



AIG Life Brokerage

Member of American International Group, Inc.

Part 1 Individual and Principal of Corporation This is Required Information

Please Print Clearly

Social Security Number: _____ - _____ - _____

Name: _____ Last Name First Name Middle Initial

Date of Birth: _____ Sex: [] Male [] Female
month day year

Resident/Home: _____ Physical Address

City State Zip

Resident/Home Phone Number: _____ E-Mail _____

Business Address: _____ Physical Address City State Zip

Business Phone Number: _____ Fax Number _____

[] I am an officer of the below corporation.

Part 2 Corporate Applicants Required Information

Please Print Clearly

Individual Applicants Do Not Complete This Section

Tax ID Number _____

Corporate Name: _____

Corporate Address: _____

City State Zip

Corporate Phone Number: _____ State Incorporated: _____

Fax Number: _____ E-Mail: _____

Primary Officer for Corporate Records: _____

Background information reported on page - should provide information for the Officer of the corporation.

Part 3 Recruiter Section - IMO/BGA Only

Primary mailing address, phone contact, e-mail and faxes will be communicated to the following:

Complete ONLY when address used is NOT the above address.

All Home Office Mail and other Communication will be directed to:

Agency Name: _____ Agency Code Number: _____

Address: _____

City State Zip

Fax Number: _____ Phone Number: _____

E-Mail Address: _____ [] Please check when commission check is mailed directly to agent's business address.



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Part 4 Licensing and State Appointment Request

Attach copies of licenses for all requested state appointments. Provide appropriate fees for nonresident appointments.

Social Security Number: _____ - _____ - _____

Applicant Name: _____

Licensed for: Life Health Contracted as: Individual Agency

Resident State: _____ Resident License Number: _____

Nonresident Appointment State(s): _____

Attach applicable fees and licenses for states listed above.

Part 5 Variable Licensing - Complete ONLY when variable appointment is requested.

Please complete the following ONLY when requesting variable appointment.

Who is your Broker/Dealer? _____

CRD Number: _____

Circle all current NASD licenses that you hold: 6 7 22 24 26 63 Other: _____

Independent Wholesaler Election

Some broker-dealers may permit third-party wholesaling firms to offer certain services and support to registered representatives in order to facilitate sales of the Products. These firms are referred to by AGLD as Independent Wholesalers (IW). In order for you to sell AGLD's variable universal life insurance products through an IW, an IW agreement must be in place, your broker-dealer must be informed, pursuant to NASD Rule 3030, of the IW election and this Election Form must be submitted to AIG Life Brokerage that documents your IW selection. If you wish to obtain support through an IW firm, please indicate your election below.

IW Election: _____
(Name of IW Firms and Code Number)

Part 6 Errors and Omissions Insurance Coverage (required at BGA/IMO Only)

Yes - I have E&O Coverage (Copy of current Certification enclosed).

No - I do not have E&O Coverage



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Part 7 Background Information Required On All Applicants

If this is a corporate application, the questions should be answered by and about the agency principal.

Social Security Number: _____ - _____ - _____

CONFIDENTIAL HISTORY/BACKGROUND INFORMATION

Please provide complete details for any "yes" answers in the Remarks section. Attach additional paper if required.

- 1. Have you ever been convicted of or plead guilty or no contest to:
a. A Felony?
b. A Misdemeanor?
c. A violation of federal or state securities or investment related regulations?
2. Are you currently under investigation by any legal or regulatory authority?
3. Do you now owe money to any life or health insurance company?
4. Have you or a firm in which you were a partner, officer or Director been declared bankrupt or been party to a bankruptcy or receivership proceeding, or have you had a salary garnished or had liens or judgements against you?
5. Has any insurance company or securities broker-dealer terminated your contract or permitted you to resign for reason other than lack of sales?
6. Have you ever been the subject of a consumer-initiated complaint or proceeding by any self-regulatory body or any securities commodities or insurance regulatory body or organization or employer?
7. Has a bonding company ever denied, paid out on or revoked a bond for you?
8. Have you ever had a claim filed against your professional liability or errors and omissions insurance coverage?
9. Has any insurance department, government agency or self-regulatory authority ever denied, suspended, revoked, censured or barred your license or registration or disciplined you with fines or by restricting your activities?

