

US Life

The United States Life Insurance Company
in the City of New York (US Life)

Mailing Address:
Annuity Service Center
P.O. Box 2708
Amarillo, TX 79105-2708

Overnight Mailing Address:
Annuity Service Center
1050 N. Western Street
Amarillo, TX 79106-7011

AFFIDAVIT OF COMPETENCY OF PRINCIPAL AND NON-REVOCATION OF POWER OF ATTORNEY

State of _____

Contract Number: _____

County of _____

I, _____ (“Affiant”), being first duly sworn, do hereby state that the
Name of Agent or Attorney-in-fact
Power of Attorney attached hereto was executed by _____, the principal,
at a time when he or she was legally competent to perform such act and that the said Power of
Attorney has not been terminated by any means, including but not limited to voluntary
revocation by the principal, death of the principal, annulment, legal separation or divorce of the
principal, or appointment of a guardian or conservator of the principal’s estate.

Affiant agrees to notify the Insurer at the address above in writing immediately if and when
Affiant obtains knowledge that the Power of Attorney has been revoked or otherwise terminated
at any time.

In consideration of the Insurer’s acceptance of the attached Power of Attorney, Affiant hereby
indemnifies and holds harmless the Insurer and its parent company, affiliated companies, and
their predecessors, successors, principals, agents, and employees for any loss, damage or expense
it may sustain due to any failure by Affiant to notify the Insurer as described in the paragraph
above.

Signature of Agent or Attorney-in-fact

Date

Sworn to and subscribed before me on this _____ day of _____, 20_____

SEAL

Notary Public Signature

State of _____

**RETURN ORIGINAL TO HOME OFFICE
RETAIN DUPLICATE COPY FOR YOUR RECORDS**

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revocation by the principal, death of the principal, annulment, legal separation or divorce of the
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Signature of Agent or Attorney-in-fact

Date

Sworn to and subscribed before me on this _____ day of _____, 20_____

SEAL

Notary Public Signature

State of _____

**RETURN ORIGINAL TO HOME OFFICE
RETAIN DUPLICATE COPY FOR YOUR RECORDS**

**Annuity New Business
Transmittal Form**

**American General Life Insurance Company (AGL)
The United States Life Insurance Company in the City of New York (US Life)**
A subsidiary of American International Group, Inc.
P.O. Box 2708, Amarillo, TX 79105-2708 • 888-438-6933



This form or a coversheet with identical information must be provided with the application to ensure timely processing.

NEW BUSINESS TRANSMITTAL INFORMATION

Contract No. (if known): _____ Contract Owner: _____ DOB: _____

Owner's Email Address is Required (If none exists, enter NA): _____

Agent Name: _____ Agent Number: _____

IMO/BGA/AGENT CONTACT INFORMATION

For Missing Documents	For Case Follow-up
Name: _____	Name: _____
Email Address: _____	Email Address: _____
Phone: _____	Phone: _____

SPECIAL INSTRUCTIONS

Please submit the application and all required new business documents to one of the following addresses:

Mailing address:

American General/United States Life
Annuity Service Center
P.O. Box 2708
Amarillo, TX 79105-2708

Overnight Mail:

American General/United States Life
Annuity Service Center
1050 North Western Street
Amarillo, TX 79106-7011

Agent Toll Free Number for Servicing: 888-438-6933

By providing complete and accurate information, processing time can be expedited.

**Annuity Agent Report
For Agent Use Only**

**American General Life Insurance Company (AGL)
The United States Life Insurance Company in the City of New York (US Life)**

A subsidiary of American International Group, Inc.
P.O. Box 2708, Amarillo, TX 79105-2708 • 888-438-6933

In order to ensure accurate processing, please fill out this form completely and submit with the annuity application.

If you currently submit annuity business through an IMO, Agency or other processing center, please continue to do so. Encourage them to utilize the Annuity New Business Transmittal Form to increase processing efficiency.

Name of Owner _____ SSN/Tax ID _____

Name of Annuitant _____ Contract No. (if known) _____

New Business Forms Checklist

Check and include all that apply:

- Check (payable to American General Life)
- 1035 Exchange/Trustee Transfer Forms
- Replacement Notice
- State Notice (in applicable states)
- Non-natural owner proof of authorization to sign (ex: Resolution, Trust Affidavit, Power of Attorney Affidavit): _____
- EFT: include voided check
- Other: _____
- Annuity Agent Report (this page) & application
- Client Profile

For a Deferred Annuity also include:

- Owner's Acknowledgement
- Supplemental Application (for indexed annuities)
- Exception Worksheet (for large premium and older age cases)

For an Immediate Annuity also include:

- Proof of Age: Driver's license enlarged to 200% for readability, Passport, Certified Birth Certificate, or other documentation approved by the Company
- Quote that is not expired
- Letter Documenting Client's Rated Age (if medically underwritten)
- Exception Worksheet (for large premium cases).

Important information: Complete section 7 and 10 (Replacement Sections) and check MVA sentence in section 5 or case will be delayed and rate lock will be lost.

