

# American General

Life Companies

## Expanded Financial Questionnaire - Personal

- 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 form, the "Company" refers to the insurance company whose name is checked above. The 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.

Complete a Personal or Business Expanded Financial Questionnaire as appropriate. Complete an Expanded Financial Questionnaire - Personal if the purpose of the application is for family protection, income replacement, estate preservation, charitable giving or other personal needs. Complete an Expanded Financial Questionnaire - Business if the purpose is business related such as key person, cross purchase, or creditor insurance.

**Please print all answers.**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Occupation/Employer \_\_\_\_\_ # Years \_\_\_\_\_

1. What is the purpose of the coverage? \_\_\_\_\_
2. Who will suffer a financial loss at your death? \_\_\_\_\_
3. How did you determine the amount of life insurance you needed? \_\_\_\_\_
4. How do you expect the life insurance benefits from this policy to be used? \_\_\_\_\_
5. Is there an intention that any party, other than the Owner, will obtain any right, title, or interest in any policy issued on the life of the Proposed Insured as a result of this application?  yes  no
6. Do you intend to finance any of the premium required to pay for this policy through a financing or loan agreement?  yes  no  
 (If yes, submit a copy of the financing or loan agreement) Check all of the following that apply and complete requested information:  
 Loan \_\_\_\_\_ (% of premium) Identify Source of Loan \_\_\_\_\_ Loan Repayment Schedule \_\_\_\_\_  
 Describe the collateral used: Cash \_\_\_\_\_ (% of premium) Existing life insurance policy or contract \_\_\_\_\_ (% of premium)  
 Existing Investments \_\_\_\_\_ (% of premium) Identify Investment Source \_\_\_\_\_
7. Are you, the Owner, Proposed Insured, or any person or entity, being paid (cash, services, etc.) as an incentive to enter into this transaction?  yes  no (If yes, describe the incentive: \_\_\_\_\_)

**SECTION I: PROPOSED INSURED'S STATEMENT OF ASSETS (List all items individually)**

**A. Checking/Savings/Money Market Accounts**

Type of Account	Name of Institution	Account Balance

**B. Investments (Stocks, Bonds, Partnerships, etc.)**

Type of Account (Bank, Brokerage, etc.)	Name of Institution	Account Balance

**C. Business Equity**

Name and Address	Tax ID No.	Market Value
Assets \$ _____ Revenues \$ _____ Earnings \$ _____		
Percentage Owned _____ % Year Acquired _____		
List additional businesses separately		

**D. Fixed Assets (Real Estate)**

Primary Residence Address - St, City, State	Orig Cost/Yr Acq	Market Value
Other Property Address - St, City, State	Orig Cost/Yr Acq	Market Value

<b>E. Other Assets (Autos, Personal Property)</b>		
<b>Description</b>	<b>Original Cost</b>	<b>Market Value</b>

**Total Assets** \_\_\_\_\_

**SECTION II: PROPOSED INSURED'S ANNUAL INCOME (Most Recent Year)    PROPOSED INSURED'S ANNUAL INCOME (Prior Year)**

<b>Type</b>	<b>Amount</b>	<b>Type</b>	<b>Amount</b>
Base Salary		Base Salary	
Income from Business		Income from Business	
Commissions		Commissions	
Bonuses		Bonuses	
Dividends/Interest		Dividends/Interest	
Net Rental Income		Net Rental Income	
Other (provide Source)		Other (provide Source)	
<b>Total Income (earned and unearned)</b>		<b>Total Income (earned and unearned)</b>	

**SECTION III: PROPOSED INSURED'S STATEMENT OF LIABILITIES (List all items individually)**

**A. Credit Cards/Unsecured Loans/Other Current Obligations**

<b>Description</b>	<b>Lender</b>	<b>Account Balance</b>

**B. Mortgages Payable**

<b>Description</b>	<b>Lender</b>	<b>Account Balance</b>

**C. Other Secured Loans**

<b>Description</b>	<b>Lender</b>	<b>Account Balance</b>

**D. Future Obligations/Guarantees/Commitments**

<b>Description</b>	<b>Amount</b>

**Total Liabilities** \_\_\_\_\_

**Net Worth (Assets - Liabilities)** \_\_\_\_\_

**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. I understand that any misrepresentation contained in this form and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within the contestable period. The Company will rely on my answers to determine the appropriate amount of insurance.

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

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

Accountant/Preparer Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Accountant/Preparer (please print full name) \_\_\_\_\_

Print Accounting Firm Name, Address and Phone Number \_\_\_\_\_