

American General

Life Companies

American General Life Insurance Company (AGL)

American General Life Insurance Company of Delaware (AGLDE)

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

INSTRUCTIONS FOR FILING A CLAIM

The attached form and instructions are for filing a claim on a life insurance policy. We understand the need to have your claim processed as soon as possible. To assist us in doing this, we will need the following documents completed and returned:

- **Claimant's Statement:** This must be completed by the beneficiary, if there is more than one beneficiary, each must complete a separate statement.
- **Death Certificate:** A certified death certificate issued by the appropriate government entity (e.g. County Health Department, Vital Statistics Department) is to be furnished with the claimant's statement.
- **Policy:** The policy should be sent with this statement. If you are unable to locate the contract, please note that on the claim form in the space provided.
- The obituary, if available.
- Additional documentation may be required as indicated in the Claimant's Statement on page 2.

We have found that many beneficiaries prefer not to make immediate decisions at such a traumatic time. To help you with this, if the benefit amount payable is \$10,000.00 or more, you may choose to receive payment through an interest earning account with check writing privileges. Please review the important information describing the account on the following pages.

We understand and are sympathetic to the questions you may have, so please do not hesitate to contact us at 1-800-231-3655 to help you through this process.

IMPORTANT INFORMATION REGARDING CLAIM PAYMENT

Instant Access Account

Making financial decisions at an emotional time can be difficult. One method of payment that may be available to help you is through the Instant Access Account ("Account") settlement option. The Instant Access Account is designed to provide you with immediate access to the funds, while allowing you all the time you need to consider how you wish to use your insurance benefit.

If total payments are \$10,000 or more you may choose to receive payment through the Instant Access Account option. The Account is an interest earning account in your name if you are an individual, or the name of the Trust or Estate designated to administer the proceeds. The proceeds are payable to you as the beneficiary of a life insurance policy. This is a draft account whereby you may draw down insurance proceeds and interest by drafting checks which are payable through State Street Bank and Trust Company. This is a convenient, easy option that gives you great flexibility. By writing a check using the provided checkbook, you may access funds immediately, or, in the future after you have had the opportunity to consider all of your financial options.

Trusts with one or two trustees and Estates may also be able to take advantage of the Instant Access Account settlement option if total payments are \$10,000 or more.

Some of the Instant Access Account features include:

Immediate Access: The Instant Access Account gives you immediate access to your money starting on the day you receive your checkbook. You may withdraw all or part of your money at any time. You cannot make deposits into the Account.

Time to Decide: The Instant Access Account allows you to defer making long term investment decisions and provides time to consider your options. Other available settlement options are preserved until the entire balance is withdrawn or the balance drops below the minimum payment requirement.

Convenient: To access funds, simply write a check for at least \$250 to yourself or to any third party. There are no monthly service charges, per-check charges or check fees. Fees will be charged for special services.

Interest Rates: The Instant Access Account earns a periodic interest rate determined by the company which is set after monitoring current short term rates and other prevailing rates available in the marketplace. The interest rate is subject to periodic review and may be adjusted by the company. There is not a minimum interest rate credited to the account. Interest is compounded daily and credited to your account monthly. Interest may be taxable; please consult with your tax advisor regarding taxable interest amounts. To obtain the current interest rate the program is offering please call 1-800-487-5433 and select the claims option.

Toll Free Service: Questions regarding your account will be answered via a toll free telephone number provided to you with your Instant Access Account checkbook.

Record Keeping: Proceeds paid through the Instant Access Account allow for easy record management through the receipt of monthly statements. The monthly statements will provide your current balance, account activity, interest earned and interest rate paid. Account holders with no activity will receive a quarterly statement. No account activity for an extended period of time, as specified by your individual state law, could result in funds being transferred to the appropriate state under their unclaimed property laws.

If you choose the Instant Access Account a Welcome Kit will be sent to you that includes:

- A book of personalized checks that give the beneficiary the ability to write a check as soon as they are received.
- A Certificate of Account Confirmation and Terms and Conditions.
- A pamphlet detailing your account options and features.

