

# Agent Certification Form

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

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Insured's Social Security Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Additional Insured's Social Security Number \_\_\_\_\_

This form must be completed prior to taking any application for life insurance on an individual age 67 or older. The Company may also request agents to complete this Form in other situations where it is deemed appropriate.

Carefully review this Form and Company Field Bulletins regarding Investor Owned Life Insurance and Stranger Owned Life Insurance, and complete the certification below that applies to the transaction; except, however, if part or all of the premium paid toward this policy is being financed and you cannot sign the certification, you must not take the application.

### Non-Premium Financing Certification

None of the premiums for the policy sought with the application for (Insured) \_\_\_\_\_ or for \_\_\_\_\_ (Additional Insured) dated \_\_\_\_\_ will be financed other than pursuant to a split dollar agreement, including a family's private split dollar agreement.

**Agent's Signature X** \_\_\_\_\_ **Agent signed on (date)** \_\_\_\_\_

### Premium Financing Certification

- 1) I have reviewed and am familiar with all aspects of the premium financing proposal.
- 2) Based upon my review of the financing proposal, I believe that the costs associated with this premium financing proposal are such that assuming no change in the insured/additional insured's health, it is more likely than not that the insured/additional insured will maintain the policy in force for the benefit of his/her beneficiaries and those beneficiaries will receive more than 50% of the policy death benefit.
- 3) The insured/additional insured is not receiving any cash payment, borrowing funds in excess of those required to pay the scheduled premiums and interest, or receiving any other consideration as an inducement to participate in this transaction.
- 4) Within the past 24 months has the insured/additional insured had a life expectancy calculation?  Yes  No  
All life expectancy calculations performed on any proposed insured during the past 24 months must be submitted with any application for review and consideration.
- 5) There is no prearranged agreement to transfer the policy nor will the policyholder have a prearranged option or right of first refusal to transfer the policy to a third party.
- 6) All sales materials used in connection with the solicitation and sale of this policy were either produced by the life insurance company or have been submitted and approved by the Company.
- 7) I have read the Field Bulletins regarding Investor Owned Life Insurance, Stranger Owned Life Insurance and Viatical Transactions, and believe this transaction is in compliance with the company policies as set forth in those Bulletins regardless of whether the lending program is a recourse or non-recourse transaction.

All or part of the premiums paid towards this policy are being financed. I have read the statements set forth above and hereby certify that the statements are all true with regard to the application for (Insured) \_\_\_\_\_ and \_\_\_\_\_ (Additional Insured) dated \_\_\_\_\_.

**Agent's Signature X** \_\_\_\_\_ **Agent signed on (date)** \_\_\_\_\_

