

Disclosure Statement Pennsylvania

American General Life Insurance Company

Home Office: 2727 Allen Parkway, Houston, Texas 77019

Direct all Correspondence to P.O. Box 9000, Amarillo, TX 79105-9000

THIS DISCLOSURE STATEMENT WITH ALL APPLICABLE BLANKS FILLED IN IS FOR YOUR PROTECTION. IT GIVES YOU BASIC INFORMATION ABOUT THE COST AND COVERAGE OF THE INSURANCE BEING SOLICITED. READ IT CAREFULLY BEFORE SIGNING ANY AGREEMENT TO BUY LIFE INSURANCE.

THIS DISCLOSURE STATEMENT SHALL NOT BE CONSIDERED AS AN OFFER TO CONTRACT OR AS ALTERING OR MODIFYING ANY POLICY OR RIDER THAT MAY BE ISSUED.

A. General Information:

1. Name of Proposed Insured: _____ Age: _____ Sex: _____
2. Name of Agent Preparing Disclosure: _____
3. Agent Home or Agency Address: _____
4. Agent Telephone Number: _____

B. Coverage Description:

	Generic description of Coverage (e.g.; term or UL, etc.)	Face Amount of Coverage (If not applicable, a description of coverage) *	Annual Premium (If not known, premium for mode quoted) **
Policy			
Riders: if none, write "N/A"	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____	_____ _____ _____ _____ _____ _____
Supplemental Benefit(s) (built into Policy); if none, write "N/A"			

* If the **face or coverage amount(s) shown above** are *scheduled* to change during the lifetime of the insured under the terms of the policy, rider or supplemental benefit, *and the change(s) can be determined at time of application*, describe the changed amount(s) below; otherwise, indicate "N/A":

- N/A
- Face Amount Change: _____

** If the **premium(s) shown above** are *scheduled* to change under the terms of the policy and of any rider or supplemental benefit during the lifetime of the insured, *and the change(s) can be determined at time of application*, **describe change(s) below; otherwise, indicate "N/A"**:

- N/A
- See below for changes



1. For Term Insurance:
 - N/A
 - In policy year _____, the maximum premium changes to \$_____, and increases each year thereafter.
2. For Whole Life, Universal Life Insurance and Interest Sensitive Whole Life: Since our WL premium does not change and since changes for our UL and ISWL premium can not be determined at time of application, check "N/A" here:
3. For a rider or supplemental benefit:
 - N/A
 - The premium for the _____ rider or supplemental benefit changes to \$_____ at policy year (or age) _____, and the ultimate premium will be \$_____ at _____ policy year (or age).
4. Total initial annual (or modal) premium for the policy, riders and supplemental benefits: \$_____

C. Retirement Income.

This section applies only to permanent insurance products designed to provide a "guaranteed retirement income":

- N/A
- Guaranteed retire income pays \$_____ starting at _____ for _____ (age or year) (e.g. life or a period certain).

D. Guaranteed Cash Value.

This section applies to permanent products where an Illustration Certification form is not used in place of a basic illustration or to a return of premium type term product. If an Illustration Certification form is used for or if the term product is other than a return of premium-type product, indicate "N/A" below:

- N/A
- If you continuously pay your premiums on this policy as they come due, you will have the following guaranteed cash value for each \$1,000 (or face amount). You may borrow against this cash value at an annual _____% loan interest rate.

Number of years policy has been in force	5	10	20	Age 65
Total Accumulated Cash Value per \$1,000 (or Total Amount)				

E. Dividends. This section applies only to participating whole life products

- N/A
- If your policy pays dividends, the following is a dividend illustration for the policy based on the current interest, mortality and expense experience of the company as reflected in the dividends currently paid. However, the illustrations are not a guaranteed of what future dividends will be:

Note: Payment of a dividend is contingent upon the payment of the next premium due.

Number of years policy has been in force	10	20
Illustrated Dividend for that individual year per \$1,000 (or face amount)		

F. Other.

1. A Surrender Comparison Index will be provided upon delivery of the policy or earlier if requested. This Index provides one means of comparing the relative costs of two or more similar policies. The prospective insured has requested an earlier delivery of the Index.
2. Upon request either the company or the agent will furnish you with additional information.

I certify that this disclosure statement was given to the applicant at time of application.

Agent's Signature X _____ Agent signed on (date) _____

