

**Request for Cross-Border
Exception on a New York Resident**

American General Life Insurance Company

Steps for Completion

Please complete and sign the Cross-Border Exception form and submit it with the application. If the form is not provided with the application, it will be listed among any requirements needed before the case can be reviewed by an underwriter. Check the applicable reason for the cross border exception request.

Applicant Information

Proposed Insured Name _____

Proposed Policyowner Name _____

Agent Certification:

I, the undersigned, certify that (i) the above-listed proposed policy owner is a resident of the state of New York and (ii) the solicitation, negotiation and policy delivery of this policy will take place in the state of _____ .

Policy Owner Certification:

I, the undersigned, certify that (i) I, the policy owner, am a resident of the state of New York and (ii) I own or lease a second home/additional residence at the address listed herein, or the policy is owned by a business that is lawfully domiciled in the state listed herein, or the trust owner is domiciled in the state where the solicitation, negotiation and policy delivery of this policy will take place.

The reason for the New York resident obtaining insurance in a state other than New York is (select one only):

- Proposed Policy Owner owns or leases a second home/additional residence located at:

Address _____

City _____ State _____ Zip _____

- Proposed Policy Owner is a business domiciled in the below named state, located at:

Address _____

City _____ State _____ Zip _____

- The trust owner is domiciled in the state of _____ .

Options for Policy Mailing (select one only):

- If the agent requested that AGL mail the policy directly to the policy owner, we will use the address indicated on this form. The agent is responsible for informing the applicant of this process.
- Agent will deliver the policy to the policy owner and will be responsible for ensuring that delivery takes place in the solicitation state consistent with New York law.

Agent Signature:

X _____

Printed name _____

Agent signed on (date) _____

Proposed Policy Owner Signature:

X _____

Printed name _____

Signed on (date) _____

