

Annuity Agent Report For Agent Use Only

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

A member of American International Group, Inc. (AIG)

Annuity Service Center: 888-438-6933

Annuity Service Center Fax Number: 806-342-1703 • Annuity Service Center Email Address: AnnuityServiceCenter@AIG.com

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 for Traditional Fixed Products

Check and include all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Check (payable to American General Life) | <input type="checkbox"/> Annuity Agent Report (this page) & application |
| <input type="checkbox"/> 1035 Exchange/Trustee Transfer Forms | <input type="checkbox"/> Client Profile |
| <input type="checkbox"/> Replacement Notice | <input type="checkbox"/> Owner's Acknowledgement |
| <input type="checkbox"/> State Notice (in applicable states) | <input type="checkbox"/> Approved Exception worksheet (Large Premium, Under Minimum Premium, Non-Natural Owner, etc.). Approval must be obtained prior to submitting the application. |
| <input type="checkbox"/> Non-natural owner proof of authorization to sign (ex: Resolution, Trust Affidavit, Power of Attorney Affidavit): _____ | <input type="checkbox"/> Regulation 60 documentation |
| <input type="checkbox"/> Other: _____ | |

Agent Information

REQUIRED	OPTIONAL
X Agent/Broker Signature	Split Case <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete the following sections.)
Agent Name (Print)	Percent to Primary Agent _____% PLUS Percent to 2nd Agent _____%
Agent Number (Write pending if applicable)	PLUS Percent to Others _____% = TOTAL PERCENT 100%
Agent SSN (if agent number is pending)	Second Agent's Name (Print)
Agent e-mail address	Agent Number
Agent Street Address	Agency Name/Number
Agent City, State, Zip	
Agent phone number	Agent SSN (if agent number is pending)



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

Single Premium Deferred Individual Fixed Annuity Application

877-289-0256

Address Mail to:
Annuity Service Center

Regular Mail

with checks: without checks:
The United States Life P.O. Box 871
Insurance Company in the Amarillo, TX 79105-0871
City of New York
P.O. Box 650545, Dept. USL
Dallas, TX 75265-0545

Overnight Mail

with checks: without checks:
JP Morgan Chase 1050 N. Western St.
(TX1-0029), ATTN: USL Amarillo, TX 79106-7011
650545 Dept. USL
14800 Frye Road, 2nd Floor
Fort Worth, TX 76155

The ➡ indicates a required response. **Please print or type.**

➡ 1. Product Selection *(Solicitation state indicates the state in which this application is signed.)*

Select One Product Name

- ☐ American Pathway Fixed 5 Annuity
☐ American Pathway Fixed 7 Annuity

Solicitation state NY

➡ 2. Owner(s) Information

Applications for certain non-naturally owned contracts may not be accepted. If the Owner indicated below is not a person, please contact the Annuity Service Center prior to submitting this application.

☐ Trust Date for Trust (MM/DD/YYYY) _____ ☐ Owner Type _____

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date _____ SSN/TIN _____ Phone _____ Email _____

Joint Owner

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date _____ SSN/TIN _____ Relationship to Owner _____ Phone _____

➡ 3. Annuitant(s) Information *(Complete only if different from Owner)*

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date _____ SSN _____ Phone _____ Email _____

Joint Annuitant

Name _____ ☐ Male ☐ Female

Address _____ City _____ State _____ ZIP _____

Birth Date _____ SSN _____ Phone _____

➡ 4. Beneficiary Information

Please complete the beneficiary information below. Additional beneficiaries, if any, can be listed on the Additional Beneficiary Information form (AGL020) and submitted with this application. Note: If you elected Joint Life (*2 covered persons*) under Section 6 below, you must provide the spousal beneficiary information here.

Joint Owners (Joint Annuitants if non-individual Owner) shall be each other's sole primary beneficiary and any other beneficiary(ies) listed will be designated as "contingent". If only one Owner is listed and the beneficiary type is not selected, the beneficiary will be designated as "primary". For non-individually owned or custodially held IRAs and tax-qualified plans if no beneficiary is listed, the beneficiary will default to the Owner listed on this application. If multiple beneficiaries are specified, percentages must total 100% and the beneficiary type must be selected. If no percentages are referenced and the beneficiary type is not selected, the listed beneficiaries will be designated "primary" beneficiaries and will share the death benefit equally, unless later modified by the Owner

1. Beneficiary Name _____ ☐ Primary ☐ Contingent
 Address _____ City _____ State _____ ZIP _____
 Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone _____
 Birth/Trust Date _____ Email _____ ☐ Male ☐ Female

2. Beneficiary Name _____ ☐ Primary ☐ Contingent
 Address _____ City _____ State _____ ZIP _____
 Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone _____
 Birth/Trust Date _____ Email _____ ☐ Male ☐ Female

➡ 5. Contract Type (select one) and Source of Funds

Single Payment: Make check payable to **The United States Life Insurance Company in the City of New York**. If this is a 1035 Exchange, Transfer, or Rollover, please complete the appropriate 1035 Exchange/Transfer form and submit it with this Application.

Single Premium Amount \$ _____

5a. Non-Qualified Contract		OR		5b. Qualified Contract	
Indicate type and amount of single Payment below.				Indicate type of plan for new contract, source of funds and amount below.	
Source of Funds	Amount	Type of Plan for New Contract	Source of Funds	Amount	
<input type="checkbox"/> Amount enclosed	\$ _____	<input type="checkbox"/> IRA	<input type="checkbox"/> Amount enclosed	\$ _____	
<input type="checkbox"/> 1035 Exchange/Transfer		<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Transfer	\$ _____	
Estimated dollars	\$ _____	<input type="checkbox"/> SEP	<input type="checkbox"/> Rollover	\$ _____	
<input type="checkbox"/> Other		<input type="checkbox"/> Other _____	<input type="checkbox"/> Contribution	\$ _____	
Estimated dollars:	\$ _____		IRA Tax Year:	_____	
<input type="checkbox"/> Funds coming direct	\$ _____		<input type="checkbox"/> Funds coming direct	\$ _____	

➡ 6. Initial Interest Guarantee Term and Optional Programs

6(a).

- | | |
|---|---|
| <input type="checkbox"/> 1 Year Initial Interest Guarantee Term | <input type="checkbox"/> 5 Year Initial Interest Guarantee Term |
| <input type="checkbox"/> 3 Year Initial Interest Guarantee Term | <input type="checkbox"/> 7 Year Initial Interest Guarantee Term |

➡ 6. Initial Interest Guarantee Term and Optional Programs *(continued)*

6(b). Return of Premium Guarantee Options:

A selection must be made below for this Application to be in good order. Refer to the Owner Acknowledgment and/or your licensed agent for additional details:

- ☐ I elect no Return of Premium Guarantee
- ☐ I elect the Return of Premium Guarantee that begins on the Contract issue date

7. Disclosures

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.

➡ 8. Acknowledgments and Signature(s)

8(a). Replacement

- ☐ **Yes** ☐ **No** Do you have any existing life insurance or annuity contracts? *(Must check either Yes or No)*
- ☐ **Yes** ☐ **No** Do you intend for the purchase of this annuity to result in the replacement, termination, or change in value of any existing life insurance or annuity contracts? *(Must check either Yes or No)*

If yes to either of the above, please provide the replacement information on the required forms, which can be obtained from your licensed agent, and include them with this application.