REMARKS SECTION: Details of "yes"
[Blank lines for handwritten remarks]



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Part 8 Signature of Individual -or- Principal of Corporation

Social Security Number: _____ - _____ - _____

I have read and received, as of the date indicated below, the notice concerning investigative consumer reports, as required by law. I understand that in signing this form, I hereby authorize the American General Life Companies that I have requested appointments with (hereinafter collectively referred to as the "American General Affiliates") to investigate my background, including my credit history and interviews with former employers and/or primary insurance company. I authorize the American General Affiliates and individuals named in the application to give the American General Affiliates any information regarding me that they have available. I agree that if any of my answers to the questions in Part 7 change, I will notify, in writing, American General Affiliates within 10 business days of the incident which would cause an answer to change. I understand that falsification of information or failure to update the answers on this application may result in termination of appointment(s) with all American General Affiliates. In addition, I hereby authorize the American General Affiliates to report information about earnings and debit balances to any credit bureau or similar organization.

I further authorize American General Affiliates, to verify my previous employment and securities registration history through the CRD system.

I hereby authorize American General Affiliates to share background, licensing and applicant data with their affiliates. I acknowledge that I have received and reviewed the "Compliance Manual" for the American General Life Companies, and/or "Operations Manual" and I agree to abide by those principles, as amended or supplemented from time to time, in representing any of the Companies that appoint me.

Date: _____ / _____ / _____

Signature: _____
Signature of Individual -or- Principal of Corporation

Part 9 Signature of Recruiter

The undersigned [recommending representative or General Agent] by executing this applicant recommends the applicant to American General Affiliates as a suitable person to represent the companies. The recommending individual or General Agent also agrees to supervise and assume responsibility for the applicant, if appointed by American General Affiliates, in accordance with the terms of his/her Contract.

Signature: _____
Signature of Recruiter

Date: _____ / _____ / _____

Print Name: _____
Print Name of Recruiter

Agent/Agency Code # _____
Required

Part 10 Home Office Section

Signature: _____
(Additional signatures, if required, RVP, RM)

Date: _____ / _____ / _____

Print Name: _____

Regional Code Number _____

RSM Name: _____
(Only when directly involved)

Home Office Approval: _____
(If required)

Date: _____ / _____ / _____

Remove and leave Part 11 with applicant.

Part 11 Fair Credit Reporting Act - Notice of Proposed Investigative Consumer Report

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as a component of our contracting and appointing process, each company with which you have requested an appointment may request an investigative consumer report which may include information related to your character, general reputation, personal characteristics, and mode of living. You have the right to request in writing, within a reasonable period of time after receipt of this notice, a complete disclosure of the scope of the Investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Send your request to: Licensing and Contracting Department, 750 W. Virginia St. Milwaukee, WI 53204. Disclosure information must be in writing and mailed to you, along with the written summary of your rights, within five (5) business days after receipt of your written request. Also each company with which you have requested an appointment may share the information contained in the investigative report and other information in your file with its affiliates. unless you send a written request to the above-described address directing that this information not be disclosed or shared with affiliates.

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Social security number								
or								
Employer identification number								

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Exempt from backup withholding. If you are exempt, enter your name as described above, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

Note: *If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.*

Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an **LLC** that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: *See the chart on this page for further clarification of name and TIN combinations.*

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**,

Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at www.irs.gov.

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: *Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.*

Caution: *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Part II—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** above.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: *If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.*





AIG Life Brokerage

Member of American International Group, Inc.

Part 12 Recruiter Data To be completed by individual recruiting applicant.

Applicant Name: _____ Applicant Social Security Number: _____
Please Print

Recruiter Name: _____ Agency Code Number: _____
Please Print

Title: _____
Please Print

Part 13 Appointment Requests

Please check appointment companies. All appointments require Home Office Approval.

- The Old Line Life Insurance Company of America.
- American General Life Insurance Company
- American General Annuity Insurance Company.

