

Agency Name _____ Agency Code # _____ Contact # _____

Agent Name _____ Agent Code # _____ Commission% _____

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Writing Agent State License Number _____

Proposed Insured

Full Name _____ Social Security # _____ Sex: M F

Date of Birth _____ Home Phone _____ E-mail Address _____

Work Phone _____ Mobile Phone _____

Street Address _____ City _____ State _____ Zip Code _____

Personal Earned Income \$ _____ Household Income \$ _____ Net Worth \$ _____

Plan of Insurance

ROP Select-a-Term Duration _____ years Secure Lifetime GUL

Application State _____ Face Amount \$ _____

Rate Class Quoted: Preferred Plus Preferred Nontobacco Standard Plus Standard Nontobacco
 Preferred Tobacco Standard Tobacco Special Nontobacco Special Tobacco

Reason for Insurance Personal Business

Riders

Waiver of Premium Accidental Death Benefit: Amount \$ _____ Child Rider: Amount \$ _____ # of Children _____

Terminal Illness Rider Disability Income Rider: Units _____ Occ Class 1 2

Select Income Rider: Benefit Duration _____ Monthly Benefit Amount \$ _____

Other Rider/Benefits _____ Waiver of Monthly Deduction _____

Payment

Modal Premium \$ _____

Payment Method: Direct Billing Bank Draft (authorization information will be collected by tele-interviewer)

Frequency of Payments: Annual Semi-annual Quarterly Monthly (Bank Draft only)

Beneficiary(ies)

Primary Beneficiary _____ Relationship _____ Share _____%

Primary Beneficiary _____ Relationship _____ Share _____%

Contingent Beneficiary _____ Relationship _____ Share _____%

Contingent Beneficiary _____ Relationship _____ Share _____%

Insurance or Annuities

Does the proposed insured have any Existing or Pending Insurance? Yes No

Type: i=individual, b=business, g=group, p=pending life insurance or annuity

Insurance Company	Type(s) (see above)	Year of Issue	Face Amount	Policy #	Replacement	1035
1. _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
2. _____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>

Note: If there will be a 1035 exchange please complete AGLC0010 and mail to
American General Life Insurance Company ~ PO Box 4077 ~ Houston, TX 77210

Reminder: Replacement situations can be submitted using the AG Quick Ticket in all states except: AR & NY

Existing Disability Insurance Coverage

Existing or Pending Insurance Yes No

This information is only required when the Disability Income Rider is being applied for.

Insurance Company	Benefit Amount	Benefit Period	Elimination Period	Year Issued
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Agent Attestations

* By checking the I AGREE checkbox below, I state the following:

(1) I am a duly licensed and appointed (if appointment is required) life insurance agent in the state in which the proposed insured was solicited and in the state in which the policy, if one is issued, will be delivered, (2) the plan and amount or insurance identified is suitable in view of the owner's insurance needs and financial objectives, (3) the information provided is complete, accurate and correctly recorded, and (4) all required forms have been provided to the applicant.

*I authorize the American General Life Companies' fulfillment center representative to obtain such administrative information as may be necessary to complete any life insurance resulting from this lead submission, provided, however that any item of information or question from owner or proposed insured requiring the act or advice of a licensed life insurance agent will be referred to me for action before the application can be completed.

*I will personally review the application created from this data and administrative information provided by the proposed insured and contact him or her concerning any incomplete or inconsistent information and I will not deliver the policy unless I have completed my review and am satisfied that the policy, application and all attached papers, if any are complete and accurate.

*All forms required to be delivered at time of solicitation have been delivered and all other forms (including privacy notices, if necessary) required have been or will be provided to the applicant.

*I acknowledge that clicking the I AGREE/SUBMIT button below constitutes my signature on the form and has the same effect as if I personally signed the form.

I Agree

Agent signature _____ Date _____