

American General

Life Companies

Electronic Funds Authorization

American General Life Insurance Company (AGL)

Subsidiaries of American International Group Inc.

☐ Fixed Life Service Center - P.O. Box 9000, Amarillo, TX 79105-9000 • Fax: 713-831-3028

☐ Variable Life Service Center - P.O. Box 9318, Amarillo, TX 79105-9318 • Fax: 713-620-6653

Instructions for completing this form are listed on the back.

Please print or
type all information
except signatures.

1. CONTRACT IDENTIFICATION

☐ Check Here if
New Address

CONTRACT No.: _____

OWNER: _____ SSN/TIN OR EIN: _____

ADDRESS: _____ PHONE No.: _____

EMAIL ADDRESS (optional): _____

INSURED/ANNUITANT (if other than Owner): _____

Name: _____

Address: _____

2. FINANCIAL INSTITUTION

Routing Number

Account Number

Type Of Account: ☐ Checking ☐ Savings Credit Union: ☐ Yes ☐ No

PLEASE ATTACH A VOIDED
CHECK OR A DEPOSIT SLIP.

3. BANK ACCOUNT OWNER

Name(s) of Bank Account Owner(s) _____

4. PAYMENT ALLOCATION

Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually Withdrawal Day _____ (1-28)

Contract No.	Insured/Annuitant	Premium/ Contribution Amount	Loan Repayment (if available)	Other

5. SIGN HERE FOR ABOVE REQUEST

I understand and agree to the Electronic Funds Agreement on page 2.

☐ Please initiate debits against my account for all outstanding premiums due.

Signature(s) of Bank Account Owner(s) as it appears on account records Date

Signature(s) of Bank Account Owner(s) as it appears on account records Date

RETURN COMPLETED FORM TO THE ADDRESS OF THE COMPANY CHECKED ABOVE.

- Instructions and Conditions -

1. CONTRACT IDENTIFICATION	Complete all contract information in this section. You may use this form for multiple contracts that have the same payment instructions. This form may be used to change the bank or bank account number from which debits will be made, or to change the bank account owner making payments.
2. FINANCIAL INSTITUTION	Complete the name and address of the financial institution from which funds are to be withdrawn. Please provide the Routing Number and the Account Number of the financial institution. Indicate the type of account and whether or not it is with a credit union. Submit the authorization with a voided check or a deposit slip. We cannot process a request without a voided check (checking account) or deposit slip (saving account).
3. BANK ACCOUNT OWNER	Print the name of the owner of the account from which funds will be debited.
4. PAYMENT ALLOCATION	<p>a. Indicate the frequency of the payment.</p> <p>b. Indicate the withdrawal day (day must be 1 through 28). Withdrawals or debits from your account may occur earlier if the deduction day falls on a week-end or holiday.</p> <p>c. Include all contract numbers on the Authorization with the corresponding Insured/Annuitant name, Premium/Contribution Amount, etc.</p> <p>d. Please contact your Service Center for availability. Loan repayment via electronic funds transfer is not available for all contracts.</p>
5. SIGN HERE FOR ABOVE REQUEST	<p>Electronic Funds Agreement</p> <p>I hereby authorize and request the Company to initiate electronic or other commercially accepted-type debits against the indicated bank account in the depository institution named ("Depository") for the payment of premiums and other indicated charges due on the contract(s) listed, and to continue to initiate such debits in the event of a conversion, renewal, or other change to any such contract(s). I hereby agree to indemnify and hold the Company harmless from any loss, claim, or liability of any kind by reason or dishonor of any debit.</p> <p>I understand that this Authorization will not affect the terms of the contract(s), other than the mode of payment, and that if premiums are not paid within the applicable grace period, the contract(s) will terminate, subject to any applicable nonforfeiture provision. I acknowledge that the debit appearing on my bank statement shall constitute my receipt of payment, but no payment is deemed made until the Company receives actual payment in its Service Center.</p> <p>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 Depository named for any reason.</p> <p>This request must be dated and all required signatures must be written in ink, using full legal names.</p> <p>This request must be dated and signed by the Bank Account Owner(s) as his/her name appears on bank records for the account provided on this authorization.</p>