Part 14 Commission Section - Must be completed

Contract Level Requested IMO/BGA MGA GA Agent/Producer

Commission Level for Old Line Life AND American General Life
(SPIA commission level is included under this section)

Commission Level Requested: _____
 First Year Level: _____
 Renewal Level: _____
 (HO Approval) Productivity Bonus Level: _____

Commission Level for AIG Annuity
(Deferred Annuities Only under this section)

Commission Level Requested: _____

Part 15 Additional Forms Section

Annualization: Yes No

Annualization is available on a limited basis. (if applicable, annualization agreement MUST be submitted with contract)

Electronic Funds Transfer (EFT) Please attach EFT form when requesting to receive commissions electronically.

Appointment, Bonus and Annualization require Home Office Approval.

American General Life Insurance Companies

Member American General Financial Group

Midwest Operations Center

750 West Virginia St. PO Box 401

Milwaukee, WI 53201-0401

**AMERICAN
GENERAL
FINANCIAL GROUP****DIRECT DEPOSIT AUTHORIZATION**

1	Name	Last	First	MI	Code #1 _____	Social Security/Tax ID No
					#2 _____	
					#3 _____	
If commissions are currently assigned, Name of Payee						Transaction Type Enroll <input type="checkbox"/> Revise <input type="checkbox"/> Cancel <input type="checkbox"/>

2	Financial Institution			Phone	
	Address		City	State	Zip
	Bank Identification No.	Account Number			Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings Please attach a Voided Blank Check

3	AUTHORIZATION STATEMENT	
	I authorize American General Financial Group and the Bank indicated to deposit my net commissions automatically into my account each commission cycle. If funds to which I am not entitled are deposited into my account, I authorize American General Financial Group to direct the bank to return said funds. This authority will remain in effect until I have either cancelled it in writing or upon issuance of written notice from the Company.	
	Signature	Date Signed
	GA Signature (if applicable)	Date Signed

4	Compensation Department Use Only	Entered by	Date

INSTRUCTIONS:

Section 1 Please fill in your Name, Social Security Number, Code(s) and check the Enroll box.

NOTE: If you already have Direct Deposit and wish to change your bank or account, check the Revise box.

Section 2 Please complete Financial Institution information.

Please attach a Voided Check for Checking Accounts.**Please attach a Deposit Slip for Savings Accounts.**

Section 3 Read authorization statement, sign, date and submit to:

FAX: 1-877-897-9141**or****MAIL:** Midwest Operations Center**PHONE:** 1-866-722-2434

750 West Virginia St. PO Box 401

Milwaukee, WI 53201-0401

Section 4 Compensation Department Use Only

Verified by : _____

Date: _____

PLEASE TYPE OR PRINT

GENERAL AGENCY FORMS REQUISITION

Date: _____

Requisition No.: **GA** _____

From:

Ship To:

Agency #:

--	--	--	--	--

Company: _____

Agent #:

--	--	--	--	--	--	--

Attention: _____

Agent Name: _____

Street Address: _____

Agency Name: _____

Phone: () _____ Fax: () _____

Instructions on reverse side.

