

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

**EMPLOYER (CORPORATE) OWNED LIFE INSURANCE
CALIFORNIA RESIDENT EMPLOYEE CERTIFICATION**

*This form is required when the policy owner and beneficiary is an employer, regardless of where domiciled or located, applying for life insurance on the life of a current or former employee who is a **California resident**.*

Employer/Policy Owner's Name: _____

Proposed Insured's Name:* _____

**For multiple proposed insureds, attach employee census to this form.*

In order to confirm compliance with the California Insurance Code Sections 10110.1, and 10110.4 insurable interest requirements please review and complete this Certification. American General Life Insurance Company, its affiliates and its representatives do not offer legal advice regarding this or related matters. Should you have any questions regarding this issue please consult with your own legal counsel.

Recent California law prohibits the purchase, subject to certain exceptions, of life insurance policies where:

- The proposed insured is a "non exempt" employee as defined by applicable law
- The proposed insured is a current or former employee who is a California resident
- The employer will be the policy owner, and
- The employer will be the beneficiary

I certify that the California resident(s) listed above as the Proposed Insured is either:

- (1) Classified as an "exempt" employee. An "exempt" employee is an administrative, executive, or professional employee who is exempt under Section 515 California Labor Code and the regulations adopted thereto. Generally an "exempt" employee is not subject to hourly wages and overtime pay laws. Please consult with your legal counsel regarding the California Labor Code definition and its application in this context.; or
- (2) The subject of an exception to the "exempt" employee requirement. Exceptions include if the policy is required pursuant to (a) a contractual agreement to reacquire shares owned by the employee at death, (b) a contractual, compensation arrangement, (c) a contract obligating the employer as guarantor or surety of the employee, (d) an employer sponsored pension, welfare benefit plan or trust providing life, health, disability, retirement or similar benefits to employees or retired employees, or (e) other exceptions provided by applicable law.

I certify that I have read and understand the requirements listed above and that I am authorized to sign this Certification on behalf of the above named employer/policy owner.

Authorized Signature of Employer/Policy Owner

X

Signed on (date) _____

Signor name (printed) _____

Signor title _____