Agent Information

REQUIRED	REQUIRED FOR INDEXED PRODUCTS
X Agent/Broker Signature	1. Are you a Registered Representative? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agent Name (Print)	2. Does your broker/dealer require a suitability review for Fixed Indexed Annuities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agent Number (Write pending if applicable)	3. Are commissions paid through your Broker Dealer for Fixed Indexed Annuities? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agent SSN (if agent number is pending)	4. Who is your Broker/Dealer? _____
Agent e-mail address	OPTIONAL
Agent Street Address	Split Case <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete the following sections.)
Agent City, State, Zip	Percent to Primary Agent ____% PLUS Percent to 2nd Agent ____%
Agent phone number	PLUS Percent to Others _____% = TOTAL PERCENT 100%
	Second Agent's Name (Print)
	Agent Number
	Agency Name/Number
	Agent SSN (if agent number is pending)

Deferred Annuity Application

The United States Life Insurance Company in the City of New York

Overnight Mailing Address: Annuity Service Center • 1050 North Western Street • Amarillo, TX 79106-7011

Instructions: Please type or print in black ink.

If Owner/Annuitant/Payee is a person and neither a U.S. citizen nor a U.S. resident, explain residency and citizenship under Section 7, Special Remarks.

1. Owner <small>(If additional space is needed use Section 7, Special Remarks and check this box. <input type="checkbox"/>)</small>	
INDIVIDUAL/OWNER NO. 1	Name (FIRST, MI, LAST): Mr/Mrs/Ms _____
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (MM/DD/YYYY): ____/____/____ Age: _____
	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Date of Entry: _____ Visa Type: _____ Exp. Date: _____
Phone Number (DAYTIME): () _____ SSN/TAX ID: _____	
Address (STREET): _____	
City: _____ State: _____ Zip: _____	
Owner's Email Address is Required (If none exists, enter NA): _____	
OWNER NO. 2	Name (FIRST, MI, LAST): Mr/Mrs/Ms _____
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (MM/DD/YYYY): ____/____/____ Age: _____
	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Date of Entry: _____ Visa Type: _____ Exp. Date: _____
Phone Number (DAYTIME): () _____ SSN/TAX ID: _____	
Address (STREET): _____	
City: _____ State: _____ Zip: _____ Relationship to other Owner: _____	
NON-NATURAL OWNER	<input type="checkbox"/> Trust Date of Trust (MM/DD/YYYY): ____/____/____ <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____
	Full Name _____
	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Date of Entry: _____ Visa Type: _____ Exp. Date: _____
Phone Number: () _____ Tax or Employer ID Number: _____	
Address (STREET): _____	
City: _____ State: _____ Zip: _____	
Trustee's Name (IF TRUST IS NAMED): _____	
<i>Trusts: If the Owner will be a trust, please submit the first and signature pages of the trust document, and the completed Trust Affidavit, form #AGLC102505</i>	
2. Annuitant <small>(Complete if Owner and Annuitant are different.)</small>	
Name (FIRST, MI, LAST): Mr/Mrs/Ms _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth (MM/DD/YYYY): ____/____/____ SSN/TAX ID: _____	
Address (STREET): _____ City: _____ State: _____ Zip: _____	
Annuitant Email: _____ Relationship to Owner: _____	
If a Joint Annuitant is involved then complete the same information requested above in Section 7, Special Remarks.	
3. Beneficiary Information <small>(If more than one Beneficiary, proceeds will be divided equally unless otherwise indicated.)</small>	
If joint owners are listed above, this will be your Contingent Beneficiary unless you check here <input type="checkbox"/> to indicate that this is your Primary Beneficiary.	
Name: _____ <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
_____ % SSN/Tax ID: _____ Relationship to Owner: _____	
Name: _____ <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
_____ % SSN/Tax ID: _____ Relationship to Owner: _____	
If more than 2 Beneficiaries then list the same information requested above in Section 7, Special Remarks, or on a separate sheet signed by the Owner and check this box. <input type="checkbox"/>	

4. Premium Payment

CHECKS MUST BE MADE PAYABLE TO **THE UNITED STATE LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK (USL)**.
Do not make checks payable to the agent or leave payee blank.

Premium Payment: \$ _____ **Premium Type:** Single Flexible Modal *(Complete EFT Section below)*

Method: *(check all that apply)* \$1035 Exchange/Trustee Transfer Check attached Wire transfer

Source of Premium: Non-qualified IRA Roth IRA Other _____
 Qualified* (plan type/name) _____

* Qualified: Funds from a retirement plan such as Keogh/HR-10, 401(k), 403(b), 401(a) Defined Benefit, Money Purchase or Profit Sharing plan.

Electronic Funds Transfer (EFT)

Payment Amount *(Flex Products only)* \$ _____

Mode: Monthly Quarterly Semi-Annually Annually **Starting Date**(MM/DD/YYYY): _____ / _____ / _____

Account: Checking *(attach voided check)* Savings *(attach deposit slip)*

Name on Account: _____ **Account Number:**

Name of Institution: _____ **ABA Routing/Transit Number:**

Telephone Number: _____

I authorize AGL to initiate debit entries and, if necessary, credit entries and adjustments for any debit entries in error to the account indicated above. **(Owner's initials)** _____

5. Type of Annuity

(Select one of the following.) (Not all products qualify for all sections.)

Type of Annuity requested: Non-qualified | **IRA:** Traditional Roth SEP
Qualified Plan: 412i Other _____

6. Annuity Product

(Select one of the following.)

Single Premium

- American PathwaySM Empire 5 Annuity
- American PathwaySM Empire 7 Annuity

Flexible Premium

- American PathwaySM Flex Fixed 8 Annuity

7. Special Remarks

8. Replacement

This section must be completed in its entirety.

1. Do you have any existing or pending annuity contract or life insurance policy? Yes No
2. Is this annuity intended to replace or change any existing annuity contract or life insurance policy? * Yes No

If you answered "yes" to question 2, always complete any applicable replacement forms required by the state. Except, however, there are certain states requiring completion of the replacement notice form even when existing or pending life insurance or annuities are not being replaced by the annuity contract being applied for; in these states, complete the replacement notice form when you answered "yes" to question 1 regardless of how you answered question 2.

