

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; 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 ____% 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 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.

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.

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 NAME (PRINT) FLORIDA LICENSE NUMBER

AGENT/BROKER SIGNATURE AGENT TELEPHONE NUMBER

Disclosures

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

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 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).**

What should I know about the insurance company?

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 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

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.

INSTRUCTIONS FOR COMPLETING FLORIDA SENIOR SUITABILITY FORMS

****DO NOT INCLUDE WITH SUBMITTED FORM****

- Florida passed legislation that mandates new suitability requirements for Florida Applicants aged 65 or older
- For applications dated on or after December 25, 2009
- **Applies to any party to the annuity contract who is age 65 or older – including Owner , Annuitant, and, if applicable, Joint Owner, Joint Annuitant and Payee**

The Florida Office of Insurance Regulation has finalized rules necessary to implement legislation adopted in 2008 related to sales of annuities to senior consumers. As a part of the legislative requirements, the Florida Department of Financial Services adopted a form for use in ensuring that, prior to making an annuity sales recommendation to a Florida senior, producers obtain specified personal and financial information relevant to the suitability of the sale.

Effective December 25, 2009, producers who sell annuity products in the State of Florida to persons aged 65 years or older are required to complete and sign DFS-H1-1980, and, for replacement annuities, DFS-H1-1981. Such forms must be submitted with the annuity application. **The applicable form(s) must be completed if any party to the annuity contract (Owner, Annuitant, Joint Owner, Joint Annuitant, Payee) is age 65 or older.**

For Florida seniors, these forms are to be used instead of the Client Profile form (AGLC101269). For Florida Applicants aged 64 or less, either our Client Profile or DFS-H1-1980 may be used. **Please note that Florida applications will not be accepted if the appropriate suitability forms are not included.**

For Form DFS-H1-1980 (Annuity Suitability Questionnaire):

- Page 4 of the form includes an Explanation of Terms that may be used to help guide completion of the application; **note that this page also requires the Applicant's signatures.**
- Each space must be completed.
- If the information requested is not applicable to the sale, enter "NA" in the appropriate space.
- If an Applicant chooses not to provide some information, enter "Not provided" in the appropriate space.
- If an Applicant chooses to provide limited information or none at all, check the appropriate box on page 3.
- In all cases, the producer must complete the section at the top of page 3
- In all cases, the form must be signed by the agent and **each page must be signed by the Applicant**, including the joint Applicant, as applicable.
- **All four pages of the form, signed by the Applicant, must be submitted with the application.**
- **A completed and signed copy of the Questionnaire is to be left with the Applicant.**

Please contact your profit center marketing area if you have questions.

FOR AGENT USE ONLY – NOT FOR DISSEMINATION TO THE PUBLIC

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DEPARTMENT OF FINANCIAL SERVICES

Division of Agent & Agency Services - Bureau of Investigation

ANNUITY SUITABILITY QUESTIONNAIRE

PROPOSED ANNUITANT'S PERSONAL INFORMATION

Name: Last _____ First _____ Middle _____
Date of Birth ____ / ____ / ____ Age _____ Sex _____ Tax Status _____
Number and Age of Dependents: _____

JOINT ANNUITANT INFORMATION

Name: Last _____ First _____ Middle _____
Date of Birth ____ / ____ / ____ Age _____ Sex _____ Tax Status _____
Number and Age of Dependents: _____

APPLICANT/OWNER OTHER THAN ANNUITANT/JOINT ANNUITANT

Owner: Last _____ First _____ Middle _____
Date of Birth ____ / ____ / ____ Age _____ Sex _____
Entity: _____
Tax Status _____ Relationship to Annuitant(s): _____
Form of Ownership: _____
Supporting documents (list): _____

	APPLICANT	JOINT ANNUITANT
Annual Income:		
Source of Income:		
Annual Household Income:		
Net Worth:		
Liquid Assets:		

Do you currently own any annuities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		
Do you currently own life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list:		

_____/_____
Applicant's Signature Date

_____/_____
Joint Applicant's Signature Date

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DEPARTMENT OF FINANCIAL SERVICES

Division of Agent & Agency Services - Bureau of Investigation

ANNUITY SUITABILITY QUESTIONNAIRE

	APPLICANT	JOINT ANNUITANT
Does your income cover all your living expenses including medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Do you expect changes to your living expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Do you anticipate changes in your out-of-pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explain:		
Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please explain:		
Do you have an emergency fund for unexpected expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please explain:		
Why are you purchasing this annuity?		

