

American General

Life Companies

Employee Payroll Deduction Authorization

American General Life Insurance Company

P.O. Box 4373 • Houston, TX 77210-4373

The United States Life Insurance Company in the City of New York

PO Box 4373 • Houston, TX 77210-4373

Employee Information

Employee's Name _____

Employee Address _____

Employee Phone Number _____ Social Security Number _____

Deduction Information New Deduction Change Deduction Discontinue Deduction

Begin/Change Payroll Deduction on ____ / ____ / ____

Number of Deductions Per Year _____

Total Payroll Deducted \$ _____ Per Pay Per Month Other _____

Employer Contribution* \$ _____

Total Amount Of Payment \$ _____

*Note regarding deductions for Income Protection and Health Insurance Policies:

I confirm that payroll deductions for my income protection or health insurance policy(ies) will be withheld from after-tax wages. I understand that payroll deductions withheld from pre-tax wages for income protection or health insurance policies may cause benefits from those policies to become taxable.

Above Deduction Amount Includes:

_____ Premium Loan Payment Other _____

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Employer Information

Employer Name _____ Group Number _____ New Plan

The above deduction shall continue as long as the payroll deduction program is active unless I request discontinuance in writing. I may request an alternate method of payment at any time, so long as that request is in writing. Upon proper notification of a change to my policy(ies), my deductions should be adjusted accordingly.

Employee Signature _____ Date _____