* "Replace" means that the annuity contract being applied for may replace, change or use monetary value from an existing or pending life insurance policy or annuity contract.

9. Owner Signatures

On behalf of myself and any person who may claim any interest under the contract I represent all statements set forth are complete and true as written and correctly recorded to the best of my knowledge and belief. I declare: (a) that if a Market Value Adjustment feature is shown on the Owner's Acknowledgement presented with this application, I understand how this feature affects my contract, including any funds withdrawn from the contract; (b) I have read and understand the USA Patriot Act disclosure on the bottom of this page; and (c) I understand a copy of this application will be attached and made part of this contract when issued.

Signed at _____ on _____
CITY STATE DATE

X _____ X _____
OWNER JOINT OWNER (IF APPLICABLE)

10. Agent Signatures

The agent must complete this section in its entirety.

- Does the Owner have any existing or pending annuity or life insurance contracts? Yes No
- To the best of your knowledge, is this annuity being purchased to replace or change any existing insurance or annuity? Yes No

I certify that the information provided by the Owner has been truthfully and accurately recorded on the application.

X _____
AGENT/BROKER SIGNATURE

AGENT NAME (PRINT)

AGENT TELEPHONE NUMBER

USA PATRIOT ACT (This notice is printed in compliance with Section 326 of the USA Patriot Act)

IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE POLICY OR ANNUITY CONTRACT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify, and record information that identifies each person who opens an account, including an application for an insurance policy or annuity contract.

What this means for you: When you apply for an insurance policy or annuity contract, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Regular Mail: Annuity Service Center, P.O. Box 2708, Amarillo, TX 79105-2708
Overnight Mail: Annuity Service Center, 1050 N. Western St., Amarillo, TX 79106-7011

American General Life Insurance Company (AGL) and the United States Life Insurance Company in the City of New York (USL) require that your licensed agent determine whether the purchase of an annuity is consistent with your financial needs and objectives. AGL and USL use the information below to assist in validating whether the annuity purchase is suitable for you. Please check that all questions are answered completely and accurately. This form must be completed, signed, and dated so we can consider your application. **Incomplete forms will delay processing.**

The Client Profile Form should be completed with the contract owner's information. If the contract owner is a revocable trust, then the form should be completed using the trust grantor's information.

1. Proposed Owner and Premium Information

- a. Owner's Name _____ Date of Birth _____
- b. Joint Owner's Name _____ Date of Birth _____ Check if spouse
- c. Owner's Social Security/Tax ID Number _____
- d. Actual or estimated total premium amount _____
- e. Select Product Fixed Deferred Annuity—Product Name _____
 Deferred Income Annuity (DIA)—Product Name _____
 Single Premium Immediate Annuity (SPIA)—Product Name _____
- Qualified Line of Business (IRA, SEP, etc.) Yes No
- f. **For SPIA or DIA Only:** Is a "Lifetime Income Payout Only" income/annuitization option selected? Yes No
- g. What is the source of funds for the purchase of this annuity? (Check all that apply)
- Annuity Certificate of Deposit (CDs) Savings/Checking/Money Market Stocks/Bonds/Mutual Funds
- Life Insurance Reverse Mortgage Home Equity Loan Other _____
- h. What is the total contract value of the annuities you currently own (amount excludes this annuity being purchased)
- \$ _____ I do not own any other annuities
- i. If an optional living benefit was elected, at what age do you anticipate beginning withdrawals under the benefit? _____
- N/A (no optional living benefit was elected)
- j. Will the purchase of this annuity result in a replacement of an existing annuity contract or life insurance policy? Yes No

If this transaction is NOT a replacement, please skip to Section 3 - Financial Information

2. Replacements

Complete Section 2 - Replacements if this transaction is a replacement. If this transaction is NOT a replacement, please skip to Section 3 - Financial Information.

Life Insurance to Annuity Replacement

Are you replacing your **life insurance policy(ies)** because this annuity being purchased is better suited for your current financial goals?

Yes No N/A (not a life insurance replacement)

Annuity to Annuity Replacement

a. Are you replacing your **annuity(ies)** because this annuity being purchased is better suited for your current financial goals?

Yes No N/A (not an annuity replacement)

b. Excluding this replacement, have you had any other annuity exchange or replacement within the past 36 months (60 months in California & Minnesota)? Yes No

COMPLETE TABLE IF THIS IS AN ANNUITY-TO-ANNUITY REPLACEMENT

Please complete this section in its entirety. If requested information is unknown, please contact your current annuity company. If information is not applicable, please fill in "not applicable" or "N/A."

If replacing more than one contract, please completely fill in the information for each replacement. If replacing more than three contracts, complete additional charts, and the owner(s) and agent(s) should sign and date the additional paperwork.

