

**Addendum to Application**  
**Policy # (if known):** \_\_\_\_\_

- 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.

This addendum is part of the application to which it is attached. Addendum to (Part A, Part B, etc.): \_\_\_\_\_

**Primary Proposed Insured**

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_ SSN \_\_\_\_\_

*(Use the space below to provide explanations to any application questions or details to any "yes" answers where the space provided on the application is insufficient or to provide any additional required application information. Provide an appropriate reference to the specific questions for which answers and details are included below.)*

**Primary Proposed Insured (PPI) Signature**

X

**PPI signed on (date)** \_\_\_\_\_

**Other Proposed Insured (OPI) Signature**

X

**OPI signed on (date)** \_\_\_\_\_

**Owner Signature**

X

*(If other than Primary Proposed Insured)*

**Owner signed on (date)** \_\_\_\_\_

