

American General

Life Companies

Systematic Premium Preauthorized Debit Form

American General Life Insurance Company

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

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

Contract Number _____ Owner _____

Address _____

Owner's Social Security Number _____ Phone Number _____

This form may be used for new requests or to change or cancel an existing agreement. Please check which type of request you are making.

_____ New Debit my account at the financial institution shown below.

_____ Change For future payments debit my account at the financial institution shown below.

_____ Cancel Cancel the preauthorized debits on my account.

Note: Preauthorized debits must be made on an account where the owner's name and social security number listed match those on the bank account's records. Allow 10 business days for processing changes.

Amount to be debited \$ _____

Frequency: _____ Monthly _____ Quarterly _____ Semiannually _____ Annually

Date the debit will occur: _____ (1st thru 28th only) Start date: _____

month / date / year

Financial Institution Name and Address: _____

Name on account: _____

Your bank account number: _____ _____ Monthly _____ Quarterly

PLEASE ATTACH A VOIDED CHECK TO THIS FORM.

I, the undersigned bank account owner, hereby authorize and request American General Life Insurance Company ("Company") to initiate automatic debits against the indicated bank account in the financial institution named. These payments are to be credited to the Annuity Policy listed above, until changed by the bank account owner. I hereby agree to indemnify and hold the Company harmless from any loss, claim, or liability of any kind by reason of dishonor of any debit.

I understand that this Authorization will not affect the terms of the Policy, other than the mode of payment. I acknowledge that the debit appearing on my bank statement shall constitute my receipt of the purchase payment, but no payment is deemed made until the Company receives actual payment in its Service Office.

I agree that this Authorization may be terminated by me or the Company at any time and for any reason by providing written notice of such termination to the non-terminating party and may be terminated by the Company immediately if any debit is not honored by the financial institution named above for any reason.

Signature of Owner _____ Date _____

Signature of Spouse _____ Date _____