Please note that benefits will not be payable by way of the Instant Access Account if any of the following circumstances exist:

- The benefits payable are less than \$10,000. If the amount payable is less than \$10,000 a lump sum check will be issued to you.
- The beneficiary is a minor, corporation or partnership.
- The beneficiary resides in Alaska, Arkansas, Connecticut, Indiana, Kansas, Kentucky, Maryland, New Jersey, Rhode Island or outside of the U.S.
- The type of policy or contract does not offer the payment option of an Instant Access Account.

Additional Options

You may request a lump sum settlement check or your insurance policy or contract also may provide other settlement options for payment. Please refer to the insurance contract regarding these settlement options.

Open Solutions BIS Inc. is the administrator of the Instant Access Account. Check clearing is provided by State Street Bank and Trust Company, Boston, MA. **Your account is not insured by the Federal Deposit Insurance Corporation (FDIC).** The funds are guaranteed by the State Guaranty Associations. Please contact the National Organization of Life and Health Insurance Guaranty Associations (www.nolhga.com) to learn more about the coverage of the account. Open Solutions BIS Inc and State Street Bank and Trust Company are not affiliates of American International Group Inc., American General Life Insurance Company, American General Life Insurance Company of Delaware or The United States Life Insurance Company in the City of New York.

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

Service Center: P.O. Box 4443 • Houston, TX 77210-4443 • 800.231.3655
Overnight mailing: 2727 A Allen Pkwy • Attn: Claims • Houston, TX 77019

To Be Completed By The Beneficiary (please print)

DECEASED

DECEASED FULL NAME (include middle name) – List other hyphenations, nicknames, aliases and/or maiden names used by deceased in the past

DATE OF BIRTH	CAUSE OF DEATH	DATE OF DEATH
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POLICIES DECEASED HELD:

POLICY NUMBER	POLICY NUMBER	POLICY NUMBER	POLICY NUMBER

I hereby certify that the policy of insurance for the listed policy is ENCLOSED LOST DESTROYED

CLAIMANT

CLAIMANT'S NAME	DATE OF BIRTH	RELATIONSHIP TO DECEASED
ADDRESS	CITY	STATE ZIP
EMAIL ADDRESS	TELEPHONE NO. ()	
	ALT NO. ()	

Have you given the Funeral Home an Assignment to collect any amount due under this claim? YES NO If yes, what amount? \$ _____ (Attach copy of assignment)

How do you want proceeds paid?

Lump Sum - Instant Access Account
If proceeds are paid by the Instant Access Account, a check may be written for the full amount as soon as the Welcome Kit is received. Not available for amounts less than \$10,000. Not available in all states. Please review the claim letter for important information about the Account.

Lump Sum - Settlement check

Settlement Option - As described in the insurance policy. If Option, give details _____

I have read and I understand the important Fraud disclosure information located on page 3 of this form.

AUTHORIZATION REGARDING _____ ("Insured")
I, the Claimant / Legal Representative of the Insured authorize each insurance company listed above and American General Life Companies LLC (an affiliate services company) (collectively, the "Company") and their authorized representatives including their employees and agents, to provide information to, and, to receive information from, MIB Inc., which operates an information exchange that assists insurance companies with benefit administration, claims, and fraud prevention and detection activities. The authorization will be valid for the duration of the claim or 24 months, whichever is longer. I understand that I may revoke it by giving written notice to the Company, but any action taken by the Company before receipt of such notice will be valid. I acknowledge that I am entitled to obtain a copy of the authorization and a copy will be as valid as the original.

PLEASE SIGN HERE Signature of Claimant/ Legal Representative of the Insured. Printed Name Date

TAXPAYER I.D. NO.

Enter the claimant's taxpayer identification number in the appropriate box. For most individuals this is your social security number.	CLAIMANT'S S.S. NO.	OR	TAX I.D. NO.
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Note: If the Social Security number or Tax I.D. number is not provided, and backup withholding is applicable, taxes will be withheld from the proceeds.

CERTIFICATION: Under penalties of perjury, I certify: (1) that the number shown on this claim form is my correct social security (or taxpayer identification) number and (2) that I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PLEASE SIGN HERE	CLAIMANT'S SIGNATURE	DATE
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MAILING

Use this section to provide alternative mailing address if different than above.