8(b). Acknowledgement of Owner(s)

I represent that all statements and information provided herein are true and complete to the best of my belief and knowledge. I understand that the application will be attached to and made a part of the annuity contract. By signing below, I declare the following:

- I have received the Buyer's Guide for Deferred Annuities.
- I have consulted with my licensed agent and received and read the applicable product disclosure, Owner Acknowledgment and Disclosure Statement and any other related materials such as illustrations, which describe various product features including but not limited to: (a) withdrawals; (b) withdrawal charges; (c) withdrawal charge schedule; (d) early withdrawal tax penalty; (e) start of an income plan; (f) premium enhancement (if applicable to this annuity); and (g) market value adjustment (if applicable to this annuity).
- If I am a full-time, active-duty member of the US Armed Forces (to include a reserve unit serving under published orders for training), then form USL 316 MP DISC is submitted with this application but is not a part of this application.
- I have consulted with my licensed agent for advice or recommendations regarding the purchase of this annuity contract. The United States Life Insurance Company in the City of New York is not providing advice, guidance or recommendations and is not serving in any fiduciary capacity related to this contract.
- If a market value adjustment feature is selected as part of this annuity, I understand that this annuity includes a market value adjustment feature. During the MVA Term, any amount partially or totally withdrawn prior to the maturity date may be subject to a market value adjustment. The adjustment may increase or decrease the amounts payable under the contract. I understand that: (a) if interest rates rise after the contract date, the market value adjustment will generally decrease the amount withdrawn; and (b) if interest rates fall after the contract date, the market value adjustment will generally increase the amount withdrawn.
- I understand and acknowledge that The United States Life Insurance Company in the City of New York does not offer legal or tax advice, and I have had the opportunity to seek such advice from the proper sources before purchasing this annuity.
- If I am funding a tax-qualified retirement plan with this annuity, I understand that (1) there are more robust insurance benefits offered in other annuities and (2) the annuity does not provide any additional tax deferral treatment beyond that which I already have under my plan.
- My answers are representations and not warranties, and are true and correct to the best of my knowledge and belief.

8. Acknowledgments and Signature(s) *(continued)***8(c). Signatures**

➡ Owner's signature _____ Date _____

Joint Owner's signature *(if applicable)* _____ Date _____

➡ 9. Licensed Agent Information and Signature(s)**9(a). Replacement**

- ☐ **Yes** ☐ **No** Do you have reason to believe that the Owner has any existing life insurance or annuity contracts?
- ☐ **Yes** ☐ **No** Do you have reason to believe that any existing life insurance or annuity contract has been *(or will be)* replaced, surrendered, withdrawn from, loaned against, changed, or otherwise reduced in value in connection with this transaction, assuming that the contract applied for will be issued?

9(b). Acknowledgments of Licensed Agent

I certify that the application was signed and dated by the Owner after all answers and information were recorded herein; and I have truly and accurately recorded on this form all of the information provided by the Owner. Further, by signing below, I certify:

- I have instructed the Owner to answer the questions in Section 8(a) appropriately. I am providing the replacement information on the required forms, and including them with this application, when applicable.
- I have delivered a *Buyer's Guide for Deferred Annuities* to the Owner.
- I have reviewed the Owner's financial situation and needs, including the financial resources used for the funding of the policy and the Owner's financial time horizon, including duration of existing liabilities and obligations, and have determined that the Owner has the financial ability to meet the financial commitments under the policy.
- It is my reasonable belief that based on the information the Owner provided and based on all the circumstances known to me at the time the recommendation was made, the annuity being applied for, based on my recommendation, meets the Owner(s)' insurance needs and/or financial objectives.
- I have informed the Owner of various features of the policy and potential consequences of the sales transaction, both advantages and disadvantages, and the basis of the recommendation. I represent that I have delivered the appropriate product disclosures and other related materials such as the compensation information regarding the manner in which I am compensated for the sale and servicing of this product, and have used only current, carrier-approved sales material.
- My recommendation was made with the care, skill, prudence and diligence that a prudent person acting in a like capacity and familiar with such matters would use under the circumstances prevailing.
- I understand that I must act in the best interest of the Owner. I only considered the interests of the Owner when making the recommendation to purchase this annuity. I may receive a commission from, or have another financial interest in, the recommended transaction. However, my recommendation is based solely on the Owner's financial interests.
- If the Owner is a full-time, active-duty member of the US Armed Forces (to include a reserve unit serving under published orders for training), then form USL 316 MP DISC (3/14) is submitted with this application but is not a part of this application.
- I have verified the identity of the Owner and Annuitant, if the Owner is non-natural, by reviewing a government-issued photo identification and any other required documentation.

9(c). Licensed Agent Information

1. Licensed Agent's Signature _____ SSN *(1st 5 digits only)* _____

Licensed Agent's Name *(please print)* _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Licensed Agent ID Number _____ Email _____

Firm Name _____

2. Licensed Agent's Signature _____ SSN *(1st 5 digits only)* _____

Licensed Agent's Name *(please print)* _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Licensed Agent ID Number _____ Email _____

Rate Lock Policy

All states

American Pathway[®]
Series of fixed and income annuities

Fixed annuities

Interest rate, as used in this section, refers to the interest rate credited to the contract that is guaranteed for the length of the initial interest rate guaranteed term.

For cash with application:

If the contract is issued within 14 calendar days from the date the application is signed, the interest rate credited will be the better of the rates in effect on:

1. The date the application is signed*; or
2. The date the contract is in good order

If the contract is NOT issued within 14 calendar days from the date the application is signed, the interest rate credited will be the rate in effect on the date the contract is issued.

For 1035 exchange or trustee transfer:

If the contract is issued within 60 (75 for the state of New York) calendar days from the date the application is signed, the interest rate credited will be the better of the rates in effect on:

1. The date the application is signed*; or
2. The date the contract is issued

If the contract is NOT issued within 60 (75 for the state of New York) calendar days from the date the application is signed, the interest rate credited will be the rate in effect on the date the contract is issued.

IMPORTANT NOTE: Transition rules may apply when the interest rate changes. If paperwork in good order is not received by the end date of the specified transition period, the rate lock will not apply and the contract will be issued with interest rates in effect on the contract issue date.

Income annuities (single premium immediate and deferred income annuities)

The described rate lock, as used in this section, refers to the payout rate and payout amount according to the valid quote submitted.

For cash with application:

If the new business forms, including a valid quote, are received in good order by the quote expiration date, the illustrated amounts based on the valid quote are guaranteed. However, the actual income payment amount calculated on the annuity issue date may differ from the quote submitted when any of the following parameters change:

- Age and gender of annuitant(s)
- Purchase premium amount
- Selected payout option (including any election of a reduction in survivor benefit for joint life payout options), payment frequency, state of residence, and income payment start date (which must be on or after the contract issue date)

If there is any change in these parameters, the contract may be issued with an income payment amount that is higher or lower than what is illustrated. The contract will be issued based on the factors listed on the application and the underlying locked payout rate.

If the contract is NOT issued within 14 calendar days from the quote date, the income payment amount will be calculated based on the payout rate effective on the date the contract is issued.

