

**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**

The above listed life insurance company ("Company") as selected on page one of Part A is 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.

1. Primary Proposed Insured

\_\_\_\_\_  
 First Name                                  MI                                  Last Name                                  Date of Birth                                  Social Security #

2. Total number of current children being applied for: \_\_\_\_\_  
*(Eligible children include: child, step-child, legally adopted child(ren) of the proposed insured. If more than 3 children to be insured please complete additional Child Rider Attachments and indicate total number of children being insured here.)*

3. Child(ren) proposed for coverage under the Children's Insurance Benefit Rider

	Name: First, Middle Initial, Last	Age	Date of Birth	Sex	Height	Weight
Child 1						
Child 2						
Child 3						

4. Child Rider Beneficiary \_\_\_\_\_  
 Child Rider Beneficiary Name                                  Relationship to Child(ren)

Give details to all yes answers in Remarks, including all dates and diagnosis.	Child 1	Child 2	Child 3
5. Has any child proposed for coverage ever been diagnosed as having, been treated for, or consulted a licensed health care provider for Congenital Heart Abnormalities, Heart Disorder, Epilepsy, Cancer, Malignancy, Leukemia, Diabetes, Cystic Fibrosis, Kidney Disease, Brain or Neurological Disorder, Asthma or Lung Disease?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
6. Does any child proposed for coverage have any symptoms or does the parent or guardian have any knowledge of any other condition that is not disclosed above?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

7. Remarks (Give details to all yes answers, including physician information, all dates, diagnosis, and/or treatments)

Child 1	_____ _____ _____
Child 2	_____ _____ _____
Child 3	_____ _____ _____

I agree that: (1) I have read the statements and answers contained in this Attachment, or they have been read to me; (2) They are true, and complete to the best of my knowledge and belief; and (3) This Attachment shall be a part of the Application for life insurance for the Primary Proposed Insured listed above. As the Parent or Guardian of the child(ren) proposed for coverage, I agree that I have read the Authorization to Obtain and Disclose Information in Part A or it has been read to me. By signing below, I hereby consent to such authorization for the child(ren) proposed for coverage.

\_\_\_\_\_  
 Signature of Owner (same Owner shown on the application)                                  Date

\_\_\_\_\_  
 Signature of Parent or Guardian of any child(ren) proposed for coverage (if other than Owner)                                  Date