

Acknowledgement and Release Form

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

I acknowledge that the Company generally prohibits Agents/Registered Representatives (the "Agent") appointed or employed by the Company from serving as Trustee of a trust that is the owner or beneficiary of a policy or contract issued by the Company, unless such policy/contract insures a member of the Agent's immediate family. I further acknowledge that the Agent listed below is named as a Trustee of the Trust. Notwithstanding the foregoing, I direct the Company to process my request in accordance with my written instructions and hereby indemnify and hold harmless the Company, its employees, subsidiaries, and affiliates, and their directors, officers, employees and agents against any and all claims, demands liabilities, damages, costs or expenses, including, but not limited to, reasonable attorney's fees, arising out of or related to the direction provided herein.

Policy/Contract Number _____

Trust Name _____

By _____, Customer

Customer's relationship to Trust (Grantor, Beneficiary, etc.) _____

I represent and acknowledge that I have read and understand this Acknowledgement and Release Form and that becoming the trustee of a trust that is the owner or beneficiary of a customer's policy or contract may result in termination of my appointment with the Company.

Agent _____

Agent Signature _____

Agent's Number _____

