

# American General

Life Companies

**THIS CERTIFICATION TO BE COMPLETED BY THE VISA HOLDER (NOT GREEN CARD HOLDER) OR FOREIGN NATIONAL PROPOSED INSURED OR PROPOSED ANNUITANT. WHERE THE PROPOSED INSURED OR PROPOSED ANNUITANT IS NOT THE POLICYOWNER OR CONTRACT OWNER (HEREIN COLLECTIVELY REFERRED TO AS THE "OWNER"), THE OWNER SHOULD ALSO COMPLETE.**

## VISA HOLDER (NOT GREEN CARD) OR FOREIGN NATIONAL CERTIFICATION REGARDING TAXES AND LAWS

As used herein "Company" is defined as the insurance company American General Life Insurance Company, American General Life Insurance Company of Delaware, or The United States Life Insurance Company in the City of New York, with which you have applied for insurance.

I, the Proposed Insured or Proposed Annuitant, and, as applicable, the Owner, hereby certify that the attached application was completed in the state of \_\_\_\_\_ and all solicitation of this application occurred in that state.

I certify that the laws of my country of legal citizenship or residence permit me to purchase this policy or contract. I represent and warrant that ascertaining any tax or other legal implications or treatment that the policy or contract may have in the United States or in my country of legal citizenship or residence is solely my responsibility, and that neither the Company, nor any of its employees, representatives, agents or affiliates have provided me with any tax or legal advice, or have guaranteed or promised any particular legal or tax consequences arising out of or relating to the policy or contract. I also affirm that the Company has strongly advised me to obtain legal and tax advice regarding the policy or contract from my own independent advisors and I have had the opportunity to do so.

I understand and agree that if the policy or contract has any tax or other legal implications in the United States or my country of legal citizenship or residence I shall bear the full cost of any taxes due or any other charge or expense resulting from the purchase of the policy or contract.

I understand that: 1) all insurance policies or contracts issued and any administrative communications regarding such policy or contract will be in English, and 2) the English version of any such documents shall be controlling in any and all disputes regarding such policy or contract.

\_\_\_\_\_  
Proposed Insured or Proposed Annuitant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Proposed Insured or Proposed Annuitant Printed Name

\_\_\_\_\_  
Owner Signature (if other than Proposed Insured or Proposed Annuitant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner Printed Name