Current Annuity Contract Information	Existing Contract #1	Existing Contract #2	Existing Contract #3
Annuity Type (Fixed Deferred, Index Deferred, Variable)			
Insurer Name for Existing Contract			
Current Contract Surrender Value	\$ _____	\$ _____	\$ _____
Surrender Charge or Early Withdrawal Charge (if charge is indicated, explanation is required under item c below)	\$ _____	\$ _____	\$ _____
Optional Living Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Guaranteed Minimum Interest Rate (provide only for fixed deferred annuity replacement)	_____ % or <input type="checkbox"/> N/A	_____ % or <input type="checkbox"/> N/A	_____ % or <input type="checkbox"/> N/A
Death Benefit Value	\$ _____	\$ _____	\$ _____
Market Value Adjustment (MVA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated MVA amount that will apply (if none, list \$0). Indicate if positive (+) or negative (-).	\$ _____ <input type="checkbox"/> + <input type="checkbox"/> -	\$ _____ <input type="checkbox"/> + <input type="checkbox"/> -	\$ _____ <input type="checkbox"/> + <input type="checkbox"/> -

c. If a surrender charge is indicated above, please explain why you feel it is more beneficial to replace now versus waiting for the surrender schedule to expire. _____

d. For the purchase of SPIA or DIA Only: Will the income annuity being purchased provide a higher income stream than what you would be able to receive under the terms of your existing annuity contract that is being replaced?

Yes No (if no, please explain) _____

3. Financial Information

- a. What is your total annual household pre-tax income? \$ _____ (provide annual gross amount)
- b. Please identify the source(s) of your household income? (check all that apply)
- Employment/Self Employment Pension/Retirement Benefits Social Security Investments
 Annuity Reverse Mortgage Other _____
- c. What are your approximate annual household living expenses (including housing, insurance, food, healthcare, taxes, etc.)?
 \$ _____ (provide annual amount)
- d. Including any amounts you plan on withdrawing from this annuity or income annuity payments expected from this annuity, will you have sufficient available cash or other sources of income for emergencies?
 Yes No (if no, please explain) _____
- e. What is the approximate total value of your household's liquid assets, after the purchase of this annuity?
- Liquid assets are those that readily convert to cash without withdrawal charges or penalties.
 - **Examples:** checking, savings, money market accounts, brokerage accounts, stocks, mutual funds, etc.
 - Do not include the premium used to purchase this annuity in your liquid assets.
- \$ _____ (provide total amount)
- f. What is your approximate household net worth, excluding your primary residence and liquid assets provided above?
- Net worth should exclude your total debt (for example, exclude the mortgage on your primary residence).
 - Exclude all assets you included above in your liquid assets.
 - **Examples:** annuities (including the purchase of this annuity), retirement accounts, CDs, real property, investments, deferred compensation, life insurance cash value, etc.
- \$ _____ (provide total amount)
- g. What is your federal income tax bracket? Less than 15% 15-28% Greater than 28%
- h. Which financial, insurance, and investment products have you owned and/or currently own? (Check all that apply)
- None CDs Stocks Life Insurance Bonds Mutual Funds Annuities
- i. What are your financial goals for purchasing this annuity? (check all that apply)
- Immediate Income Future Income Tax Savings Asset Growth Safety of Principal
 Education Financing Estate Planning Other _____
- j. Do you anticipate accessing more than the free withdrawal amount or annual lifetime income (if living benefit is available and elected), in any year during the annuity's surrender charge period?
 No Yes (if yes, please explain) _____
 N/A (SPIA/DIA)
- k. Do you anticipate taking any withdrawals prior to age 59½ that would subject you to a tax penalty?
- Examples of withdrawals that may not incur a tax penalty include, but are not limited to, a series of substantially equal periodic payments made over your life or life expectancy, or payments taken if you have a qualifying disability. Please consult your tax advisor if you have any questions about whether any anticipated withdrawals will result in a tax penalty.
- No Yes (if yes, please explain) _____
 N/A (SPIA/DIA)
- l. What is your risk profile with respect to the purchase of this annuity? (check one)
- Conservative I would rather have small returns than risk losing money.
 Moderate I would like to achieve higher returns over time and can withstand an occasional, large
downturn in the value of my portfolio.
 Aggressive My main goal is to achieve high returns over time and I can endure substantial losses in
order to do so.
- m. This annuity being purchased is based on the recommendation of my agent. Yes No
- n. **For SPIA or DIA ONLY:** Are you aware that the income annuity being purchased permanently converts your premium to a guaranteed stream of payments and your access to the premium used to purchase the annuity will be restricted?
 Yes No
- o. **For Alaska and Minnesota residents only:** Do you expect significant changes in your financial situation or needs, annual income, existing assets, liquidity needs, liquid net worth or tax status during the surrender charge period? Yes No

4. Disclosure

For New Jersey residents only:

The sale and suitability of annuities is regulated by the Department of Banking and Insurance, you may obtain assistance by contacting 609-292-7272 or 1-800-446-7467, or by visiting the Department’s website at *www.njdoib.org*.

5. Owner’s/Joint Owner’s Acknowledgement

By signing this form, I (and Joint Owner, if any) affirm each of the following: To the best of my knowledge and belief, the information I provided to my agent and shown above is true and complete, and was obtained prior to my purchase. I understand that my failure to provide true and complete information may affect the ability of my agent and AGL to determine the suitability of the product being applied for, and may limit the protection provided by regulations regarding suitability of the annuity being purchased.

I have been informed of the various features of the annuity being purchased, and I certify that it is suitable for me based on my financial needs and objectives.

If I am purchasing this annuity contract for a Traditional or Roth IRA, I understand that a Traditional IRA already provides tax deferral or that Roth IRAs, subject to certain restrictions provide tax-free accumulation and that such deferral will NOT be enhanced by this annuity contract. I understand that I should consult my tax advisor if I have any questions about tax savings and the purchase of this annuity.

For Fixed Deferred only: I understand that access to the funds used to purchase this annuity in excess of the free withdrawal amount during the withdrawal charge period may result in a penalty.

For SPIA or DIA only: I understand that, with limited exceptions, I am permanently converting my premium into an income stream.