For 1035 exchange or trustee transfer:

A valid quote, signed application, exchange / transfer form and 60-day (75 for the state of New York) Payout Rate Lock Authorization form must be received in good order on or before the quote expiration date. If the contract is issued within 60 (75 for the state of New York) calendar days from the date the application is signed* and:

- **YES** is selected on the 60-day (75 for the state of New York) Payout Rate Lock Authorization form – the illustrated amounts based on the valid quote are guaranteed (regardless if payout rates are higher or lower at the time of issue). However, the actual income payment amount calculated on the annuity issue date may differ from the valid quote submitted when any of the following parameters change:
 - Age and gender of annuitant(s)
 - Purchase premium amount
 - Selected payout option (including any election of a reduction in survivor benefit for joint life payout options), payment frequency, state of residence, and income payment start date (which must be on or after the contract issue date)

If there is any change in these parameters, the contract may be issued with an income payment amount that is higher or lower than what is illustrated. The contract will be issued based on the factors listed on the application and the underlying locked payout rate.

- **NO** is selected on 60-day (75 for the state of New York) Payout Rate Lock Authorization form – the income payment amount will be calculated based on the payout rate effective the date the contract is issued.

If the contract is NOT issued within 60 (75 for the state of New York) calendar days from the date the application was signed*, the income payment amount will be calculated based on the payout rate effective the date the contract is issued.

*For Regulation 60, the 75 calendar day rate lock begins on the application signed date (1-Step) or the Definition of Replacement signed date (2-Step).

Annuities issued by American General Life Insurance Company (AGL) except in New York, where issued by The United States Life Insurance Company in the City of New York (US Life). Issuing companies AGL and US Life are responsible for financial obligations of insurance products and are members of American International Group, Inc. (AIG).

AIG is a leading international insurance organization serving customers in more than 100 countries and jurisdictions. AIG companies serve commercial, institutional, and individual customers through one of the most extensive worldwide property-casualty networks of any insurer. In addition, AIG companies are leading providers of life insurance and retirement services in the United States. All products and services are written or provided by subsidiaries or affiliates of AIG. Noninsurance products and services may be provided by independent third parties. AIG common stock is listed on the New York Stock Exchange and the Tokyo Stock Exchange. www.aig.com.

May not be available in all states and product features may vary by state. Please refer to your contract.

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Please read the following before proceeding:

US Life does not accept sales of income annuities in New York that are funded by replacements of deferred annuity contracts or life insurance policies. This includes the American Pathway Immediate Annuity (SPIA) and the American Pathway Deferred Income Annuity (DIA). Sales of these products in New York will only be accepted when a replacement is not involved.

This does not impact our AGL (non-New York) product portfolio or any other products currently offered by our company in the state of New York.

Note: All New Business submissions should complete the following Definition of Replacement (DOR) form.

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

Mailing Address: Annuity Service Center • P.O. Box 871 • Amarillo, TX 79105-0871

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

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 OR BROKER 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 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. YOU WILL ALSO RECEIVE A COMPLETED DISCLOSURE STATEMENT NO LATER THAN THE TIME YOUR NEW POLICY OR NEW CONTRACT IS DELIVERED.

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 or Broker: _____

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

Mailing Address: Annuity Service Center • P.O. Box 871 • Amarillo, TX 79105-0871

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

STATE OF NEW YORK
COMPENSATION
DISCLOSURE

Contract No. _____

The following disclosure is provided pursuant to Section 30.3 of New York Comp. Codes R. & Reg., tit. 11, Pt. 30 (Regulation 194):

_____ (“the producer”) is an insurance producer licensed by the State of New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.

Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.

The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.

Insurance Producer Name (Print)

Insurance Producer (Signature)

Date

I ACKNOWLEDGE THAT I RECEIVED THIS DISCLOSURE FORM.

Client Name (Print)

Client (Signature)

Date

Client Profile Form– New York Solicitations Only

Instructions:

- Complete this form if the contract owner is an individual or a revocable trust. If the contract owner is a non-natural entity, other than a revocable trust, please complete Client Profile Form UA1005CPT.
- Complete this form using the contract owner's information. If the contract owner is a revocable trust, please use the trust grantor's information.
- Please check that all questions are answered completely and accurately.
- This form must be completed, signed, and dated in order to consider your application.

Incomplete forms will delay processing. Do not leave any questions blank. All responses must be legible.

If any information provided changes before the contract is issued, you must provide notice to USL. A change in information may require an explanation and further review. You may be asked to verify the accuracy of the information on this form. **Please be aware, we may decline to issue an annuity contract based on the suitability information provided on this form.**

Section I– Client Information

1a. Owner Name	1b. Owner Date of Birth	1c. Owner SSN/TIN
2a. Joint Owner Name	2b. Joint Owner Date of Birth	2c. Joint Owner SSN
3. Please indicate your experience level with financial, insurance, or investment products: <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive		
4. What is your risk profile with respect to the purchase of <u>this annuity</u> ? (check one) <input type="checkbox"/> Conservative <i>I prefer little to no market risk.</i> <input type="checkbox"/> Moderate <i>I am willing to accept some market risk to achieve higher returns.</i> <input type="checkbox"/> Aggressive <i>I am willing to accept maximum market risk to achieve maximum returns.</i>		5. What are your financial goals for purchasing <u>this annuity</u> ? (check all that apply) <input type="checkbox"/> Immediate Income <input type="checkbox"/> Safety of Principal <input type="checkbox"/> Future Income <input type="checkbox"/> Education Financing <input type="checkbox"/> Tax Savings <input type="checkbox"/> Estate Planning <input type="checkbox"/> Asset Growth <input type="checkbox"/> Other _____
6. Do you have any existing life insurance or annuity contracts that were sold to you by the same Agent that has recommended this sale? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Section II– Premium and Product Information

7. Premium Amount: \$ _____	8. Qualified Line of Business? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Source of Funds: <input type="checkbox"/> Annuity <input type="checkbox"/> Savings/Checking/Money Market <input type="checkbox"/> Reverse Mortgage <input type="checkbox"/> Life Insurance <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Home Equity Loan <input type="checkbox"/> Stocks/Bonds/Mutual Funds <input type="checkbox"/> Other _____	

Section III– Single Premium Immediate Annuity (SPIA) or Deferred Income Annuity (DIA) Only

10. Is the "Lifetime Income Only" payout option selected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Fixed or Index Annuity) <i>Note: If yes, no further income payment will be made and this contract will terminate at the death of the annuitant(s).</i>
11. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Fixed or Index Annuity)

