American General
Life Companies

Term Conversion Request
No Underwriting Required

☐ **American General Life Insurance Company**
☐ **The United States Life Insurance Company in the City of New York**
☐ **American General Life Insurance Company of Delaware**
☐ **American International Life Assurance Company, New York**
P.O. Box 4373 • Houston, TX 77210-4373

Please fax forms to: 1-800-382-4662

In this request, "Company" refers to the insurance company whose name is checked above. The insurance company checked above is solely responsible for the obligation and payment of benefits under any policy it may issue.

Instructions:

This form is used to \ request full or partial term conversions for a Primary insured on an inforce single life policy and/or rider where evidence of insurability is **NOT** required. **This form is NOT to be used when evidence of insurability is required.** IF ADDITIONAL INSURANCE OVER THE CONVERSION AMOUNT IS REQUESTED OR RIDERS OR BENEFITS THAT REQUIRE EVIDENCE OF INSURABILITY ARE REQUESTED, PLEASE COMPLETE THE **INFORCE CHANGE APPLICATION FOR THE APPLICABLE STATE.**

A. CURRENT POLICY INFORMATION

Existing Policy #: _____

Insured Name: _____

Owner Name: _____

B. REQUIREMENTS

- **Term Conversion Request Form**
- **Full copy of signed and dated Illustration (UL Plans only)**
- **First modal premium payment and/or completed EFT form**
- **Change of Ownership Form if required**
- **Corporate or Trust Documentation if required**
- **TIR Disclosure Form if required**

C. CONVERSION REQUEST

Conversion Privilege: Conversion periods vary by policy. You may wish to contact the Producer Call Center to verify.

Benefits: If the insured meets the "total disability" definition in the Waiver of Premium provision, the insured may not be eligible to convert to or include Waiver of Premium on the new policy.

CONVERSION AMOUNT

Base Coverage: _____

Supplemental Coverage (UL plans only): _____

New Plan Name: _____

Death Benefit Option (UL plans only): ☐ Level ☐ Increasing

After the conversion, will there be any remaining inforce coverage on the existing policy? ☐ Yes ☐ No

Amount remaining inforce after conversion: _____

D. EFFECTIVE DATE OF NEW POLICY

To ensure continuation of coverage, the effective date should match the paid to date of the existing policy. (If requesting Bank Draft, be sure that the monthly draft date is the same as the effective date of the month)

Effective Date: _____

E. PRIMARY INSURED INFORMATION FOR NEW POLICY

Insured Name: _____ Tax ID #/Social Security # _____

Social Security # _____ Date of Birth _____ Sex ☐ M ☐ F

Address _____ City, State _____ Zip _____

F. OWNER INFORMATION FOR NEW POLICY

Complete if owner of the new policy will be someone other than the Primary Insured. If owner is a trust, complete Section G. If owner of new policy will be different than owner of existing policy, must complete a change of ownership form (cannot be dated the same day as this form).

Name: _____ Tax ID #/Social Security # _____

Address _____ City, State _____ Zip _____

G. TRUST INFORMATION - Complete if owner is a trust. (Will also need to complete Section M on Page 4)

Exact Name of Trust: _____ Trust Tax ID # _____

Current Trustee(s): _____ Date of Trust _____

H. PAYOR INFORMATION - Complete if Payor is different from Owner.

Payor Name: _____

Address _____ City, State _____ Zip _____

I. BENEFICIARY INFORMATION

The undersigned contract owner hereby revokes any previous beneficiary designation on the coverage being converted as well as optional mode of settlement with respect to any death benefit proceeds payable at the death of the insured under the new policy. If this conversion transaction results in coverage remaining under the current policy number, beneficiary designations of record for that policy will be retained. If beneficiary is a trust, provide name and date of trust agreement.

Primary Insured:

Name	Relationship	&	Beneficiary Type
			☐ Primary ☐ Contingent
			☐ Primary ☐ Contingent
			☐ Primary ☐ Contingent
			☐ Primary ☐ Contingent

Rider Insured:

Rider Type	Name	Relationship
Spousal		
Child		

J. BILLING

Frequency: ☐ Annual ☐ Semi Annual ☐ Quarterly ☐ Monthly (Bank Draft Only)

Method: ☐ Direct ☐ List bill ☐ Bank Draft ☐ Government Allotment

*If setting up under Bank Draft, need to submit a completed EFT form. Draft date should be the same day of the month as effective date.