Owner’s Signature: _____ Date _____

Joint Owner’s Signature: _____ Date _____

6 Agent’s Acknowledgement

By signing this form, I affirm the following:

To the best of my knowledge and belief the information on the form is true and complete and was obtained prior to the purchase of the annuity. Based on information provided by the owner(s) and my review of such information, I believe this annuity is suitable for the financial needs and objectives of the owner(s).

Agent’s Name (Print) _____

Agent’s Signature _____ Date _____

Broker/Dealer, Firm or Affiliation _____

Owner Acknowledgment
American PathwaySM
Flex Fixed 8 Annuity
 (Form Number 04371N)

The United States Life Insurance Company in the City of New York

Mailing Address: Annuity Service Center • P.O. Box 2708 • Amarillo, TX 79105-2708

Overnight Mailing Address: Annuity Service Center • 1050 North Western Street • Amarillo, TX 79106-7011

www.aig.com/annuities • 888-438-6933

This is a summary of the provisions of your annuity, but it is not a part of your contract. Your annuity contract contains complete details.

General Description: The American PathwaySM Flex Fixed 8 Annuity is a flexible premium deferred annuity issued by The United States Life Insurance Company in the City of New York (the Company). This product, as with most annuities, is designed to be a long-term savings product and has the potential to lose money if withdrawn in the short-term.

Right to Examine the Contract: The contract may be returned within twenty days (20) (or longer, if required by your state) after delivery if you are not satisfied with it for any reason. See the contract for further explanation.

If you have questions about this annuity, please ask your agent, broker or advisor.

How will the value of my annuity grow?

EFFECTIVE ANNUAL INTEREST RATE (GUARANTEED PERIOD):

The effective annual credited interest rate on the amount of any premium payment is guaranteed to be in effect for one year from the date of receipt of the payment by the Company. To achieve this rate, the premium payment must be left in the annuity for one full year without any withdrawals. Interest is credited and compounded daily to achieve the annual rate.

Interest will be credited to the Annuity Value subject to the following:

- The declared interest rate credited to the initial premium payment, which is found in the Owner's Statement section, will be in effect for the first contract year.
- Interest on additional premium payments received during the first contract year will be credited for one year at a rate equal to the sum of: (a) the then current interest rate in effect at the time such additional premium payment was received; plus (b) a 2% Interest Bonus.
- Interest on premium payments received after the first contract year will be credited for one year at the then current interest rate in effect at the time such payment was received.
- On each anniversary of each premium payment, interest may continue to be credited at the same rate for one additional year or a new current interest rate may be applied. Each new rate will be in effect for one year.

INTEREST BONUS: The amount of interest credited to each premium payment received during the first contract year will be increased by an additional 2%. Each premium payment received during the first contract year will receive the Interest Bonus for one year from the date of receipt of the payment.

MINIMUM GUARANTEED INTEREST RATE: After the initial guaranteed period for each premium payment expires, the effective annual interest rate declared will be the rate in effect on the premium payment receipt date anniversary and is guaranteed to always be at least **1.0%**.

Can I take funds out of my annuity contract?

Each contract year, you are allowed to withdraw up to 10% of the Annuity Value as of the previous contract anniversary (or 10% of the initial premium payment if the withdrawal is in the first contract year) without a Withdrawal Charge. The minimum withdrawal amount is \$250. The Annuity Value must not fall below \$5,000 after any withdrawal for the contract to remain in effect. You also may set up a series of Systematic Withdrawals. The minimum Systematic Withdrawal is \$50 a periodic payment. Systematic Withdrawals may begin as early as 30 days after the Date of Issue.

What happens if I take out some or all of the money from my annuity?

WITHDRAWAL CHARGES: Also known as surrender charges; when you take money from your annuity, a charge might be assessed during the first eight contract years. If you take out all (a full surrender) or part (a partial withdrawal) of the money during the first eight contract years, you also may have to pay a Withdrawal Charge if the amount withdrawn exceeds the 10% allowed. The amount of the charge depends on how long you've had the annuity and how much you withdraw. There is no Withdrawal Charge beginning in the ninth contract year.

Here's how the Withdrawal Charges are calculated:

Contract Year	1	2	3	4	5	6	7	8	9+
Withdrawal Charge	8%	7	6	6	5	4	3	1	0

Example: On your fifth contract anniversary, your Annuity Value is \$10,000, and a month later you want to withdraw \$1,200. Since \$1,200 is more than the 10% allowed out of the Annuity Value (\$10,000 x 10% = \$1,000), your Withdrawal Charge is \$200 x 4% = \$8.

EXTENDED CARE RIDER (THE RIDER): Not available in all states. Withdrawal Charges may be waived in the event an Owner receives qualifying extended care. The Rider provides:

- Extended care must begin at least one year after the Date of Issue of the contract;
- Extended care must be provided in a Qualified Institution (as defined in the Rider) for at least 90 consecutive days; and
- Coverage terminates on the earliest of the date on which any Owner becomes age 86, or the date on which the annuity contract is terminated or surrendered.

REQUIRED MINIMUM DISTRIBUTION: The Internal Revenue Code (IRC) directs that a minimum amount of retirement benefits must be paid from tax-qualified or IRA contracts each year beginning the year in which the Owner attains age 70 1/2. A distribution equal to the required minimum distribution as determined under IRC §401(a)(9) and its accompanying U.S. Treasury regulations will be:

- without Withdrawal Charge at any time after the Date of Issue and before the Annuity Date;
- will count against the 10% free withdrawal amount, thereby reducing or possibly eliminating the ability to take other free withdrawals within a contract year.