Section IV– Financial Information

12. What is your total <u>annual</u> household gross income? \$ _____ (annual amount)	13. What are your approximate <u>annual</u> household living expenses (include housing, insurance, food, healthcare, taxes, etc.)? \$ _____ (annual amount)		
14. Please identify the source(s) of your household income. (check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Employment/Self Employment <input type="checkbox"/> Pension/Retirement Benefits <input type="checkbox"/> Investments <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Social Security <input type="checkbox"/> Annuity <input type="checkbox"/> Reverse Mortgage </div> </div>	15. What is your federal income tax bracket? <input type="checkbox"/> Less than 15% <input type="checkbox"/> 15-28% <input type="checkbox"/> Greater than 28%		
16. Complete the Asset Inventory below: Please provide the total value for each asset type below. If you do not own a specific asset type, please complete with \$0. All asset(s) below left blank will be assumed to have a value of \$0. Please exclude the premium used to fund this annuity.			
Asset Type	Value	Asset Type	Value
a. Cash/Checking/Savings/ Money Market/CD	\$ _____	f. Annuities subject to surrender penalties	\$ _____
b. Stocks/Bonds	\$ _____	g. Annuities <u>not</u> subject to surrender penalties	\$ _____
c. Mutual Funds (exclude Class B funds subject to deferred sales charges)	\$ _____	h. IRA/Qualified Plans (exclude Mutual Funds or Annuity values previously listed)	\$ _____
d. Class B Mutual Funds (subject to deferred sales charges)	\$ _____	i. Life Insurance Cash Value	\$ _____
e. Real Estate Equity (exclude primary residence)	\$ _____	j. Other: _____	\$ _____
17. Will the purchase of this annuity prevent you from meeting any financial liabilities and/or obligations (including mortgage loans, auto loans, insurance premiums, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain) _____			
18. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please explain) _____			
19. Do you anticipate accessing more than the free withdrawal amount or annual lifetime income, if a living benefit is available and elected, in any year during the annuity's surrender charge period? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Single Premium Immediate Annuity (SPIA) or Deferred Income Annuity (DIA)) (If yes, please explain) _____			
20. Do you anticipate taking any withdrawals prior to age 59½ that would subject you to a tax penalty? <ul style="list-style-type: none"> Examples of withdrawals that may not incur a tax penalty include, but are not limited to, annuitization or income annuity payments (e.g., a series of substantially equal periodic payments made over life or life expectancy), or payments taken if you have a qualifying disability. Examples of withdrawals that may incur tax penalty for deferred annuities include partial withdrawals, full surrenders, or guaranteed living benefit withdrawals. Examples for income annuities include income annuity withdrawal/commutation benefits or advance payments. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Over 59 ½) (If yes, please explain) _____			
21. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain) _____			
22. Are you purchasing this annuity in order to qualify, 'spend down' or become eligible for any needs-based governmental benefit program, such as Medicaid or a veteran's benefit (exclude Social Security and Medicare)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain) _____ Note: USL Annuity products are not designed with the intent of satisfying the requirements of 'spend down' strategies typically associated with qualifying for needs-based governmental benefit programs, such as Medicaid or veteran's benefits.			

Section V – Replacement Information

23. Will the purchase of this annuity result in a replacement of an existing annuity contract or life insurance policy?

☐ Yes ☐ No (If no, please skip questions 24-25 and the chart below)

Note: USL does not accept deferred annuity to single premium immediate annuity (SPIA) or deferred income annuity (DIA) replacements.

24. Please indicate the type of replacement taking place:

☐ Life Insurance to Annuity ☐ Annuity to Annuity

25. Excluding this replacement, have you had any other annuity exchange or replacement within the past 36 months?

☐ Yes ☐ No

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

Please complete this section in its entirety. If requested information is unknown, please contact your existing 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 two contracts, complete additional charts, and the owner(s) and agent(s) should sign and date the additional paperwork.

Please Note: In addition to the replacement information provided below, USL will utilize the information provided on the completed Regulation 60 Disclosure Form to evaluate the suitability of the replacement.

Existing Annuity Contract Information	Existing Contract #1	Existing Contract #2	Existing Contract #3
Company Name			
Contract Number			
Annuity Type (Fixed, Index or Variable)			
Contract Issue Date			
Current Contract Value	\$_____	\$_____	\$_____
Death Benefit Value	\$_____	\$_____	\$_____
Actual or Estimated Amount Being Transferred to USL	\$_____	\$_____	\$_____
Surrender Charge or Penalty Assessed on Amount Being Transferred	\$_____	\$_____	\$_____
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 the MVA amount will be added (+) to or subtracted (-) from the amount being transferred as listed above.	\$_____	\$_____	\$_____
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 fixed account)	_____ %	_____ %	_____ %
Same selling agent on existing contract and new contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section VI– Agent Acknowledgement and Disclosures

26. Did you inform the client about the applicable features and the potential consequences of the sales transaction, both favorable and unfavorable, including but not limited to the following? <ul style="list-style-type: none"> • Surrender period and surrender charge • Equity-index features • Availability of cash value • Riders and rider fees • Investment advisory fees • Non-guaranteed elements • Policy exclusion or restrictions • Limitations on interest returns • Potential charges for and features of riders • Guaranteed interest rates • Potential tax implications associated with various transactions • Any differences in fee-based and commission-based versions of the policy 	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. If this purchase will result in a replacement of an existing life insurance or annuity policy, have you determined that the replacement is suitable taking the following into consideration? <ul style="list-style-type: none"> • Increases or decreases in premium or fees • Changes in coverage duration • Changes to death benefit • Changes to income amount • Potential surrender charges • Commencement of new surrender period • Potential tax implications associated with various transactions • Addition or loss of existing benefits (such as death, living and/or other contractual benefits) • Be subject to increased fees, investment advisory fees, premium loads or charges for riders and similar product enhancements • The completed Regulation 60 Disclosure paperwork 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Not a Replacement)
28. Before recommending this annuity, did you disclose to the client the limitations, if any, you have on the types of financial products you can offer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. In your professional opinion, is this annuity suitable and in the client's best interest, as compared to other annuity or financial products that you are appropriately designated to sell?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Did you provide to the client the basis of the recommendation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Please summarize the basis of your recommendation to the client below. <hr/> <hr/> <hr/> <hr/>	
32. Did you utilize financial analysis software or an annuity product evaluation tool to assist with your recommendation of this annuity? <i>If yes, did you utilize commercial software, proprietary software, or another strategy to determine the product was in the client's best interest?</i> <input type="checkbox"/> Commercial Software <input type="checkbox"/> Proprietary Software <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Did you provide the required compensation disclosures to the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>By signing this form, I acknowledge the following:</u> <ul style="list-style-type: none"> • 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. • My recommendation was made with the care, skill, prudence, and diligence that a prudent person acting in a like capacity and familiar with such matters would use under the prevailing circumstances. • My recommendation was not influenced by any compensation or incentives I would receive as a result of this annuity sale. • Upon request, I will provide USL with supporting documentation regarding the basis of my recommendation as well as any applicable disclosures, including the compensation disclosure. 	
Agent's Signature	Agent's Signature Date
Broker/Dealer, Firm, or Affiliation Name	

Section VII– Client Acknowledgement and Disclosures

34. Has your agent informed you about the applicable features of the annuity, as well as any advantages and disadvantages of the recommendation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are you willing to accept the “non-guaranteed” elements described below, for the annuity you are purchasing? For Fixed Annuity Only: Your initial interest rate is only guaranteed for an initial guaranteed rate period, after which a renewal rate will be declared on an annual basis, subject to minimum guarantees. For Fixed Index Annuity Only: The initial interest rates, rate caps, and participation rates are not guaranteed for the life of the contract, and renewal rates will be declared on an annual basis after the initial period, subject to minimum and maximum guarantees.	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Has your agent informed you of how he/she gets compensated and/or is incentivized for selling you this annuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. If this purchase will result in a replacement of an existing life insurance or annuity policy, has your advisor explained the advantages and disadvantages of replacing the existing product with this annuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Not a Replacement)
By signing this form, I acknowledge the following: <ul style="list-style-type: none"> • 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 signature below and the purchase of this annuity • I understand that my failure to provide true and complete information may affect the ability of my agent and USL 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 believe the annuity being applied for is suitable and in my best interest according to my financial needs and objectives • I was provided the basis of the recommendation from my agent • For Fixed Index and Fixed Annuities Only: I understand that withdrawals of contract values during the withdrawal charge period will be subject to charge if they exceed penalty-free withdrawal amounts. • For Single Premium Immediate Annuity (SPIA) or Deferred Income Annuity Only (DIA): I understand that, with limited exceptions, I am permanently converting my premium into an income stream. 	
Owner's Signature	Owner's Signature Date
Joint Owner's Signature	Joint Owner's Signature Date

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

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

American PathwaySM Fixed 5 & 7 Annuity Owner Acknowledgment

www.aig.com/annuities • 877-289-0256

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. Your Contract may include one or more riders or endorsements containing additional terms affecting how the Contract may work. You should carefully read the entire Contract, including all rider and endorsements attached to the Contract.

