

Premium Payor Authorization New Business

- 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, NY 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.

Directions: Complete this form when (1) the Payor is different from the Insured or the Owner AND (2) Bank Draft or Credit Card is not the chosen method of payment.

A. Premium Payor Designation

First Name _____ MI _____ Last Name _____
SSN or Tax ID # _____

B. Insurance Policy Information

Policy Number, if available	Name of Insured/Applicant

C. Agreement and Authorization

I request that I be made the Premium Payor for the policy(ies) shown above. I certify that all of the information provided herein is true and accurate. I agree to hold the Company harmless from any and all costs, claims, or causes of actions arising from or related to this authorization. I further authorize the Company or its representative to obtain information and/or reports from a consumer reporting agency or other company(ies) in order to verify, validate and/or authenticate the information and answers presented on this form. Any information gathered may be disclosed consistent with applicable law.

Premium Payor Signature

Signed on (date) _____

