/Trustee/Custodian:		Owner(s):	
Street Address to send Exchange/Transfer request:		Owner's Email Address is Required (If none exists, enter NA):	
City:	State:	Zip:	SSN(s):
Telephone Number:		Policy/Contract/Account Number(s):	
Annuitant(s)/Insured:			

Instructions for Releasing Financial Institution: Request for: 1035 Exchange Trustee-to-Trustee Transfer
 Liquidate: All Part \$ _____ or _____% (GROSS/NET of charges and fees) of my account balance.
circle one

The Company, owner of the above referenced contract/certificate, does hereby request immediate surrender of the above referenced contract/certificate as authorized by an Officer of the Company in the accompanying Letter of Acceptance.

1035 EXCHANGE (Absolutely assigning and exchanging an existing life insurance policy or nonqualified annuity contract.)

- Section 1035 of the Internal Revenue Code permits certain nontaxable exchanges of insurance policies and annuity contracts/ certificates. It is my intention that this transfer qualify as a Section 1035 exchange and that no portion of this exchange be actually or constructively received by me. The Company makes no representation concerning my tax treatment for this transaction and has neither responsibility nor liability for my tax treatment.
- I understand the exact amount of the proceeds may vary depending upon the date of transfer and I agree to execute any additional documents required to complete the transfer.
- I understand that the exchange is not complete if the current company issuing the contract is unable or unwilling to pay the value of the above referenced policy/ contract(s)/certificate(s) to the Company.
- I understand that as of the date of surrender of the policy/contract/certificate by the current company, the surrendered policy/contract/certificate no longer provides any coverage and the new contract is not in effect until the Company approves the new contract and receives the funds.
- I represent and warrant that no person, firm, or corporation has a legal or equitable interest in the policy/contract/certificate except the undersigned, and that no proceedings of either legal or equitable nature have been instituted or are pending against the undersigned. In addition, I certify that the policy/contract/certificate has not been assigned or pledged as collateral.

I certify that the current policy/contract/certificate is:
 ENCLOSED (policy/contract/certificate is attached) LOST OR DESTROYED (The policy/contract/certificate is lost or destroyed).

I hereby absolutely assign and transfer to the Company (as checked above) all of my rights, title, and interest of every nature in and to the above referenced policy/contract/certificate including, but not limited to the right to surrender, assign, transfer, or change beneficiary.
 Type of Assets to be transferred: Life Insurance Non Qualified Annuity

TRUSTEE-TO-TRUSTEE TRANSFER (Qualified plan transfers, nonqualified transfers or direct rollovers)

I hereby authorize my current trustee/custodian to liquidate and transfer the assets from the above named account to the Company.
 Type of assets to be transferred: IRA Qualified Retirement Plan Roth IRA Nonqualified (CD or other savings) Other _____

SIGNATURES

X _____ **X** _____
 Owner Date Joint Owner (if applicable) Date

LETTER OF ACCEPTANCE

The above named individual has established a Qualified or Non-Qualified Annuity with American General Life Insurance Company. We will accept the transfer of cash assets currently held in your plan for placement into the Qualified or Non-Qualified Annuity established with American General Life Insurance Company.

By: _____
 Authorized Representative of American General Life Insurance Company Date

Checks should be made payable to: American General Life Insurance Company, FBO the Owner, and Contract Number _____.
 B-F5, P.O. Box 3018, Houston, TX 77253-3018 or 2727 A Allen Parkway, B-F5, Houston, TX 77019

For a Section 1035(a) exchange, please provide us with the pre and post TEFRA cost basis.

American General Life Insurance Company

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

American General Life Insurance Company 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

Owner Name:	Age:	(A)	Product Type:	(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	
Owner Type: <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

Actual or Estimated Premium Amount: \$ _____	(C)
Source of Funds (check all that apply): 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. <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"/> Reverse Mortgage <input type="checkbox"/> Other: _____	
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): <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	
If Yes, surrender charge(s)/fee(s) amount: _____ (circle one) Dollars / Percent	
Additional annuity questions: Will any of your sources of funds incur a Market Value Adjustment (MVA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate estimated amount: \$ _____ (indicate +/-) If positive, will MVA exceed any remaining surrender charges? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the current interest rate? _____% When is the contract anniversary? _____/_____/_____	

Financial Profile

<p>What is your estimated monthly household income? (D)</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.)? (E)</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 & other individual investments, deferred compensation, annuities, life insurance cash value, Etc.</i> (F)</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, & brokerage accounts.</i> (G)</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? (H)</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? (I)</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"/> Reverse Mortgage <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Refused</p> <p><input type="checkbox"/> Other _____</p>	

Additional information: _____

Client Acknowledgement

<p>By signing this form, I affirm:</p> <p>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;</p> <p>b. the information on this form was obtained prior to the purchase of the annuity; and</p> <p>c. the information on this form is correct.</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.

Producer Compensation Disclosure Worksheet

Customer Name: _____

1. Name of Insurance Company: _____

2. I have disclosed that I represent the insurer above and will be providing services to the customer on behalf of that insurer and I will be receiving a commission for these services.

3. For producers who are also acting as broker or receiving compensation from the customer for services performed (attaching a separate written agreement with the required customer compensation information is an acceptable alternative to completing the remainder of this worksheet):

- I have disclosed below the amount of compensation from the insurer. If not known at this time, I have disclosed the method used for calculating the compensation from the insurer.

- The specific services I am providing the customer for which a fee may be charged are as follows:

- The amount(s) for the service(s) described above are as follows:

Notes: _____

ACKNOWLEDGEMENT: The compensation has been disclosed to me as documented on this worksheet.

Customer Signature _____ Date _____

Note to the Producer: Please consult the latest field bulletin for information regarding any additional state-specific compensation requirements that may apply, including when this worksheet should be presented to the customer, description of insurer compensation calculation, or if a completed copy of the disclosure and any attached documents must remain with the customer. Satisfaction of any such additional requirements may be described in the Notes section above or on a separate document attached to this worksheet.

Producer Signature _____ Date _____

Producer retain for your records