What Income Plans are available from my annuity?

You may use this contract to create a fixed income for life or for a specified period of time. This is called “annuitizing or annuitization” of your contract. Your annuity contract describes your Income Plan options in detail.

The amount of income paid under an Income Plan will depend on the amount applied to purchase the Income Plan, less premium tax, if any. If any Life Income plan is selected, the Annuitant’s age and gender are also used to determine the income payment amount. Income payments may be made monthly, quarterly, semiannually, or annually. The minimum income payment is \$50. Payments will be made less frequently if the chosen payment schedule results in a smaller payment.

Income Plan options are described below and may be available on a single life or joint life basis. Payments may be set up under one of these Income Plans or under another agreeable plan.

• **Life Income:** Pays income for as long as you live.

• **Life Income with Period Certain:** Pays income for as long as you live. If you die within the “period certain,” the income payments will be continued to your beneficiary for the rest of the period.

• **Period Certain:** Pays income for a specified period of years.

• **Fixed Amount:** Pays fixed amount income payments for a minimum of 5 years in an amount elected until the amount applied is exhausted.

• **Life Income with Installment Refund:** Pays income for as long as you live. If you die prior to receiving income payments totaling (or exceeding) the value used to purchase the payout, payments will be continued to your beneficiary until such value is recovered.

What happens after I die?

If you die before you begin receiving income payments from your annuity, your beneficiary may choose to receive the Annuity Value (the contract value without any Withdrawal Charges) as of the date of death in a lump sum or as permitted by IRS guidelines. If there are Joint Owners, the death benefit will be payable upon the death of the first Owner to die (some exceptions apply). If you die after income payments begin, payments will end unless the Income Plan chosen calls for payments to continue after your death. Special exceptions apply if the sole beneficiary is the spouse of the Owner. Please refer to the annuity contract for full details regarding death benefits.

TAXES

How will payouts and withdrawals from my annuity be taxed?

This annuity is **tax-deferred**, which means you do not pay income taxes on the interest it earns until the money is withdrawn. For contracts purchased with qualified funds, payouts and withdrawals are fully taxable.

When you take payouts or make a withdrawal, you pay ordinary income taxes on the earned interest and any payments not previously taxed. Withdrawals from your annuity prior to age 59 1/2 might be subject to a federal income tax penalty, currently ten percent (10%) of the taxable portion of the amount withdrawn. If your state imposes a premium tax, it will be deducted from the amount you receive when you annuitize your contract.

You can exchange one tax-deferred annuity for another without paying taxes on the earnings when you make the exchange. Before you do, compare the benefits, features and costs of the two annuities. You may pay a Withdrawal Charge if you make the exchange during the first eight years you own the annuity.

Does buying an annuity in a retirement plan provide extra tax benefits?

Buying an annuity within an IRA, 401(k) or other tax-deferred retirement plan does not give you any extra tax benefits. Choose your annuity based on its other features and benefits as well as its risks and costs, not its tax benefits.

OTHER IMPORTANT INFORMATION

What else do I need to know?

- This annuity is designed for people to meet their long-term financial goals.
- A statement of your account will be provided once each contract year.
- The Company may change your annuity contract from time to time to follow federal or state laws and regulations. If changes are required, you will be notified about the changes in writing.
- The Company pays the agent, broker or firm for selling the annuity to you.
- The contract matures on the Annuity Date shown on the contract's Schedule Page, page 3. The maturity age will be Annuitant age 90 or, if later, the 10th contract anniversary.

SALES QUOTE: A sales quote/illustration must accompany this document or has been provided at a time recent enough that information on this form matches the information on the quote/illustration provided.

OWNER'S STATEMENT: The undersigned Owner(s) acknowledges that he/she:

- (a) has read and understands the above items;
- (b) agrees this product meets his/her individual needs and he/she does not knowingly have a need for these funds except for those provided for within the contract within the timeframe of the Withdrawal Charge period;
- (c) has received a copy of this Owner Acknowledgment;
- (d) understands that the interest on the initial premium payment will be credited for one year at _____ % (The rate shown includes a 2% bonus);
- (e) certifies that he/she has paid an initial premium payment of \$ _____ (Actual Premium or Estimated Premium) to purchase an annuity from The United States Life Insurance Company in the City of New York; and
- (f) has received a Buyer's Guide for Deferred Annuities, if required by his/her state.

Signed this _____ day of _____, _____.

OWNER'S NAME (Please Print)

OWNER'S SIGNATURE

JOINT OWNER'S NAME, IF ANY (Please Print)

JOINT OWNER'S SIGNATURE

AGENT'S STATEMENT: I have provided accurate information to the Owner(s) regarding this annuity. I have made the Owner(s) aware that this product has the potential to lose money if withdrawn in the short-term and is designed to be a long-term savings product.

Based on the suitability information gathered by me, I have a reasonable basis to believe that: (a) the Owner(s) would benefit from the elected features of the annuity; (b) this annuity, as a whole, is suitable, and (c) if this is a replacement, the sale of this annuity is a reasonable product for the Owner(s).