General Description: The American Pathway Fixed 5 & 7 Annuity is a single premium fixed deferred annuity issued and guaranteed by The United States Life Insurance Company in the City of New York (US Life or the Company). Guarantees are backed by the claims-paying ability of US Life. This annuity Contract may be used to save money for retirement and to receive retirement income for life. It is not meant to be used to meet short-term financial goals.

RIGHT to Examine the Contract (Free Look): You may review your annuity Contract for a specified number of days following your purchase, as shown on page one of your Contract. If you decide during that time that you do not want the Contract, please contact our Annuity Service Center or your financial professional for a refund of your premiums, less any withdrawals. Please see the Right to Examine provision on page one of your Contract to learn more about your specific free look period.

Premium Guarantee: The Return of Premium Guarantee, if chosen, provides that your value at cancellation will be equal to or greater than your premium(s) paid less any previous net withdrawals of interest or premium (gross withdrawals adjusted for any applicable withdrawal charges). If you do not elect the Optional Return of Premium Guarantee, withdrawals made during the Withdrawal Charge period could result in your receiving less than the premium(s) paid.

Initial Interest Guarantee Term and Subsequent Guaranteed Rates: The Initial Interest Guarantee Term (Initial Term) is the period of time for which the initial interest rate is guaranteed. If you chose a one-year Initial Term which includes a premium enhancement, the Company will credit your annuity, on the Contract Date, a one-time dollar amount addition to your beginning Contract Value which is equal to a percentage of your premium. For example, if your premium is \$100,000 and the premium enhancement is equal to 1.0%, then on the Contract Date, the Company would credit your premium with \$1,000 resulting in a beginning Contract Value of \$101,000. This amount will then earn interest at the rate specified for the Initial Term.

If you chose a three-year Initial Term, then the initial interest rate may be increased by a rate enhancement, resulting in a higher interest rate during the Initial Term. Initial Interest rates may also be higher for contracts funded with higher premium amounts. Any such interest rate increases will be credited during the Initial Term only. After the Initial Term, AGL will declare an annual renewal interest rate each contract year, which will not include any enhancement.

You may obtain current initial interest rates and premium enhancements from your financial professional but your actual initial rates and premium enhancement will be determined when your Contract is issued and shown on your Contract Data Page along with the Initial Term length you selected. After the Initial Term, the Company will declare an annual interest rate upon each contract anniversary, and this rate will never be lower than the Minimum Guaranteed Interest Rates as defined in your Contract.

The renewal rates for contracts with an interest rate or premium enhancement, and/or a higher initial interest rate associated with higher premium amounts, may be set to the same level as renewal interest rates for contracts without any such enhancements or higher rates. Factors that influence the declared renewal rate include, but are not limited to, the level of US treasury rates, credit spreads on corporate bonds and other fixed income instruments, company asset-liability matching strategies, the length of the contract withdrawal charge period and the number of years since your annuity Contract was issued.

The interest rates mentioned above are annual effective rates. To achieve these rates, the Contract Value at the beginning of each Contract Year must be left in the annuity for a full year without any withdrawals. Interest is credited and compounded daily (based on a 365 day year).

Your Contract Value on any given day equals (a) your premium(s), (b) minus any prior withdrawals and related charges, (c) plus credited interest at the rates described above.

Minimum Guaranteed Interest Rate: The minimum guaranteed interest rates applicable to your Contract are shown on your Contract Data Page. The minimum guaranteed interest rate applicable to your Contract during the withdrawal charge period may be higher than the minimum guaranteed rate applicable in subsequent years. You can obtain the minimum guaranteed interest rates for currently issued contracts from your financial professional but your actual minimum guaranteed interest rates will be determined when your Contract is issued, and will not change.

Withdrawal Privileges: After 30 days from the Contract Date, you may take multiple penalty-free withdrawals each Contract year not exceeding in total the greater of (1) the accumulated interest earned or (2) up to 15% of the previous anniversary Contract Value. If you do not use all of the 15% penalty-free withdrawal percentage in a Contract year, you may carry over the unused portion (up to 5%) to the next Contract year, increasing the annual withdrawal up to a maximum of 20% of the previous anniversary Contract Value. The minimum withdrawal amount is \$250 (\$100 for systematic withdrawals) and the minimum amount that must remain in your annuity is \$2,000.

Withdrawals in excess of permitted penalty-free withdrawals are subject to a withdrawal charge during the withdrawal charge period. These withdrawals, along with any withdrawal charge(s) will be deducted from your Contract Value.

5-Year Early Withdrawal Charge Schedule

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

(% of Excess Amount Withdrawn)

7-Year Early Withdrawal Charge Schedule

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

(% of Excess Amount Withdrawn)

Withdrawal Charge Waivers: The following riders allow you to make withdrawals without a withdrawal charge when certain conditions are met. There is no charge for these riders. Details about utilizing the riders, including qualifying conditions and waiting periods, are set forth in the riders. These riders may not be available in all states and may vary by state.

- **Extended Care Rider:** The Owner must receive Extended Care for at least 90 consecutive days, beginning after the second Contract Year. The Extended Care may not have begun until after the second Contract Year.
- **Activities of Daily Living Rider:** The Owner must be unable to perform two of six Activities of Daily Living for at least 90 consecutive days, beginning after the first Contract Year.
- **Terminal Illness Rider:** The Owner must be initially diagnosed with a Terminal Illness after the Contract Date. Only one partial withdrawal or a full withdrawal is permitted.

Income Plans: An income plan allows you to use your annuity to create guaranteed income for life or for a specified period. An income plan may be elected any time after 13 months from the Contract Date. The amount applied to fund the Income Plan will be equal to the Contract Value. Income payments will start when the Owner reaches age 95 unless an earlier date is elected. Available income plan options include:

- **Life Income**
- **Joint and Survivor Life Income**
- **Joint and Survivor Life Income with 10 or 20 Years Guaranteed**
- **Life Income with 10 or 20 Years Guaranteed**
- **Fixed period**

The minimum income payment amount is \$20. Once payments begin, the income plan option cannot be changed.

Death Benefits: A death benefit will be paid to the named Beneficiary upon an Owner's death before an income plan begins. The death benefit is equal to the Contract Value (no withdrawal charge is applied).

Tax Status and Income Tax Consequences: Taxable withdrawals from your Contract may be subject to federal and state income taxes. Tax rules vary depending on whether the Contract is offered under an employer's tax-qualified retirement program, an individual retirement plan, or is instead a non-qualified contract. Withdrawals from an annuity contract under a tax-qualified retirement program or an individual retirement plan are generally reported to the IRS as fully taxable, and withdrawals from a non-qualified annuity contract are generally reported to the IRS as taxable to the extent of untaxed earnings in the annuity. Taxable withdrawals from your Contract prior to age 59½ are generally subject to a 10% federal early withdrawal penalty. Effective January 1, 2013, certain contract owners may be subject to an additional net investment income tax (NIIT) on income received from non-qualified annuities. Distributions from certain qualified contracts (such as annuities under tax-qualified retirement programs and traditional and Roth IRAs) are generally not subject to NIIT. You should consult your tax advisor regarding your specific situation.