What are your investment objectives? (Check all that apply)

- Income Growth (long term) Safety of Principal and Income
- Safety of Principal and Growth Pass assets to a beneficiary or beneficiaries at death
- Other: _____

Describe your risk tolerance: (Check all that apply)

- Conservative Moderately conservative Moderate Moderately aggressive
- Aggressive Other: _____

Comments: _____

Describe your investment experience by type and length of time: _____

What is the source of the funds for the purchase of the proposed annuity? _____

How long do you plan to keep the proposed annuity? _____

Will the proposed annuity replace any product? Yes No

If yes, will you pay a penalty or other charge to obtain these funds? Yes No

If yes, the amount of the charge or penalty \$ _____ .

_____ Applicant's Signature	_____ Date	_____ Joint Applicant's Signature	_____ Date
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DEPARTMENT OF FINANCIAL SERVICES

Division of Agent & Agency Services - Bureau of Investigation

ANNUITY SUITABILITY QUESTIONNAIRE

Note:

This section to be completed by the agent, insurer, or Managing General Agent proposing purchase

Advantages of purchasing the proposed annuity: _____

Disadvantages of purchasing the proposed annuity: _____

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies):

Agent's Signature

Date Signed

Note: No questions or response areas are to be left blank when offered to the Annuitant and/or Applicant for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I have chosen **NOT** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

Applicant or Owner Signature

Date Signed

Joint Applicant or Owner Signature

Date Signed

INSTRUCTIONS FOR COMPLETING FLORIDA SENIOR SUITABILITY FORMS

****DO NOT INCLUDE WITH SUBMITTED FORM****

- Florida passed legislation that mandates new suitability requirements for Florida Applicants aged 65 or older
- For applications dated on or after December 25, 2009
- **Applies to any party to the annuity contract who is age 65 or older – including Owner , Annuitant, and, if applicable, Joint Owner, Joint Annuitant and Payee**

The Florida Office of Insurance Regulation has finalized rules necessary to implement legislation adopted in 2008 related to sales of annuities to senior consumers. As a part of the legislative requirements, the Florida Department of Financial Services adopted a form for use in ensuring that, prior to making an annuity sales recommendation to a Florida senior, producers obtain specified personal and financial information relevant to the suitability of the sale.

Effective December 25, 2009, producers who sell annuity products in the State of Florida to persons aged 65 years or older are required to complete and sign DFS-H1-1980, and, for replacement annuities, DFS-H1-1981. Such forms must be submitted with the annuity application. **The applicable form(s) must be completed if any party to the annuity contract (Owner, Annuitant, Joint Owner, Joint Annuitant, Payee) is age 65 or older.**

For Florida seniors, these forms are to be used instead of the Client Profile form (AGLC101269). For Florida Applicants aged 64 or less, either our Client Profile or DFS-H1-1980 may be used. **Please note that Florida applications will not be accepted if the appropriate suitability forms are not included.**

For Form DFS-H1-1981 (Disclosure and Comparison of Annuity Products):

- The form **only** applies **if** the Applicant is using funds from an existing annuity to fully or partially fund the purchase of a new annuity.
- Pages 3 & 4 of the form include an Explanation of Terms that may be used to help guide completion of the application; **note that these pages also require the Applicant's signatures.**
- Each space must be completed.
- If the information requested is not applicable to the sale, enter "NA" in the appropriate space.
- In all cases, the form must be signed by the agent and **each page must be signed by the Applicant**, including the joint Applicant, as applicable.
- **All four pages of the form, signed by the Applicant, must be submitted with the application.**
- **A completed and signed copy of the Disclosure is to be left with the Applicant.**

Applications from Florida seniors dated **on or after December 25, 2009**, which do not comply with these procedures, will not be accepted.