AGENT'S NAME (Please Print)

AGENT'S SIGNATURE

DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK

DEFINITION OF REPLACEMENT

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

- (1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED?
Yes _____ No _____
- (2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NONFORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NONFORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES?
Yes _____ No _____
- (3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE?
Yes _____ No _____
- (4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES?
Yes _____ No _____
- (5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES?
Yes _____ No _____
- (6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID?
Yes _____ No _____

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE REGULATION NO. 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT IS REQUIRED TO PROVIDE YOU WITH A COMPLETED DISCLOSURE STATEMENT AND THE **IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.**

DATE: _____ **SIGNATURE OF APPLICANT:** _____

DATE: _____ **SIGNATURE OF APPLICANT:** _____

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION: Yes _____ No _____

DATE: _____ **SIGNATURE OF AGENT:** _____

**PENSION PLAN ANNUITY PURCHASE
ACKNOWLEDGEMENT FORM**

The United States Life Insurance Company in the City of New York

Overnight Mailing Address: Annuity Service Center • 1050 North Western Street • Amarillo, TX 79106-7011

The annuity contract applied for is being purchased as an investment vehicle for a Retirement Plan established under Internal Revenue Code Sec. 401(a), including a Profit Sharing Plan, Money Purchase Plan or Pension Plan providing retirement benefits for employees of various types of employers.

The Purchaser of the proposed annuity acknowledges that:

- 1) The Owner of the contract is either a trustee or plan sponsor of the Retirement Plan.
- 2) The proposed annuity contract is only a funding vehicle for the Retirement Plan and is not a plan document or a trust agreement.
- 3) There will be a commission paid to an agent and an agency for the sale of this annuity contract.
The commission paid to the agent(s) and respective agency for the sale of this annuity contract will be equal to _____% of the premium paid. This is a one-time commission payment with no further commissions due.
- 4) Withdrawals from the deferred annuity contract may be subject to a withdrawal charge. You acknowledge that you have read the Owner's Acknowledgement and understand the withdrawal provisions of the proposed contract.
- 5) The Plan Sponsor and/or the Retirement Plan Administrator assumes all responsibility for maintaining Retirement Plan compliance, including the tax and legal aspects of the following:
 - a) All Retirement Plan administration including, but not limited to, determination of availability of distributions, Plan document maintenance and amendment, record keeping, drafting and delivery of participant notices and other required information.
 - b) All compliance with the reporting, disclosure and fiduciary obligations imposed on such retirement plans by the Internal Revenue Code and the Employee Retirement Income Security Act (ERISA), as amended.
- 6) The United States Life Insurance Company in the City of New York is functioning only as an annuity product provider and is not a plan or pension administrator. USL is only responsible for its contractual obligations under the terms of the annuity contract. USL is not a plan fiduciary under ERISA, and will not perform any duties of a plan sponsor, pension administrator or other fiduciary under ERISA.
- 7) USL will provide the Owner of a deferred annuity contract with one annual statement on each contract anniversary. No additional reports will be required of USL and USL will not prepare or file form 5500.
- 8) USL will provide the Owner with a form 1099R if distributions were made from the contract during the calendar year.
- 9) The Owner acknowledges that the Owner has relied on its own tax and legal counsel in establishing and administering its Retirement Plan and in making the decision to purchase the annuity contract.

Owner Signature:

By: _____ Date: _____
Name, Title

By: _____ Date: _____
Name, Title

Witness Signature:

By: _____ Date: _____
Name

By: _____ Date: _____
Name

Agent Signature:

By: _____ Date: _____
Name

RETURN COMPLETE FORM TO ADDRESS ABOVE OR FAX IT TO (713) 620-3829.

**Trust Affidavit and
Indemnity Agreement**

The United States Life Insurance Company in the City of New York

Overnight Mailing Address: Annuity Service Center • 1050 North Western Street • Amarillo, TX 79106-7011 • 800-242-4079

Contract Number: _____

Annuitant: _____

Owner: _____

Owner's Email Address: _____

State of _____

County of _____

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

That our names are _____
(Please print names of all Trustees)

That we are the duly designated Trustees of the _____
(Please print name of Trust)

Trust, as evidenced by a written Trust Agreement dated _____ which Trust is in full force and effect and has not been revoked or terminated.

That in our capacity as Trustees, we are making a separate written request to exercise a right or receive a benefit accorded to us by the Annuity contract issued by United States Life Insurance Company (USL).

That in our capacity as Trustee, we are authorized to exercise the right or receive the benefit aforesaid and USL, 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 USL and to induce it to act on my request.

In consideration of these premises, I hereby agree to indemnify and save USL 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 USL at my request.

Trustee

Trustee

ATTESTATION

Subscribed and sworn to this _____ day of _____ before me, a notary public in and for the County and State aforesaid by said person, who is known to me, and who duly acknowledged to me the execution of the foregoing instrument.

[SEAL]

Notary Public

Return Complete Form to the address above or fax it to (713) 620-3829.

**Power of Attorney Affidavit
and Indemnity Agreement**

The United States Life Insurance Company in the City of New York

Overnight Mailing Address: Annuity Service Center • 1050 North Western Street • Amarillo, TX 79106-7011 • 800-242-4079

Contract Owner: _____

State of _____

County of _____

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

That my name is _____
(Please print name)

That I have been appointed Attorney-In-Fact by _____ ("Grantor"), as evidenced by the Power of Attorney dated _____ (a copy of which is attached hereto), which, as of the date of this Affidavit, is in full force and effect and has not been revoked or terminated;

That I am the sole Attorney-In-Fact of the Grantor;

That in my capacity as Attorney-In-Fact, I wish to exercise a right or to receive a benefit to which the Grantor would have been entitled under the Annuity contract which is applied for and will be issued by United States Life Insurance Company;

That in my capacity as Attorney-In-Fact, I am authorized to exercise such right or to receive such benefit, on behalf of the Grantor, and United States Life Insurance Company, upon acting in conformance with my request, shall have satisfied and be fully discharged of its obligation to the Grantor;

That the representations and undertakings herein set forth are intended to be relied upon by United States Life Insurance Company and to induce it to act on my request;

In consideration of these premises, I hereby agree to indemnify and save United States Life Insurance Company, its employees and agents harmless from any and all liability, loss, damage, expense, causes of action, suits, claims, and judgements, including attorney fees, resulting from or based on actions taken by United States Life Insurance Company at my request.

