

American General

Life Companies

Employer's Acceptance Of Payroll Deduction Arrangement

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

Until further advised by our employee in writing, our Payroll Department will honor Payroll Deduction authorizations signed by our employees on account of insurance or equity plans issued to them by the company indicated above. We will forward to you by the billing due date, premiums and payments on insurance or equity plans for which deductions have been made at the request of our employees and as included in your billing to us. Upon proper notification our Payroll Department will make changes to the amount deducted for certain types of plans requiring such changes.

It is our understanding that we may, upon reasonable notice to you and to our employees, terminate this Payroll Deduction Arrangement as a whole, in which event the payment of premiums and equity considerations will be a matter of direct accountability between each such employee and American General Life Insurance Company. Also, any employee may voluntarily discontinue their participation in the Payroll Deduction Arrangement upon written notification that payroll deductions shall no longer be made.

Name Of Company Or Firm: _____

Billing Address: _____

City _____ State _____ Zip _____

Contact Name: _____ Telephone (_____) _____

Fax Number: _____ Email Address _____

Number of participants expected at the time the group is initially established: _____

Does the employer make any contributions on behalf of the employee?

No - Employer does not contribute Yes - Employer Only Yes - Employer and Employee

Employees are paid:

Annually Semi-Annually Quarterly Monthly Semi-Monthly Bi-Weekly

Weekly 8thly 9thly 10thly Other: _____

Total number of pays each year: _____

Are deductions made from every pay? _____

The Next Pay Day is: _____ Payroll Deduction Start Date: _____

Billing should be sent:

Annually Semi-Annually Quarterly Monthly Semi-Monthly Bi-Weekly

8thly 9thly 10thly Other: _____

Monthly for the total amount of weekly or bi-weekly deductions in each month

Authorized by: _____ Date: _____ Title: _____

Servicing Agent Name: _____

Address: _____ Phone: (_____) _____