



Policy Loan Application

- 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.

Mailing Instructions: Send form(s) to:

- Standard Address • PO Box 818005 • Cleveland, OH 44181 • Fax: 855-601-1834
- Variable Life Service Center • PO Box 818016 • Cleveland, OH 44181 • Fax: 844-430-2639

SECTION A - EXISTING POLICY INFORMATION

Please fill out all applicable information below.

Policy Number: _____
*Required

Insured/Annuitant Name(s): _____ SSN/ITIN or EIN: _____
*Required *Required

Owner Name: _____ SSN/ITIN or EIN: _____
*Required *Required

Address: _____ Primary Phone: _____

Alternate Phone: _____

Check here if this is a permanent address change Email Address: _____

Co-Owner Name: _____ SSN/ITIN or EIN: _____
If applicable If applicable

Address: _____ Primary Phone: _____

Alternate Phone: _____

Check here if this is a permanent address change Email Address: _____

Assignee, Irrevocable Beneficiary,
Other Name (if applicable): _____ SSN/ITIN or EIN: _____
If applicable If applicable

SECTION B - POLICY LOAN APPLICATION

Please indicate below the Policy Loan amount you would like to make from your policy's Accumulation Value.

I (we), the undersigned, acknowledge that by taking a Policy Loan I (we) assign the Policy to the Company as security for repayment of the Loan Balance and interest due on the Loan Balance.

- Maximum Loan Available
If your loan is participating, please indicate whether you would like to include or exclude dividends in the loan
 - Include
 - Exclude

Net Loan of \$ _____, or any amount available, if less. (Minimum cash loan is \$10.00)

- Participating Loans; Also known as Choice Loans for certain products (Index Products Only).
 - Maximum Available
 - Specific Amount \$ _____ Gross Net

LOAN REPAYMENT

- Send me repayment reminders of \$ _____ beginning _____, _____.
(Note: Minimum notice \$10.00 per month)
 - Monthly Quarterly Semi-Annually

Repayments of this loan in amounts of not less than ten dollars (\$10.00) may be made at any time while the Policy is in force.

*For Index Universal Life policy loans, see instructions and conditions on this form.

SECTION C - SIGNATURE AND DATE

The Policy Owner(s) warrants that the above-referenced policy withdrawal or loan is not subject to any prior agreements, contractual obligations, legal proceedings or court/administrative orders, including but not limited to divorce or bankruptcy proceedings ("Obligations"), which restrict, limit or otherwise prohibit such withdrawals and loans as contemplated. The Policy Owner(s) acknowledges and agrees that in the event any obligations become known subsequent to the above-referenced withdrawal or loan being made, which if then-known to the Company, would have caused the Company not to disburse the withdrawal or loan on the policy (or not to disburse the withdrawal or loan without the consent of a party other than the Policy Owner(s)), the withdrawal or loan, plus interest, will become immediately due and payable to the Company by the Policy Owner(s), and the Policy Owner(s) shall indemnify and the Company harmless from any and all losses associated with the withdrawal or loan, including costs of recovery and reasonable attorney fees.

You and the Internal Revenue Service will be provided with an informational tax form after the close of the calendar year. A withdrawal of any type, before age 59½, may subject you to an IRS penalty tax.

TAX CERTIFICATION (Substitute Form W-9) – Applicable to U.S. persons (including U.S. citizens and resident aliens). If you are not a U.S. person, you are required to submit the applicable IRS Form W-8 series (BEN, BEN-E, ECI, EXP or IMY).

Under penalties of perjury, I certify to the following:

1. That the taxpayer identification number listed on this form is my correct SSN/TIN and I am a U.S. Citizen or other U.S. person (including resident aliens);
2. I further certify that I am exempt from and have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding. The Company is required to withhold income tax on any payments, which include interest and dividends when the owner is subject to backup withholding.; and
3. I am exempt from Foreign Account Tax Compliance Act ("FATCA") reporting.

Certification Instructions: You must cross out any statement in 1-3 that does not apply to you. For any instructions on how to complete this certification, please see the General Instructions for the IRS Form W-9 on www.irs.gov. If you can complete a Form W-9 (Request for Taxpayer Identification Number) and you are a U.S. Citizen or U.S. resident alien, FATCA reporting may not apply to you. **Please consult your own tax advisor with any questions you may have regarding this certification.**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Current/Existing Owner's Signature (required)

X

Date _____

Current/Existing Owner's Signature (required)

X

Date _____

Assignee, Irrevocable Beneficiary, Other Signature (if required)

X

Date _____

If you were a minor when this policy was issued, please submit a copy of your Driver's License with the application.

Complete this section if this Policy is owned by a trust or business.

- Trust Owned: (Complete the Certification of Trust)
- Business Owned: (Complete the Business Certification)

Owner Signature
 Print full name of Company: _____

 Print full name and title of authorized signer: _____

Authorized Signature (required)

X

Date _____

INSTRUCTIONS AND CONDITIONS

This page is for informational purposes only and does not need to be returned with the form.

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SECTION A - POLICY INFORMATION

Complete all policy information in this section. You may use this form for multiple policies that have the same policyowner and require the same signatures.

SECTION B - POLICY LOAN APPLICATION

Complete this section for a loan on a specified policy.

If any portion of a Standard Loan is taken from an Index Account prior to the end of its Account Period, an Allocation Restriction Period of 1 year from the date of the loan, 3 years from the date of the loan, or no Restriction at all, depending on the particular product you purchased, may apply. If your Policy has an Allocation Restriction Period, it will be shown in the Policy Schedule at the beginning of your policy.

SECTION C - SIGNATURE AND DATE

Please elect ownership type and fill out all applicable information. All required signatures must be written in ink, using full legal name. The request must be signed by: the person or persons who have the rights of ownership under the terms of the Policy, by an assignee, or by any other party who may have an interest in the Policy by legal proceedings or statutes.

- If the owner is a trust, complete the Certification of Trust.
- If the owner is a business, complete the Business Certification.

ADDITIONAL REQUIREMENTS

Guardianship/Conservatorship - Signature of the current guardian is required along with the current Guardianship Papers or Letter of Conservatorship. The signature must be dated within one year of the request.

Power of Attorney - Request must be signed by the attorney-in-fact. A copy of the applicable Power of Attorney document is required. A completed, signed, dated, and notarized Power of Attorney Affidavit and Indemnity Agreement is required when the disbursement will be \$100,000 or over and/or the face amount of the policy is \$1,000,000 or over.