Tax-qualified contracts such as IRAs, 401(k) s, etc. are tax deferred regardless of whether or not they are funded with an annuity. If you are considering funding a tax-qualified retirement plan with an annuity, you should know that an annuity does not provide any additional tax-deferred treatment of earnings beyond the treatment by the tax-qualified retirement plan itself. However, annuities do provide other features and benefits such as income options.

For tax-qualified contracts, the Internal Revenue Code (IRC) requires that you begin withdrawing assets from your tax-qualified annuities when you reach age 70½. These are known as Required Minimum Distributions or RMDs. The annual RMD amount must generally be taken by December 31 each year. The Company is not responsible for the satisfaction of RMDs. We recommend that you consult with your tax advisor as to your obligations with regard to the RMD distributions from the Contract. Note: Roth IRAs are not subject to RMD during the lifetime of the Roth IRA owner.

Annual Statements: A statement of your Contract will be provided at least once each Contract year.

<p>Not a deposit Not insured by any federal government agency</p> <p>May lose value No bank or credit union guarantee Not FDIC/NCUA/NCUSIF insured</p>
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Owner(s) Certification: By signing below, I (I denotes the Owner and Joint Owner, if applicable) acknowledge and attest that:

1. I (a) have read and understand the information contained in this document, (b) have received a copy of this Owner Acknowledgment. I certify that my financial objectives and situation were assessed and that this annuity is suitable for me, given my financial goals;
2. I understand that, during the withdrawal charge period, the Contract will be subject to withdrawal charges. This may result in a partial loss of premium and any interest credits earned previously unless I elected the premium guarantee;
3. I understand that incentive compensation may be paid to my financial professional in connection with the sale of this product; and
4. I agree that this product meets my individual needs, and I do not knowingly have need of these funds except for those provided for within the time frames of the withdrawal charge period;
5. I had the Contract explained to me by my financial professional, with opportunity to ask questions, and that I make this purchase with a full understanding of the material features, benefits and terms of the Contract; and
6. I understand that the Company offers several different types of fixed annuity contracts to meet the diverse needs of applicants. I further understand that other contracts available may provide different features and benefits offered with different rates and/or charges. When working with my financial professional to determine the best product to meet my needs, I have considered among other things, whether the features and benefits of this annuity contract and the related rates and charges provide the most appropriate package to help me meet my retirement savings goals.

Signed this _____ day of _____, _____.

OWNER'S NAME (Please Print)

OWNER'S SIGNATURE

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

JOINT OWNER'S SIGNATURE, IF ANY

Financial Professional Certification: I have provided accurate information to the Owner(s) regarding this annuity. Based on the suitability information gathered by me, I have a reasonable basis to believe that: (a) the Owner(s) would benefit from the 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).

FINANCIAL PROFESSIONAL'S NAME (Please Print)

FINANCIAL PROFESSIONAL'S SIGNATURE

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

Mailing Address: Annuity Service Center • P.O. Box 871 • Amarillo, TX 79105-0871

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

New York Regulation 60 List of Sales Proposals and Materials

Instructions

1. Please print or type
2. Please complete the entire form and submit with the application package.

Applicant Information

Applicant's Name _____

Joint Applicant's Name _____

Sales Materials

The following US Life sales materials were used in the sale: (Please list the applicable product sales piece, form number and revision date. You do not need to submit copies of the sales material produced by US Life.)

<u>Sales Piece</u>	<u>Form Number</u>	<u>Revision Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Copies of the sales material used in the sale of the proposed annuity contract will be provided to the existing insurer upon request.

Agent's Signature

Agent's Name _____

New York License Number _____

Agent's Signature _____ Date _____

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Replacement Procedures for Firms Using Disclosure Statement after Application Process

For every application for a The United States Life Insurance Company in the City of New York (“US Life”) annuity:

- Complete the **Definition of Replacement** with the applicant to determine whether the transaction will involve replacement of an existing life insurance or annuity contract. Both you and the applicant must sign and date the **Definition of Replacement**, with a copy to be provided to the client.
 - If all questions are answered NO, the transaction does not involve a replacement and no additional replacement forms need to be completed. Submit the signed application and **Definition of Replacement** to US Life. You do not need to proceed with the steps below.
 - If any question is answered YES, a replacement has occurred or is likely to occur. Please proceed with the following steps.
- Obtain a list of all policies to be replaced from your client and include this information on US Life’s **Agent’s Request for Disclosure Information and Contract Owner’s Authorization** form. Obtain owner’s signature on the form.
- Have the applicant read and sign the Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts. Leave a signed copy with the applicant at the time of application.
- Submit an original copy of each of the following forms to US Life at the mailing address above:
 - **Definition of Replacement**
 - **Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts**
 - **Agent’s Request for Disclosure Statement Information and Contract Owner’s Authorization**
 - If you used Sales Material, provide a list of such material on **New York Regulation 60 List of Sales Proposals and Materials**
 - US Life Annuity Application (which includes a list of all policies being replaced)
 - Applicable transfer/exchange request form
 - Any other forms required by your agency or broker/dealer
- If the surrendering insurer does not provide the Disclosure Information to US Life within 20 days, we will contact you to obtain good faith approximations consistent with Regulation 60. *US Life will send you a **Disclosure Statement** completed with hypothetical values.*
- After the value information is returned to you by US Life on the **Disclosure Statement**, complete the Agent’s Statement section and sign the **Disclosure Statement**, and return the copy to US Life. Please keep the disclosure information provided to you by the replaced insurer and by US Life for your records. US Life will retain a copy as well. The completed Disclosure Statement signed by the agent must be received by the USL Home Office before the policy can be issued for delivery.
- Upon receipt of in good order Disclosure Statement, US Life will request transfer.
 - If Disclosure Statement is not in good order, the transfer and Letter of Acceptance will not be sent until deemed good order
- Copy of signed Disclosure Statement will be included in policy provided to policy owner.

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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 OR BROKER 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 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. YOU WILL ALSO RECEIVE A COMPLETED DISCLOSURE STATEMENT NO LATER THAN THE TIME YOUR NEW POLICY OR NEW CONTRACT IS DELIVERED.

