Military Questionnaire

Policy # (if known): _____

Florida Version

☐ **American General Life Insurance Company,** 2727-A Allen Parkway, Houston, TX 77019
☐ **The United States Life Insurance Company in the City of New York,** 28 Liberty Street, 45th Floor, New York, New York 10005-1400

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.

Proposed Insured

First Name	MI	Last Name	Date of Birth	Social Security #

Complete if you are a member of the Armed Forces and in the Reserves, National Guard, or on Active Duty in the Army, Navy, Marine Corps, Air Force or Coast Guard.

1. Branch of Service: ☐ Navy ☐ Air Force ☐ Army ☐ Marine Corps ☐ Coast Guard
2. Duty Status: ☐ Active Duty ☐ Reserve ☐ National Guard
3. Rank or Grade? _____
4. Name of Unit and Military Address: _____

   _____
5. Specialty, including duties and MOS number or job classification code?* _____

   _____
6. Are you a member of any special operations unit (e.g., Special Forces, Ranger Battalion, SEALs, etc.)? ..... ☐ Yes ☐ No

   (If "Yes", please give details.) _____
7. Have you or your Unit been alerted for overseas duty or do you expect to be alerted, or intend to volunteer within the next 12 months? ..... ☐ Yes ☐ No

   (If "Yes", give designated area if known.) _____
8. Are you receiving any supplemental or hazardous duty pay based on your duties?..... ☐ Yes ☐ No

   (If "Yes", please give details.) _____

* If duties have any connection with aviation, Aviation Questionnaire must also be submitted.

Agreement: I hereby declare that all statements and answers to the above questions are complete and true to the best of my knowledge and belief. I agree that they and this questionnaire shall form a part of my application for insurance. I agree that my failure to disclose any material fact known to me may invalidate the contract.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Proposed Insured Signature

X _____

Signed at (city, state) _____

Signed on (date) _____