

American General

Life Companies

Limited Power of Attorney

American General Life Insurance Company

Administrative Center • P.O. Box 871 • Amarillo, TX 79105

Home Office • 2727-A Allen Parkway • Houston, TX 77019

I, the Policyowner identified below and resident of _____, County, State of _____, hereby nominate, make, constitute, and appoint _____ my true and lawful attorney-in-fact, for me and in name, place, and stead to do and perform each and every act and thing whatsoever requisite and necessary to be done in the premises to WITHDRAW ALL OR PART OF THE CASH VALUE OF ANNUITY

CONTRACT NO. _____, ON THE LIFE OF _____ including the endorsing and cashing of any check thereof, as I might do if personally present. The attorney-in-fact hereunder shall sign his/her own name as follows: " _____ " and add thereafter, "By Power of Attorney".

(Signature of Attorney-in-Fact)

This power of attorney is limited to the purposes above stated and is effective until revoked in writing and said revocation is recorded by AMERICAN GENERAL LIFE INSURANCE COMPANY at its Service Office in Amarillo, Texas. This power of attorney shall not terminate on my disability.

I hereby ratify and confirm whatsoever my said attorney-in-fact shall do or cause to be done by virtue hereof. I further agree to indemnify American General Life Insurance Company against any loss it may sustain as a result of its reliance on the authority of this power of attorney and release it from any liability for taking any action on the signature of my attorney-in-fact, which indemnification and release shall be binding on me, my heirs, personal representatives and assigns.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, A.D., 20 _____.

Adult Witness (Two Required)

Contract Owner

Adult Witness (Two Required)

ACKNOWLEDGEMENT

THE STATE OF _____)
COUNTY OF _____)

On this _____ day _____ of _____, 20 _____ before me personally appeared the above named person(s) who executed the foregoing assignment and acknowledged it as a free act and deed for the purposes therein named.

My commission expires _____, 20 _____.

Notary Public

— RETURN ALL THREE COPIES TO AMARILLO OFFICE —

This space for Service Office use only

Duplicate received and recorded at the Service Office in Amarillo, Texas this _____ day of _____, A.D., 20 _____.

AMERICAN GENERAL LIFE INSURANCE COMPANY

Authorized Signature and Title

IMPORTANT NOTICE

Review by the Owner's legal counsel is recommended. The form is provided as a convenience only. The Company does not assume responsibility for the validity or legal sufficiency of the document.

Policyholders who need a more detailed designation are referred to their own legal counsel.

A number of states require a durable power of attorney be recorded on the records of the county in which the Owner lives.