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DEPARTMENT OF FINANCIAL SERVICES

Division of Agent & Agency Services - Bureau of Investigation

DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

EXISTING ANNUITY CONTRACT

Annuitant(s) _____
 Insurer _____
 Contract # _____

PROPOSED ANNUITY CONTRACT

Annuitant(s): _____
 Insurer: _____
 Application #: _____

	EXISTING ANNUITY CONTRACT	REPLACEMENT ANNUITY
Contract Issue Date	Mo Day Yr	Mo Day Yr (Est)
Generic Contract Type		
Marketing Name		
Initial Premium		
Source of Initial Premium		N/A
Qualified Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuity Maturity Date		
Death Benefit Amount		
Change of Annuitant upon Death Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surrender Charge Period in Years		
First Year Surrender Charge Percentage Rate	%	%
Surrender Charge Schedule for Remaining Years		
Free Withdrawals Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Free Withdrawal Percentage Rate	%	%
Waiver of Surrender Charge Benefit or Similar Benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Minimum Guaranteed Interest Rate	%	%
Market Value Adjustment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asset Fees		
Initial Bonus Percentage or Amount		
Potential Loss of Bonus if Exchanged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Limits and Exclusions for Bonuses that may be Payable		
Interest Rate Cap		
Participation Rate		
Index Type		
Administrative Fees or Margins		
(List limitations, requirements, exclusions of the benefit)		
Other:		

Applicant's Signature

Date

Joint Applicant's Signature

Date

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DEPARTMENT OF FINANCIAL SERVICES

Division of Agent & Agency Services - Bureau of Investigation

DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

DISCLOSURE OF SURRENDER CHARGES IF EXISTING ANNUITY IS REPLACED OR EXCHANGED

EXISTING ANNUITY CONTRACT NO. _____

Annuity Total Valueⁱ \$ _____ Annuity Surrender Valueⁱⁱ \$ _____

Surrender Chargesⁱⁱⁱ Applicable at exchange \$ _____ ~ this is the estimated amount that will be deducted from the existing annuity's total value if surrendered, replaced, or exchanged, with an anticipated surrender date of ____/____/____.

ACKNOWLEDGEMENTS AND SIGNATURES

I acknowledge that I have provided the Applicant with a completed and signed copy of this form.

Agent's Name (please print)

Florida License No.

Agent's Signature

Date Signed

NOTE: NO QUESTIONS OR RESPONSE AREAS ARE TO BE LEFT BLANK WHEN OFFERED TO THE ANNUITANT AND/OR APPLICANT FOR SIGNATURE. IF ANY INFORMATION REQUESTED IS UNAVAILABLE, NOT APPLICABLE OR UNKNOWN, THE INSURANCE AGENT OR INSURER MUST INDICATE THAT.

THE APPLICANT, JOINT APPLICANT AND/OR OWNER MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.

APPLICANT: DO NOT SIGN THIS FORM IF:

- 1. ANY ITEM HAS BEEN LEFT BLANK;**
- 2. WITHOUT CAREFULLY REVIEWING THE INFORMATION RECORDED; OR**
- 3. IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.**

Applicant's Name (please print)

Date Signed

Applicant's Signature

Joint Applicant's Name (please print)