Date

Signature

Subscribed and sworn on this _____ day of _____ Before me, a notary public in and for the county and state aforesaid by said person, who is known to me, and who duly acknowledged to me to the execution of the foregoing instrument.

[SEAL]

Notary Public

Return Complete Form to the address above or fax it to (713) 620-3829.

1035 Exchange and Trustee Transfer Request Form

The United States Life Insurance Company in the City of New York

Name of current Company/Trustee/Custodian:			Owner(s):
Street Address to send Exchange/Transfer request:			Owner's Email Address is Required (If none exists, enter NA):
City:	State:	Zip:	SSN(s):
Telephone Number:		Policy/Contract/Account Number(s):	
Annuitant(s)/Insured:			
Instructions for Releasing Financial Institution: Request for: <input type="checkbox"/> 1035 Exchange <input type="checkbox"/> Trustee-to-Trustee Transfer Liquidate: <input type="checkbox"/> All <input type="checkbox"/> Part \$ _____ or _____ % (GROSS/NET of charges and fees) of my account balance. circle one			

The Company, owner of the above referenced contract/certificate, does hereby request immediate surrender of the above referenced contract/certificate as authorized by an Officer of the Company in the accompanying Letter of Acceptance.

1035 EXCHANGE (Exchanging life insurance policy or nonqualified annuity contract)

1. Section 1035 of the Internal Revenue Code permits certain nontaxable exchanges of insurance policies and annuity contracts/ certificates. It is my intention that this transfer qualify as a Section 1035 exchange and that no portion of this exchange be actually or constructively received by me. The Company makes no representation concerning my tax treatment for this transaction and has neither responsibility nor liability for my tax treatment.
2. I understand the exact amount of the proceeds may vary depending upon the date of transfer and I agree to execute any additional documents required to complete the transfer.
3. I understand that the exchange is not complete if the current company issuing the contract is unable or unwilling to pay the value of the above referenced policy/ contract(s)/certificate(s) to the Company.
4. I understand that as of the date of surrender of the policy/contract/certificate by the current company, the surrendered policy/contract/certificate no longer provides any coverage and the new contract is not in effect until the Company approves the new contract and receives the funds.
5. I represent and warrant that no person, firm, or corporation has a legal or equitable interest in the policy/contract/certificate except the undersigned, and that no proceedings of either legal or equitable nature have been instituted or are pending against the undersigned. In addition, I certify that the policy/contract/certificate has not been assigned or pledged as collateral.

I certify that the current policy/contract/certificate is:

- ENCLOSED (policy/contract/certificate is attached) LOST OR DESTROYED (The policy/contract/certificate is lost or destroyed).

I hereby absolutely assign and transfer to the Company (as checked above) all of my rights, title, and interest of every nature in and to the above referenced policy/contract/certificate including, but not limited to the right to surrender, assign, transfer, or change beneficiary.

Type of Assets to be transferred: Life Insurance Non Qualified Annuity

PARTIAL 1035 DISQUALIFICATION (IRS Revenue Procedure 2008-24)

For partial 1035-exchanges completed on or after June 30, 2008, during the 12-month calendar period beginning on the date the partial 1035-exchange proceeds are received by the Company, the following Contract changes and transactions will retroactively disqualify the partial 1035-exchange: annuitization; taxable Owner or Annuitant changes; withdrawals taken from the original Contract or new Contract; or surrender of the original Contract or new Contract.

The following exceptions apply to the partial 1035-exchange disqualification: the withdrawal is allocable to pre-August 14, 1982 investment in the Contract; the withdrawal is from a qualified funding asset under Internal Revenue Code section 130(d); or the Owner (or both Owners, in the case of jointly-owned contracts) reach(es) age 59 1/2, become(s) disabled (as defined by Internal Revenue code section 72(m)(7)), die(s), finalizes a divorce, or suffer(s) a loss of employment after the partial exchange was completed.

American General Life Insurance Company does not provide tax advice. We recommend you consult your tax advisor prior to making any decision regarding your existing or proposed annuity contract.

TRUSTEE-TO-TRUSTEE TRANSFER (Qualified plan transfers, nonqualified transfers or direct rollovers)

I hereby authorize my current trustee/custodian to liquidate and transfer the assets from the above named account to the Company.

Type of assets to be transferred: IRA Qualified Retirement Plan Roth IRA Nonqualified (CD or other savings) Other _____

SIGNATURES

X _____ **X** _____
Owner Date Joint Owner (if applicable) Date

LETTER OF ACCEPTANCE

The above named individual has established a Qualified or Non-Qualified Annuity with USL. We will accept the transfer of cash assets currently held in your plan for placement into the Qualified or Non-Qualified Annuity established with USL.

By: _____
Authorized Representative of USL Date

Checks should be made payable to: United States Life Insurance Company, FBO the Owner, and Contract Number _____.

United States Life
P.O. Box 2708
Amarillo, TX 79105-2708
or
United States Life
Annuity Service Center
1050 North Western Street
Amarillo, TX 79106-7011

For a Section 1035(a) exchange, please provide us with the pre and post TEFRA cost basis.