

Premium Receipt

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

P.O. Box 9000, Amarillo, TX 79105-9000 • 1-800-888-2452

(Proposed) Contract or Policy Number: _____

(Proposed) Product: _____

Product Type: Life Insurance Health Insurance Annuity

Owner Name: _____

Premium Payor (complete if other than Owner): _____

Relationship to Owner: _____

Premium Amount: _____

Date of Application/Payment: _____

ALL PREMIUM CHECKS OR ANNUITY CONSIDERATIONS MUST BE MADE PAYABLE TO THE INSURANCE COMPANY - DO NOT MAKE CHECK PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

This completed document represents receipt of the premium paid for the product/ proposed product referenced above.

A copy of this completed document must be retained by the contract owner.

Owner's Signature

X _____

Owner signed on (date) _____

Agent's Signature

X _____

Agent signed on (date) _____