Payment Enclosed: ☐ Yes ☐ No Amount _____ Check # _____

K. AGENT INFORMATION

Agent(s) to Receive Commission	Agency Number	Agent Number	Percent of Split

L. AUTHORIZATION AND SIGNATURES

I understand and agree that no insurance will be in effect under this request, or under any new policy issued by the Company, unless or until: the policy has been delivered and accepted and the first full modal premium for the issued policy has been paid.

I understand and agree that no agent is authorized to: accept risks or pass upon insurability; make or modify contracts; or waive any of the Company's rights or requirements.

Under penalties of perjury, I certify: (1) that the number shown on this request is my correct Social Security or Tax ID number; and (2) that I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code; and (3) that I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provisions of this document other than the certifications required to avoid backup withholding. You must cross out item (2) if you are subject to backup withholding and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).

Signed at (City and State) **Date**

Signature of Owner **Signature of Assignee (If applicable)**

Agent Signature **Date**

Special Signature Requirements:

Corporate Ownership: The signature of one officer followed by the officer's title is required. In addition, a separate request for this transaction must be submitted on: (1) corporate letterhead; or (2) paper with the corporate seal signed by that officer.

Trust: If the contract is owned by or assigned to a Trust, Trustee(s) signature is required. Signature should include 'Trustee' after the name. Complete Section M on Page 4.

Assignee: If existing policy has assignment, designated assignee must sign.

IF OWNER IS A TRUST PROCEED TO PAGE 4.

M. TRUST AFFIDAVIT - Must be completed if owner is a trust.

The undersigned, of lawful age, being first duly sworn, on oath, deposes and says: That our names are:

Please print name(s) of Trustee(s): _____

That I/we are the duly designated Trustee(s) of the _____

Trust, as evidenced by a written Trust Agreement dated_____. Trust is in full force and effect and has not been revoked or terminated. That in our capacity as Trustees, we are making this written request to exercise a right or receive a benefit accorded to us by the Life/Annuity contract issued by the Company. That in our capacity as Trustee, we are authorized to exercise the right or receive the benefit aforesaid and the Company, upon acting in conformance with my request, shall have satisfied and be fully discharged of its obligation to the Trust. That the representations and undertakings herein set forth by us are intended to be relied upon by the Company and to induce it to act on my request. In consideration of these premises, I hereby agree to indemnify and save the Company harmless from any and all liability, loss, damage, expense, causes of action, suits, claims, judgements, including attorney fees, resulting from or based upon actions taken by the Company at my request.

Trustee(s) Signature(s)_____

Each Trustee listed under the trust agreement must sign

HOW TO PROCESS A TERM CONVERSION

Step 1 - Contact the Producer Call Center at 1-877-200-0220 to verify conversion information. They can provide the conversion expiry date, the underwriting class, and answer questions about form and illustration requirements.

Step 2 - Determine what Universal or Whole Life product you will be converting to in order to best meet your client's needs. Currently, the only products NOT available for conversion are ROP Term or other term products, and any Survivorship Products. The ContinUL Extend is only available if the term policy being converted is less than 5 years old. (See Field Bulletin 08-128 for additional information)

Step 3 - Assemble the requirements. (See Field Bulletin 08-130 for additional guidance)

A. Will this conversion require underwriting?

Generally the answer is no and you would therefore use the Term Conversion Request Form

If the conversion will require underwriting, for an increase in face amount, addition of riders, or change in smoker status, you will need to use the state specific Inforce Change Application.

B. Are you converting to a Universal Life product?

If yes, an illustration is required. Illustrations can be prepared using your regular new business illustration software or you can contact your Marketing Support staff for assistance.

C. Will the new policy be paid via bank draft?

If yes, a completed Electronic Funds Authorization form is needed.

D. Is the ownership being changed during the conversion?

If yes, a completed ownership change form is needed (See FAQ #12 for additional information)

E. Are there any other forms applicable as a result of business rules, product requirements, or state regulations?

Examples of additional forms that could be needed are Trust Affidavit, TIR Disclosure form or Variable Supp App.

Step 4 - Fax the requirements to 800-382-4662. Do not mail after faxing unless you are submitting a check.

Step 5 - Mail the original of any checks to:

US Mail:
AIG American General
PO Box 13487
Springfield, IL 62791

Overnight Mail:
AIG American General
3051 Hollis Drive
Springfield, IL 62704

If you need to follow up on the status of your conversion request, please contact the Producer Call Center at 1-877-200-0220. Please visit the Producer Web Site at eStation.aglife.com for additional conversion information and links to important forms and documents.