

Direct Deposit Authorization AIG Life Brokerage Group

American General Life Insurance Company

A member company of American International Group, Inc.

Midwest Operations Center: P.O. Box 401, Milwaukee, WI 53201-0401

Please be advised this form cannot be processed unless all sections are completed per the instructions below.

	<u> </u>				Corporation Name			Transaction Type		
#1	Agent Codes Tax Identification Num				nber (Tilv) Corpora		Corporation	ion ivame		□ Enroll
#1 #2	""									Revise
#2 Social Security Numb					er Agent Name				☐ Cancel	
										Cancer
Financial Institution Phone										
Address					City			State	•	Zip
Bank Identification Number *Cannot begin with the number 5					unt Number			Type of Account Checking Savings Please attach a copy of a VOIDED CHECK		
AUTHORIZATION STATEMENT I authorize American General Financial Group and the Bank indicated to deposit my net commissions automatically into my account each commission cycle. If funds to which I am not entitled are deposited into my account, I authorize American General Financial Group to direct the bank to return said funds. This authority will remain in effect until I have either cancelled it in writing or upon issuance of written notice from the Company. Signature Date Signed										
INSTRUCTIONS:										
Section 1 Please fill in your Name/Corporation Social Security Number/Tax ID Number, Agent Code(s) and check the Enroll box. NOTE : If you already have Direct Deposit and wish to change your bank or account, check the Revise box.										
Section 2	Please complete Financial Institution information.									
Please attach a Voided Check for Checking Accounts. Please attach a Deposit Slip for Savings Accounts.										
Section 3	Read authorization statement, sign, date and submit to: FAX : 1-800-337-0961 or MAIL : Midwest Operations Center, Attn: Compensation Department 750 West Virginia St., P.O. Box 401, Milwaukee, WI 53201-0401									
		If you have	any que	stions	please ca	all 1	-888-653-5463 Hu	nt Gro	oup 3003	
Not for use by Policy Holder										

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