



**Index Universal Life
Supplemental Application
Policy # (if known): _____**

- ☐ **American General Life Insurance Company**, 2727-A Allen Parkway, Houston, TX 77019
☐ **The United States Life Insurance Company in the City of New York**, 175 Water St, New York, NY 10038
A member of American International Group, Inc. (AIG)

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments

Proposed Insured

First Name MI Last Name Date of Birth Social Security #

This supplement must accompany the appropriate application for life insurance. This supplement and the application will be attached to and made a part of the policy.

Dollar Cost Averaging (DCA)

- ☐ **Please check this box if you are choosing to use DCA.**

Directions: Please check the box to select either Option A or Option B below:

- ☐ **Option A:** Deposit all premiums into DCA Account (not available for monthly or quarterly mode). If desired, you may allocate a portion of your premium to the Declared Interest Account below. The remainder will be deposited into the DCA Account which is allocated to Index Accounts available on the product(s) being applied for.

DCA Account (%)	_____ %	Enter % allocated to DCA Account. Premiums in DCA Account are transferred on a monthly basis based on the mode (6 transfers for semiannual and 12 transfers for annual) using the DCA Allocation percentages selected.
Declared Interest Account (%)	_____ %	Enter % allocated to the Declared Interest Account. The Declared Interest Account is not eligible to receive transfers from the DCA Account.
Total	100%	Note: Total allocation must equal 100%.

- ☐ **Option B:** Deposit only Lump Sum premium and/or 1035 exchange premiums (Internal and External) into DCA Account. By checking this box, 100% of the Lump Sum and/or 1035 exchange premiums will be allocated to the DCA Account and 12 monthly transfers will be made.

Premium/DCA Account Allocation

Directions: Please complete the section below for the product being applied for.

If you have not chosen to use DCA, please indicate how each premium received should be allocated in the "Premium Allocation (%)" column.

If you have chosen to use DCA:

For Option A, please only complete the "DCA Allocation (%)" column. The "Premium Allocation (%)" column should remain blank.

For Option B, please complete both "Premium Allocation (%)" and "DCA Allocation (%)" columns.

Total allocations in each column must equal 100%. Use whole percentages only.

Max Accumulator+ II / QoL Max Accumulator+ II

	Premium Allocation (%)	DCA Allocation (%)
Blend Participation Rate Account (1-Year, utilizing ML Strategic Balanced Index®)	_____	_____
Global Blend Participation Rate Account (1-Year, utilizing PIMCO Global Optima Index®)	_____	_____
High Cap Rate Account (1-Year, No. II, utilizing S&P 500® Index)	_____	_____
High Bonus Rate Account (1-Year, No. I, utilizing S&P 500® Index)	_____	_____
Declared Interest Account	_____	N/A
	100%	100%



Value+ Protector II / QoL Value+ Protector II

	Premium Allocation (%)	DCA Allocation (%)
Blend Participation Rate Account (1-Year, utilizing <i>ML Strategic Balanced Index</i> [®])	_____	_____
Global Blend Participation Rate Account (1-Year, utilizing <i>PIMCO Global Optima Index</i> [®])	_____	_____
Cap Rate Account (1-Year, utilizing <i>S&P 500</i> [®] Index)	_____	_____
Participation Rate Account (1-Year, utilizing <i>S&P 500</i> [®] Index)	_____	_____
Declared Interest Account	_____	N/A
	100%	100%

Other

(Use for products not listed above unless otherwise instructed.)

Product Name: _____

Directions: Please complete the section below for the product being applied for.

If you have not chosen to use DCA, please indicate how each premium received should be allocated in the "Premium Allocation (%)" column.

If you have chosen to use DCA:

For Option A, please only complete the "DCA Allocation (%)" column. The "Premium Allocation (%)" column should remain blank.

For Option B, please complete both "Premium Allocation (%)" and "DCA Allocation (%)" columns.

Total allocations in each column must equal 100%. Use whole percentages only.

	Premium Allocation %	DCA Allocation %
_____	_____	_____
_____	_____	_____
_____	_____	_____
	100%	100%

Agreement: I acknowledge that I have read this supplemental application or that it has been read to me. The completed supplemental application is true and complete to the best of my knowledge and belief. I agree that this supplemental application shall form a part of my application for insurance.

Owner Signature

Owner signed on (date) _____

AGENT INSTRUCTIONS: Submit this form with the policy application packet.