GENERAL INSTRUCTIONS

- 1. **Claimant's Statement.** This statement must be completed by the beneficiary. If there is more than one beneficiary, each must complete a separate statement.
- 2. **Death Certificate.** We will require a Certified Death Certificate showing the cause or manner of death.
- 3. **Newspaper Account.** When available, a newspaper account of the death should be submitted.
- 4. **Policy.** The policy should be sent with this Statement. Explain if not enclosed.

SPECIAL INSTRUCTIONS

Estate Beneficiary. The Statement must be completed by the Executor or Administrator, and a certified copy of appointment must be furnished.

For Trust Beneficiary. Complete the Trust Affidavit section at the bottom of this page.

Minor Beneficiary. The Statement is to be completed by the legally appointed guardian of the Estate of the minor and an official certificate of the guardian's appointment must be furnished.

Predeceased Beneficiary. When a beneficiary has predeceased the insured, a certified copy of the death certificate is to be furnished.

Class Beneficiaries. An affidavit showing the names and dates of birth of each must be submitted.

Assignee. The Statement is to be completed by the assignee. If the assignment is no longer effective, a release of assignment from the assignee should be submitted. If collaterally assigned, the statement should be completed by both the beneficiary and assignee and the amount claimed by the assignee indicated on the statement.

Business Beneficiaries. If the beneficiary is a business, the person signing the form must be an officer/owner of the company. The company name must be given and the title of the person signing. Example: John Doe Auto Sales, Pat Jones, President

You must also include documents supporting that the person signing the claim form has the authority to do so. Example: Corporate resolution, official board minutes, etc.

DEATH OUTSIDE THE USA

- 1. For USA citizens, a CERTIFIED death certificate must be accompanied by a "Report of the Death of an American Citizen Abroad" from the US Department of State.

Certification of Trustee(s) complete this section if Beneficiary is the Trust

Insured: _____

Policy Number(s): _____

Name of Trust: _____

Tax ID of Trust: _____

The undersigned hereby certify as follows:

- 1. That they are Trustees under a Trust Agreement dated: _____
- 2. That they are the Trustees designated as beneficiary under the above numbered policy(ies);
- 3. That said Trust Agreement is in full force and effect and that by its terms they are empowered to receive payment of the proceeds of the above policy(ies)
- 4. That, if applicable, said Trust/Plan is presently fully qualified having met the requirements of Section 401(a) of the Internal Revenue Code.

It is understood and agreed by the undersigned that payment of such proceeds to the Trustees shall discharge the Company from any and all liability therefore and that the Company shall have no responsibility for the carrying out of the Trust Agreement.

The plural as used herein shall include the singular wherever applicable

Signed this ____ day of _____ 20_____.

Individual Trustee(s): _____
(Trustee Signature) (Printed Name)

(Signature) (Printed Name) (Signature) (Printed Name)

OR

Corporate Trustee: _____
(Name of Corporate Trustee)

By: _____
(Officer's Signature) (Printed Name) (Title)

(All co-trustees must sign.)

FRAUD WARNING DISCLOSURE

In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of material fact, may be guilty of insurance fraud.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Maryland, New Mexico, Rhode Island, Texas, West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding and attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provided false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Delaware, Idaho, Indiana, Oklahoma: WARNING - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia, Maine, Tennessee, Virginia, Washington: WARNING: It is a crime to knowingly provide false or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances be present, it may be reduced to a minimum of two (2) years.

MEDICAL INFORMATION BUREAU NOTICE

Information regarding your insurability or claim will be treated as confidential. The Company, or its reinsurers may, however, make a brief report thereon to MIB a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted, MIB, upon request, will supply such company with the information from its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 866-346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of MIB's information office is Post Office Box 105, Essex Station Boston, Massachusetts 02112.

The Company, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for the life or health insurance, or, to whom a claim for benefits may be submitted.

American General Life Companies, www.americangeneral.com, is the marketing name for the insurance companies and affiliates comprising the domestic life operations of American International Group, Inc.

The licensed insurance company is responsible for its own financial condition and contractual obligations. AGL and AGLDE are not licensed to do business in the state of New York.