



# Premium Payor Authorization New Business

- 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.

**Directions:** Complete this form when (1) the Payor is different from the Insured or the Owner AND (2) Bank Draft or Credit Card is not the chosen method of payment.

## A. Premium Payor Designation

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 SSN or Tax ID # \_\_\_\_\_

## B. Insurance Policy Information

Policy Number, if available	Name of Insured/Applicant

## C. Agreement and Authorization

I request that I be made the Premium Payor for the policy(ies) shown above. I certify that all of the information provided herein is true and accurate. I agree to hold the Company harmless from any and all costs, claims, or causes of actions arising from or related to this authorization. I further authorize the Company or its representative to obtain information and/or reports from a consumer reporting agency or other company(ies) in order to verify, validate and/or authenticate the information and answers presented on this form. Any information gathered may be disclosed consistent with applicable law.

### Premium Payor Signature

Signed on (date) \_\_\_\_\_

