

# American General

Life Companies

## Addendum to Application

American General Life  
Insurance Company,  
Houston, TX

The United States Life Insurance Company  
in the City of New York,  
New York, NY

American General Life  
Insurance Company of  
Delaware, Wilmington, DE

The insurance company ("Company") checked above is 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. *(Part A, Part B, etc.)*

Addendum to: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Proposed Insured:

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Social Security # \_\_\_\_\_

### Owner:

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

*(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. Provide an appropriate reference to the specific questions for which answers and details are included below.)*

Primary Proposed Insured Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Other Proposed Insured Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Owner Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

*(If other than Primary Proposed Insured)*