

- 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

In this questionnaire, the "Company" refers to the insurance company whose name is checked above.

The insurance 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.

### Proposed Insured

First Name	MI	Last Name	Date of Birth	Social Security #
1. Your income (before Income Tax):		Current fiscal year (Date / / thru / / )	Previous fiscal year	
Salary or wages				
Bonuses and/or commissions				
Net business or professional income (i.e., Gross income less business expenses, but not before personal income)				
Other earned income (give details in "Remarks" below)				
Unearned income (interest and dividends, net real estate income, etc.) give details in "Remarks" below				
<b>TOTAL</b>				
2. What is your approximate net worth, i.e., assets minus liabilities? (if necessary, give details in "Remarks" below)		Current fiscal year (Date / / thru / / )	Previous fiscal year	
Personal Assets				
Business Assets				
Liabilities				
Net worth				
3. Estimated tax liabilities at death (include potential estate taxes, inheritance taxes and capital gains taxes, both federal and state)				
4. How was the need for this new amount of coverage determined?				
Remarks (questions 1-4)				

If applying for personal insurance, please complete the Signature and Agreement section on the following page. If applying for business insurance, please complete questions 5-11 and the Signature and Agreement section on the following page.

If applying for personal insurance, please skip questions 5 - 11 and complete the Signature and Agreement section at the bottom of this page.  
If applying for business insurance, please complete questions 5 -11 and the Signature and Agreement section on this page.

5. Purpose of business insurance

- Key Person       Deferred Compensation       Buy-Sell Agreement/Stock Repurchase       Other

Other purpose — explain: \_\_\_\_\_  
\_\_\_\_\_

6. Is there a written buy/sell agreement in effect? (if yes, attach copy)       yes       no

Is there a buy/sell agreement contemplated?       yes       no

7. Creditor: Name of lender \_\_\_\_\_

Is insurance requested by lender?       yes       no

Coverage amount required by creditor: \_\_\_\_\_

Purpose of loan: \_\_\_\_\_  
\_\_\_\_\_

*(Use "Remarks" below for further details.)*

8. Are other corporate officers or partners being insured?       yes       no

If yes, provide amount of inforce and/or applied for coverage with us or another insurance company. If no, explain: \_\_\_\_\_  
\_\_\_\_\_

9. What percentage of the business do you own? \_\_\_\_\_%

10. Estimated fair market value of business: \_\_\_\_\_

*(In "Remarks" state how this value was determined)*

11. Financial details of business:      Current fiscal year      Previous fiscal year  
(Date / / thru / / )

A. Total assets \_\_\_\_\_

B. Total liabilities \_\_\_\_\_

C. Gross sales or revenue \_\_\_\_\_

D. Net income (before taxes) \_\_\_\_\_

Please submit a copy of the most recent balance sheet and income statement (year or quarter).

Remarks (questions 5 - 11) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature and Agreement:**

All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.

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

Signed at (city, state) \_\_\_\_\_

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

*(If under age 15, signature of parent or guardian)*