Date Signed

Joint Applicant's Signature



DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

EXPLANATION OF TERMS

- “**Administrative Fees or Margins**” are charges that amount to the difference between the percentage gain in the index and the actual amount credited to the annuity contract.
- “**Annual Free Withdrawal Percentage Rate**” is the percentage of available funds that may be withdrawn from an annuity contract, generally on an annual basis and is stated in the annuity contract.
- “**Annuity Maturity Date**” is the final date of termination of the contract at which time the proceeds of the contract must be paid out.
- “**Asset Fees**” are the fees the insurer charges that are a percentage of the value of the annuity contract.
- “**Change of Annuitant upon Death**” is a provision that allows another person to become the annuitant upon the death of the original annuitant allowing the contract to remain in force.
- “**Death Benefit Amount**” is the net amount that would be paid to the annuitant’s designated beneficiary or beneficiaries of an existing annuity, or the death benefit that the proposed replacement policy would pay as of the contract issue date.
- “**Free Withdrawals**” are the withdrawals that may be taken from an annuity’s values that are not subject to surrender or other charges and are a provision of the annuity contract.
- “**Generic Contract Type**” is the generic name of the annuity contract form as approved by the Florida Office of Insurance Regulation. Examples of generic annuity contract names are Flexible Premium Equity Indexed Annuity (FPEIDA), Single Premium Immediate Annuity (SPIA), Flexible Premium Variable Deferred Annuity (FPVDA), and Single Premium Deferred Annuity (SPDA).
- “**Index Type**” is the financial measurement used by the insurer to make certain calculations within an annuity contract. Examples of such indices include Standard and Poor’s 500 and the Russell 2000.
- “**Initial Bonus Percentage or Amount**” is a bonus paid by the insurer, generally, at inception of the annuity contract, and may be expressed as a percentage of the initial premium or other amount, or a dollar amount, and must be stated in the annuity contract.
- “**Initial Surrender Charge Percentage Rate**” is the original percentage rate that is deducted from annuity values at the inception of the existing annuity contract, or that will be deducted from the recommended replacement contract at its inception if purchased.

/	/
Applicant’s Signature	Date
Joint Applicant’s Signature	Date



DISCLOSURE AND COMPARISON OF ANNUITY CONTRACTS

EXPLANATION OF TERMS

(CONTINUED)

“Interest Rate Cap” is the maximum interest earnings that will be credited to the annuity contract.

“Market Value Adjustment” is the increase or decrease in the surrender value of the contract that is adjusted to reflect market fluctuations.

“Marketing Name” is the name adopted by the insurer to identify the contract form.

“Minimum Guaranteed Interest Rate” is the minimum interest rate payable under the annuity contract as guaranteed by the insurer in the annuity contract.

“Participation Rate” is the percentage of the increase or return of the underlying stock market index that will be used to calculate the return.

“Potential Loss of Bonus if Exchanged” refers to whether any bonus would be lost if the annuity contract was exchanged or terminated for any reason.

“Qualified Contract” means a product used to fund any type of pension plan approved by the Internal Revenue Service.

“Surrender Charge” is the amount deducted from annuity contract values upon surrender of an annuity, or for withdrawals exceeding any free withdrawal provision of the contract, regardless how this charge is titled in the policy, e.g., deferred sales charge.

“Surrender Charge Percentage Schedule for Remaining Years” the percentage rate that would be deducted from the existing annuity contract if surrendered, or for any withdrawals exceeding the “free withdrawal” limit.

“Surrender Charge Period” is the number of annuity contract years a surrender charge may be applicable.

“Waiver of Surrender Charge Benefit or Similar Benefit or Provision” is a benefit that is built into individual annuity contracts or added by rider, endorsement or amendment. The benefits are triggered by a qualifying event associated with either the annuitant or owner, as specified in the contract.

	/		/		/	
Applicant’s Signature		Date		Joint Applicant’s Signature		Date

ⁱ This amount represents the current value of the existing annuity, less any withdrawals or other deductions.

ⁱⁱ This amount represents the surrender value of the existing annuity.

ⁱⁱⁱ Surrender charges or fees that will be deducted from #1 if you exchange or otherwise terminate your existing annuity.

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A decision to buy a new policy and discontinue or change an existing policy may be a wise choice or a mistake.

Get all the facts. Make sure you fully understand both the proposed policy and your existing policy or policies. New policies may contain clauses which limit or exclude coverage of certain events in the initial period of the contract, such as the suicide and incontestable clauses which may have already been satisfied in your existing policy or policies.