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 or Broker: _____

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DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK **IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES** **OR ANNUITY CONTRACTS**

THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY 11 NYCRR PART 51 (INSURANCE REGULATION 60)

YOU ARE CONTEMPLATING THE PURCHASE OF A LIFE INSURANCE POLICY OR ANNUITY CONTRACT IN CONNECTION WITH THE SURRENDER, LAPSE OR CHANGE OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. THE AGENT OR BROKER IS REQUIRED TO GIVE YOU THIS NOTICE. A SIGNED DISCLOSURE STATEMENT WILL ALSO BE PROVIDED TO YOU CONTAINING THE SUMMARY RESULT COMPARISON FOR THE NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT AND ANY LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO BE CHANGED THAT SETS FORTH THE FACTS OF THE TRANSACTION AND ITS ADVANTAGES AND DISADVANTAGES TO YOU. YOUR DECISION COULD BE A GOOD ONE – OR A MISTAKE – SO MAKE SURE YOU UNDERSTAND THE FACTS. YOU SHOULD:

1. CAREFULLY STUDY THE DISCLOSURE STATEMENT, WHICH INCLUDES A SUMMARY RESULT COMPARISON, UNTIL YOU ARE SURE YOU UNDERSTAND FULLY THE EFFECT OF THE TRANSACTION. **THE DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU NO LATER THAN UPON DELIVERY OF THE POLICY OR CONTRACT.**
2. ASK THE COMPANY, AGENT OR BROKER FROM WHOM YOU BOUGHT YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO REVIEW WITH YOU THE TRANSACTION. YOU MAY BE ABLE TO EFFECT THE CHANGES YOU DESIRE MORE ADVANTAGEOUSLY WITH THEM.
3. CONSULT YOUR TAX ADVISOR. THERE MAY BE UNFAVORABLE TAX IMPLICATIONS ASSOCIATED WITH THE CONTEMPLATED CHANGES TO YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement of the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
2. Since the initial costs of a life insurance policy are charged against the cash value increases in the earlier life insurance policy years, the replacement of an old life insurance policy by a new one results in the policyholder sustaining the burden of these costs twice. Annuity contracts usually contain provision for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.
4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.

5. There may have been changes in your health since the purchase of the existing coverage.
6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.

YOU HAVE THE RIGHT, WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, TO RETURN IT TO THE INSURER AND RECEIVE AN UNCONDITIONAL FULL REFUND OF ALL PREMIUMS OR CONSIDERATIONS PAID ON IT, OR IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, A PAYMENT OF THE CASH SURRENDER BENEFITS PROVIDED UNDER THE POLICY OR CONTRACT, PLUS THE AMOUNT OF ALL FEES AND OTHER CHARGES DEDUCTED FROM GROSS CONSIDERATIONS OR IMPOSED UNDER THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, AND MAY HAVE THE RIGHT TO REINSTATE OR RESTORE ANY LIFE INSURANCE POLICIES AND ANNUITY CONTRACTS THAT WERE SURRENDERED, LAPSED OR CHANGED IN THE TRANSACTION TO THEIR FORMER STATUS TO THE EXTENT POSSIBLE AND IN ACCORDANCE WITH THE INSURER'S PUBLISHED REINSTATEMENT RULES TO THE EXTENT SUCH RULES ARE NOT INCONSISTENT WITH THE PROVISIONS OF 11 NYCRR PART 51 (INSURANCE REGULATION 60).

IMPORTANT: THIS RIGHT SHOULD NOT BE VIEWED AS REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT TO THE SAME CONDITION AS IF IT HAD NEVER BEEN REPLACED. THERE MAY BE CONSEQUENCES IN REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT, INCLUDING BUT NOT LIMITED TO:

- THE RIGHT TO REINSTATE OR RESTORE YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT APPLIES ONLY TO COMPANIES SUBJECT TO NEW YORK INSURANCE LAWS;
- YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT IS SUBJECT TO YOUR SPECIFIC COMPANY'S REINSTATEMENT RULES, WHICH MAY VARY FROM COMPANY TO COMPANY. THESE RULES MAY REQUIRE PAYMENT OF BOTH PREMIUM AND INTEREST; HOWEVER, YOU WILL NOT BE SUBJECT TO EVIDENCE OF INSURABILITY, OR A NEW CONTESTABLE OR SUICIDE PERIOD;
- YOU MAY NOT RECEIVE THE INTEREST OR INVESTMENT PERFORMANCE DURING THE PERIOD THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT WAS REPLACED; AND
- THERE MAY BE UNFAVORABLE FEDERAL INCOME TAX CONSEQUENCES AS A RESULT OF THE REINSTATEMENT OF YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT.

IMPORTANT: IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, THE VALUE OF THE POLICY OR CONTRACT MAY INCREASE OR DECREASE DURING THE 60 DAY PERIOD DEPENDING ON THE PERFORMANCE OF THE UNDERLYING INVESTMENTS, WHICH MAY AFFECT THE VALUE OF THE REFUND YOU RECEIVE.

I HEREBY ACKNOWLEDGE THAT I READ THE ABOVE "**IMPORTANT NOTICE**" AND HAVE RECEIVED A COPY OF SAME.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant: _____

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

Mailing Address: Annuity Service Center • P.O. Box 871 • Amarillo, TX 79105-0871

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

Agent's Request for Disclosure Statement Information and Contract Owner's Authorization

- A. INSTRUCTIONS**
1. **DO NOT USE HIGHLIGHTER.**
 2. Please print or type.
 3. Owner's and agent's signatures required on this form.
 4. Send completed form to replacing insurer.

**B. EXISTING
CONTRACT
INFORMATION**

CONTRACT OWNER'S NAME

LAST 4 DIGITS OF SSN

NAME OF EXISTING INSURER

EXISTING CONTRACT/CONTRACT NUMBER

STREET ADDRESS OF EXISTING INSURER

CITY

STATE

ZIP CODE

**C. PROPOSED
US LIFE
CONTRACT**

PRODUCT NAME

☐ Non Qualified or ☐ Qualified

☐ Full or ☐ Partial Amount \$_____

(Partial 1035 Exchanges may be subject to pre-sale approval)

**D. AGENT'S
REQUEST FOR
INFORMATION
NECESSARY TO
COMPLETE
DISCLOSURE
STATEMENT**

As the agent on the proposed replacement contract, I hereby request the information necessary to complete the Department of Financial Services of the State of New York Disclosure Statement, for the above-referenced contract. Please send the information to me at the following address:

AGENT'S NAME

BROKER-DEALER FIRM NAME

AGENT'S STREET ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

NEW YORK LICENSE NUMBER

AGENT'S SIGNATURE

DATE

**E. CONTRACT
OWNER'S
AUTHORIZATION
TO RELEASE**

INFORMATION NECESSARY TO COMPLETE DISCLOSURE

I may replace the above contract with a new **annuity** contract. Please accept this signed form as my **STATEMENT** authorization for you to release the information necessary to complete the required Disclosure Statement for the above -referenced contract. Please mail the information to: 1) the agent identified above; 2) the agent of record on my existing contract (if different than the agent listed above); 3) The United States Life Insurance Company in the City of New York, the proposed replacing insurer, whose mailing address is listed at the top of this form.

CONTRACT OWNER'S SIGNATURE

DATE

JOINT OWNER'S SIGNATURE (IF APPLICABLE)

DATE

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

Mailing Address: Annuity Service Center • P.O. Box 871 • Amarillo, TX 79105-0871

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

REQUEST TO TRANSFER FUNDS

1. PERSONAL INFORMATION

Owner: _____ Joint Owner: _____
Annuitant (if different from owner): _____ Social Security Number: _____
Address: _____
City/State/Zip: _____ Phone: _____

2. CONTRACT/CERTIFICATE

Account Number _____ Company _____
Address _____
The above contract(s) is ☐ enclosed ☐ misplaced
Phone _____

3. TYPE OF WITHDRAWAL

☐ Total withdrawal ☐ Partial Withdrawal _____
FROM ☐ Annuities ☐ Life Insurance

4. SOURCE OF TRANSFER (For Direct Rollovers, use form number USL 175)

TYPE OF TRANSFER

☐ Trustee-to-Trustee Transfer

☐ IRA/SEP ☐ Roth IRA ☐ Other _____

☐ Liquidate on maturity date of _____

(Before the maturity date, I understand there may be a

☐ Immediately penalty.)

