

American General Life Insurance Company (AGL)

A subsidiary of American International Group, Inc.

Home Office: P.O. Box 3018, Houston, TX 77253-3018

Instructions: Please type or **print** in black ink.

This supplemental application must accompany the appropriate application for annuities.

Name of Owner _____

SSN/Tax ID _____

Complete the following section.

Product Option Plan:

- 9-Year Option
- 12-Year Option

Rider:

Death Benefit Rider (Lump Sum Annuity Value)

Premium to be applied to:	Dollar Amount	Percentage
Fixed Interest Account	\$ _____ or _____	_____ %
Monthly Additive Account with Cap	\$ _____ or _____	_____ %
2-Year Point-to-Point Account with Index Cap	\$ _____ or _____	_____ %
Totals	\$ _____ or _____	100%

(Please complete one column only; should add up to total amount applied or 100% depending on which column is completed. If both columns are completed, allocation of premiums will be made pursuant to "Percentage" column.)

Client Signatures

I understand:

- 1) I am applying for an equity indexed annuity;
- 2) The values in the contract may be affected by an external index;
- 3) The contract does not directly participate in any stock equity investments; and
- 4) AGL may stop indexing as of any Contract Anniversary on or after the date
Withdrawal Charges cease to apply, as such terms are defined in the annuity contract.

Signature of Owner _____ Date _____

Signature of Joint Owner, if applicable _____