Marketing/Promotional Materials					Administrative and Service Materials					
Type	Part No.	Form No.	Qty.	Description	Limit	Part No.	Form No.	Qty.	Description	Limit
FOR AGENT USE ONLY						7873	L5858		Annuity Service Request	
T	30873	L8730		Platinum 1, 5 & 10 Reference Guide	5	359	L134		Aviation Supplement	10
T	30877	L8735		Platinum 1, 5 & 10 Rate Book	5	14487	L136-3		Bank Draft Authorization	
T	30874	L8731		Platinum 1 Overview Flyer	5	3164	_____		Blood Profile Kits	5
T	30875	L8732		Platinum 5 Overview Flyer	5	399	L165		Change of Beneficiary	
T	30876	L8733		Platinum 10 Overview Flyer	5	475	L240		Change of Ownership	
UL	30884	L8737		Platinum Accumulator Sales Guide	5	3019	L2843		Death Claim Form - Life	
UL	30883	L8736		Platinum Accumulator Overview Flyer	5	10793	L8663		Death Claim Form - Annuities	
UL	30886	L8739		Platinum Provider Sales Guide	5	10229	L8360		Distribution Request - Annuities	
UL	30885	L8738		Platinum Provider Overview Flyer	5	5995	L7109-22		Envelope #9 – Medical Dept.	5
UL	30888	L8741		Platinum Survivor Sales Guide	5	9130	L7110-37		Envelope #10 – Annuity Adm.	
UL	30887	L8740		Platinum Survivor Overview Flyer	5	10452	L7109-23		Envelope #12 – Delivery Req.	
UL	10654	L8622		EM5+/50+ Sales Guide	5	6067	L7112-18		Envelope #12 – Home Office	25
UL	10737	L8634		EM50+ Overview Flyer	5	23348	L7112-8		Envelope #12 – P.O.S.	
UL	10766	L8647		EM6+ Sales Guide	5	4422	L7113-104		Envelope – New Business 10x13	
UL	10736	L8633		EM6+ Reference Guide	5	10284	L8401		Forms Requisition	25
UL	10827	L8671		EM6+ Overview Flyer	5	474	L239		Full Cash Surrender Form - Life	
FOR CLIENT USE						7572	L5677		Partial Withdrawal Request - Life	
FS	31324	L8830		1995 Company Highlights (Available 8/96)	10	27799	L7045		Policy Service Request - Life	
FS	6454	L5230		1994 Company Report	25	8801	L6742		Qualified Funds Transfer - Annuities	
FS	11374			AGC Annual Report	5	11509	_____		Specimen Containers	5
FS	7	L6825		AM Best Report	25	27637	L7076		1035 Exchange Request - Life	
FS	9184	L7295		Standard & Poor's Report	25	11079	L8714		1035 Exchange Request - Annuities	
FS	9584	L7805		Duff & Phelps Report	25					
	10739	L8636		Presentation Folder	10					
A	10509	L8553		IM4 Consumer Guide	25					
A	10508	L8551		IM4+ Consumer Guide (Not for use in FL)	25					
A	10653	L8621		IM4+ Consumer Guide - FL version	25					
A	30983	L8785		IM1035+ Consumer Guide	25					
A	9495	L7737		Immediate Annuity Consumer Card	25					
						State Applications and Applicable Forms				
						1 State	2 State	Description See Chart A on reverse side for instructions		
								State Life Application/forms (Pre-Pak) Limit, One Pre-Pak per state		
								State Annuity Applications Limit, One Package per state		

Instruction For Completing the Forms Requisition:

1. When ordering limited items, you will receive no more than the stated limit, regardless of the quantity ordered.
To request quantities exceeding the limits, please contact your Regional Office.
2. Mail or fax your requisition. Phone orders will not be accepted.
3. Do not duplicate this form, request will be rejected.
4. Incomplete or illegible requisitions will be returned to requisitioner.
5. Backordered items will be shipped as soon as materials become available. Backorders will not delay the balance of your order.
- 6. Allow 10 days for delivery. All orders are shipped UPS ground delivery.**

CHART A

Completing the Forms Requisition when form is not listed:

- (1) Fill in form number of item you want
- (2) Fill in quantity of form requested
- (3) Fill in a description of the form
- (4) Fill in part (control) number if known

Literature Type Categories:

- UL - Universal Life
- T - Term Life
- R - Recruiting
- FS - Financial Strength
- A - Annuities (*Income Master series*)

Completing the Forms Requisition when ordering state specific sales material:

- (1) For Life Pre-Paks, fill in the state(s).
 One Pre-Pak includes:
 50 State Life Application
 25 Life Medical (Part 4)
 50 HIV Testing Consent Form
 25 State Replacement Form
- (2) For annuity application packages, fill in the state(s).
 One package includes 10 applications
- (3) Order no more than 2 states per requisition.

