

# American General

Life Companies

## Financial Institution Source of Funds Certification

### American General Life Insurance Company

*A subsidiary of American International Group, Inc.*

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This form **MUST** be completed and returned to American General Life Companies if the funds to pay the initial premium for life insurance policies or annuity contracts are in the form of a **Cashier's Check**.

I, \_\_\_\_\_, \_\_\_\_\_  
Name of Authorized Representative of Financial Institution, printed Authorized Representative's Title, printed

of \_\_\_\_\_  
Name of Financial Institution, printed

do hereby certify that:

1. the attached Cashier's check was issued by the above named Financial Institution on behalf of \_\_\_\_\_ (name of customer) to purchase a policy from an American General Life Companies Insurer.
2. the customer has an existing relationship with this financial institution through the existence of a checking account, savings account or CD; and
3. funds from the customer's account were used to purchase the Cashier's Check.

\_\_\_\_\_  
Signature of Authorized Representative of Financial Institution

\_\_\_\_\_  
Date