Your best source for facts on the proposed policy is the proposed company and its agent. The best source on your existing policy is the existing company and its agent.

Hear from both before you make your decision. This way you can be sure your decision is in your best interest.

If you indicate that you intend to replace or change an existing policy, Florida regulations require notification of the company that issued the policy.

Florida regulations give you the right to receive a written Comparative Information Form which summarizes your policy values. Indicate whether or not you wish a Comparative Information Form from the proposed company and your existing insurer by placing your initials in the appropriate box below.

INITIAL Here

Yes

INITIAL Here

No

DO NOT TAKE ACTION TO TERMINATE YOUR EXISTING POLICY UNTIL YOUR NEW POLICY HAS BEEN ISSUED AND YOU HAVE EXAMINED IT AND FOUND IT ACCEPTABLE.

I have read this notice and received a copy of it.

X _____
APPLICANT'S SIGNATURE

DATE

X _____
AGENT'S SIGNATURE

DATE

AGENT'S NAME (PRINTED OR TYPED)

AGENT'S ADDRESS (PRINTED OR TYPED)

AGENT'S COMPANY (PRINTED OR TYPED)

Information on policies which may be replaced:

Company Name	Policy Number	Name of Insured
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Comparative Information Form for Proposed Insured

(Please return one copy of this form to
the Home Office with the application)

American General Life Insurance Company

(Replacing Agent's Name) _____

APPLICANT INFORMATION

Name _____
 Address _____
 Telephone _____
 Date of Birth _____ Age _____

POLICY INFORMATION

Policy Generic Name _____
 Policy Number _____
 Date of Issue _____ Issue Age _____
 Contestable Period Expires _____
 Suicide Period Expires _____
 Policy Loan Rate _____

POLICY/RIDER DESCRIPTION

POLICY/RIDER NAME	INITIAL CONTINUING BENEFIT	BENEFIT (Age)		INITIAL/RENEWAL ANNUAL PREMIUM	PAYABLE (Age)	
		FROM	TO		FROM	TO

TOTAL INITIAL ANNUAL PREMIUM \$ _____ MODE OF PYMT. _____ AMOUNT \$ _____
 TOTAL RENEWAL ANNUAL PREMIUM \$ _____ AMOUNT \$ _____

COMPOSITE DISCLOSURE OF PROPOSED INSURANCE FOR PRIMARY INSURED

YR.	AGE	GUARANTEES				PROJECTIONS*			
		ANNUAL PREMIUM	CUMULTV. PREMIUM	CASH VALUE	DEATH BENEFIT	ANNUAL PREMIUM	CUMULTV PREMIUM	CASH VALUE	DEATH BENEFIT
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
	55								
	60								
	65								
	75								
	85								
	95								

* Projections include dividends and current interest rates which are not guaranteed.

IMPORTANT NOTICE:

The income tax treatment of the benefits illustrated above may significantly affect their magnitude. Competent tax advice should be secured to clarify income tax implications.

INSTRUCTIONAL NOTES FOR COMPLETION OF COMPARATIVE INFORMATION FORM

1. In the disclosure of values, premiums shall be shown only if they increase the cash value or death benefits for the primary insured.
2. Any benefits for secondary insureds shall be shown on a supplementary exhibit.
3. Values will be shown for each year in which either an initial change in face value or premium payment occurs.
4. Values will be shown in the disclosure for the maximum duration policy guarantees permit. If this benefit extension requires that guaranteed policy options be utilized, the option to be used will be that (those) automatically utilized by the issuing insurer. However, if the policy application provides for applicant election of an alternative option which is binding on the insurer and the applicant elects to make an alternative election, then the extension of benefits will employ the option actually elected by the applicant. Any option utilized for extension of benefits must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form.
5. The dividend option elected by an insured or applicant must be identified and briefly explained in the "Policy/Rider Description" section of the Comparative Information Form. The dividend option elected by the insured or applicant must be employed in completing the composite disclosure of values.