<u>State</u>	<u>Two-letter Abbreviation</u>	<u>State</u>	<u>Two-letter Abbreviation</u>	<u>State</u>	<u>Two-letter Abbreviation</u>
Alabama	AL	Kentucky	KY	North Dakota	ND
Alaska	AK	Louisiana	LA	Ohio	OH
Arizona	AZ	Maine	ME	Oklahoma	OK
Arkansas	AR	Maryland	MD	Oregon	OR
California	CA	Massachusetts	MA	Pennsylvania	PA
Colorado	CO	Michigan	MI	Rhone Island	RI
Connecticut	CT	Minnesota	MN	South Carolina	SC
Delaware	DE	Mississippi	MS	South Dakota	SD
District of Columbia	DC	Missouri	MO	Tennessee	TN
Florida	FL	Montana	MT	Texas	TX
Georgia	GA	Nebraska	NE	Utah	UT
Hawaii	HI	Nevada	NV	Vermont	VT
Idaho	ID	New Hampshire	NH	Virginia	VA
Illinois	IL	New Jersey	NJ	Washington	WA
Indiana	IN	New Mexico	NM	West Virginia	WV
Iowa	IA	New York	NY	Wisconsin	WI
Kansas	KS	North Carolina	NC	Wyoming	WY

Mail this form to: American General Life Insurance Company, Forms Management B-02, P.O. Box 1931, Houston, TX 77251

FAX TO: 713/831-8003

American General Life
 Insurance Company
 P.O. Box 1931
 Houston, TX 77251
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AMERICAN GENERAL LIFE

MEDICAL FORMS & SUPPLIES REQUISITION

(Please Print)

Date: _____

Requisition No.: _____

FROM:

Name: _____

Company: _____

Phone: () _____ Fax: () _____

SHIP TO:

Company: _____

Attention: _____

Street Address: _____

Instructions

1. Fill out the top portion completely and legibly.
2. Complete the quantity desired of each item.
3. Mail or fax this requisition to the address or fax number provided.

City State Zip

Part No.	Form No.	Qty.	Description
10606	L8611-94		PT 4-Statement to Medical Examiner
10628	L8611-36		PT 4-Statement To Medical Examiner KY only
10723	L8611-23		PT 4-Statement to Medical Examiner MI only
10630	L8611-24		PT 4-Statement to Medical Examiner MN only
10631	L8611-26		PT 4-Statement to Medical Examiner MO only
30868	L8611-31		PT 4-Statement to Medical Examiner NJ only
10629	L8611-29		PT 4-Statement to Medical Examiner NV only
10628	L8611-36		PT 4-Statement to Medical Examiner OH only
10650	L8611-38		PT 4-Statement to Medical Examiner OR only
10627	L8611-46		PT 4-Statement to Medical Examiner VT only
10626	L8611-49		PT 4-Statement to Medical Examiner WV only
11509	_____		Specimen Bottles
5995	L7109-22		Envelope Return First Class
3164	_____		Blood Profiles Kits
8534	L 2607		Forms & Supplies Requisition

State Applications and Applicable Forms

State	Quantity		Description Use Two-Letter Abbreviation
			HIV Consent Testing Form

ALL OTHER FORMS

To Expedite delivery of your order please fax to: (713) 831-8003

OR

**MAIL THIS FORM TO: American General Life Insurance Co. Forms Management B-02
P. O. Box 1931, Houston, TX 77251**

Please note . . .

- Forms are shipped UPS ground so **PLEASE ALLOW 10 DAYS FOR DELIVERY.**
- Each requisition has a unique requisition number so do not duplicate this form.
- Backordered items will be shipped as soon as stock becomes available. Backorders will not delay the balance of your order.
- Incomplete requisitions will be returned to requisitioner.



Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name		
Business name, if different from above		
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)	
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 2.

Social security number								
or								
Employer identification number								

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See **Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities.**

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments **after** December 31, 2001 (29% **after** December 31, 2003). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions on page 2 and the separate **Instructions for the Requester of Form W-9.**

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Exempt from backup withholding. If you are exempt, enter your name as described above, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the Instructions for the Requester of Form W-9.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

Note: If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an **LLC** that is **disregarded as an entity** separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**,

Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at www.irs.gov.

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** above.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN or:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN or:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