☐ Non-Qualified Funds (Non-Insurance)

☐ Certificate of Deposit:

☐ Before the maturity date, I understand there may be a penalty

☐ On the maturity date of _____.

☐ Mutual Fund / Money Market

Participants who are age 70 1/2 or older may be required to take a required minimum distribution prior to completing this transaction, if this a complete transfer.

☐ IRC Section 1035(a) Non-Taxable Exchange of Non-Qualified

Funds

(For partial exchanges, use form USL 163)

ABSOLUTE ASSIGNMENT

I do absolutely assign and transfer the above identified life/annuity contract to The United States Life Insurance Company in the City of New York (US LIFE), its successors and/or assigns, along with any and all claims, options, privileges, rights, title, and interest therein, and subject to all conditions of such contract as consideration and in exchange for an annuity contract to be issued by US LIFE in conformance with section 1035 of the Internal Revenue Code. All power, election, appointments, options or rights exercisable by me as owner of the contract (including the right to surrender this contract) are now exercisable by US LIFE, subject to acceptance by the issuing company.

The contract I am assigning is not subject to any prior assignment. It is not subject to proceedings in bankruptcy, federal tax levy, collection proceedings or any other legal action. There is no outstanding loan on the contract.

No coverage takes effect with US LIFE because of this assignment or any application for an US LIFE contract. The contract issued by US LIFE will be deemed to be issued in exchange for the contract listed above when the proceeds of such contract are received by US LIFE and applied to its contract. If a claim should arise before payment of the surrender value in full is received by US LIFE, the undersigned understands no insurance has taken effect with US LIFE and the undersigned agrees to look solely to the insurer of the contract number noted above for relief. **For ALL 1035 Exchanges, please provide the cost basis information for the current contract.**

5. SIGNATURES

I understand and agree that if I establish more than one non-qualified annuity contract with The United States Life Insurance Company in the City of New York (US LIFE) in the same calendar year, US LIFE will be required to treat all such contracts as a single contract for tax purposes. Such contracts are referred to as "serial contracts." I understand and agree that this means that because serial contracts are treated as one contract, all interest must be withdrawn and taxes paid on each contract in succession before any withdrawals of principal are allowed. I also understand and agree that an exchange of one non-qualified annuity contract for multiple non-qualified annuity contracts issued by more than one insurance company may not qualify for treatment as a nontaxable Section 1035 exchange of contracts. I hereby authorize US LIFE to rely upon the information provided by the current insurer, trustee, or custodian, and to assume, in the absence of such information, that more restrictive and/or less beneficial tax rules apply to the amounts transferred.

I request that the above referenced contract be liquidated and transferred to The United States Life Insurance Company in the City of New York. I am aware of any penalties or surrender charges that will result from this liquidation by the previous company. I am further aware that any tax consequences of this transaction are solely my own and that I may wish to consult my tax advisor.

Contract Owner: _____ Date: _____

Joint Owner: _____ Date: _____

Spouse/Irrevocable Beneficiary (if any) _____ Date: _____

Witness to all signatures: _____ Date: _____

6. ACCEPTANCE

For transfers of tax-qualified funds, the new contract must meet the same Internal Revenue Code requirements as the existing contract. On the above authorization and/or assignment, please liquidate the above assets.

Assets will be accepted in new contract # _____ or existing contract # _____

Make check(s) payable and mail to:

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

FBO: _____ **SSN:** _____

P.O. Box 650545, Dept. USL

Dallas, Texas 75265-0545

Or if IRA Transfer

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

FBO: _____

By: _____ Date: _____

US Life Insurance Company Representative/Title

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

Mailing Address: Annuity Service Center • P.O. Box 871 • Amarillo, TX 79105-0871

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

REQUEST FOR DIRECT ROLLOVER OF

FUNDS TO US LIFE

CUSTOMER INFORMATION

Contract owner / Plan Participant Name & Address

Current Insurer / Trustee / Custodian Name & Address

Telephone Number: _____

Social Security/Tax ID No.: _____

Contract/Account No.: _____

I elect to receive an eligible distribution as a Direct Rollover as described below. (Complete items 1,2,3,4 and 5 or 6). **Please read the information provided on page 2 prior to completing this form.**

1. Current Retirement Plan

- ☐ Qualified Employer Plan - IRC Sec. 401(a), 401(k), 403(a)
- ☐ Tax Sheltered Annuity - IRC Sec. 403(b)
- ☐ Tax Sheltered Custodial Account - IRC Sec. 403(b)(7)
- ☐ Individual Retirement Account or Annuity - IRC Sec. 408(a) or (b)
- ☐ Governmental 457(b) Deferred Compensation Plan

2. Basis for Distribution

- ☐ Termination of Plan (Not applicable to a TSA)
- ☐ Termination of Employment
- ☐ Total Disability - IRC Sec. 72(m)(7)
- ☐ Age 59 ½ or Older
- ☐ Qualified Domestic Relations Order
- ☐ Other _____
(Explain)

3. Type of Distribution

- ☐ Partial, % _____ or \$ _____
- ☐ Total, full liquidation (Participants age 70 1/2 or older may be required to take a required minimum distribution prior to making a complete rollover.)

4. Direct Rollover to:

- ☐ Individual Retirement Annuity - IRC Sec. 408(b)
- ☐ Simplified Employee Pension - IRC Sec. 408(k)

5. ☐ Rollover to an existing contract, number _____

6. ☐ Rollover to a new contract, application attached.

Date

Signature & SSN of Plan Participant or Contract Owner

ACCEPTANCE

On behalf of The United States Life Insurance Company in the City of New York, we agree to accept the Direct Rollover identified above. Further, the rollover proceeds will be applied to the following type of contract _____

Traditional IRA, SEP

Please make check(s) payable and mail to:

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

FBO: (participant)

SSN or Contract No.

P.O. Box 650545, Dept. USL

Dallas, Texas 75265-0545

Date

Authorized Officer and Title

LEGAL INFORMATION

The information in this notice applies to IRAs, Roth IRAs, and employer-sponsored plans, including tax-sheltered annuity arrangements and governmental 457 deferred compensation plans.

Direct Transfers

The accumulated value to be transferred may have been subject to sales and/or administration charges. The amount transferred will be subject to the terms of The United States Life Insurance Company in the City of New York contract. You are responsible for any taxes or penalties due should this transaction not comply with the applicable IRC provisions. Please consult with qualified tax counsel prior to electing this transaction.

Although the amount transferred is in general not subject to withholding requirements because it is not includible in your gross income for the year of transfer, if this transfer does not comply with applicable legal requirements, you may be responsible for estimated tax payments if you do not have enough federal income tax withheld from income.

Eligible Rollovers

Most withdrawals from tax-favored retirement plans are eligible for rollover either to an IRA or to another plan if the receiving plan accepts such rollovers. Some plans do not accept rollovers of certain types of distributions. Check with the administrator of that plan about whether the plan accepts rollovers and, if so, the types of distributions it accepts.

Rollovers by Beneficiary

Only spousal beneficiaries are allowed to roll over distributions to an IRA or another plan. The receiving plan must accept such rollovers. Non-spousal beneficiaries are not allowed to roll over distributions.

Direct Rollovers

Any amounts under your employer-sponsored plan that will not be subject to federal income tax when distributed may be rolled over directly to an employer-sponsored plan, if such plan accepts such rollovers, or to an IRA.

Rollovers may be subject to the plan restrictions of the receiving plan. The new plan restrictions may be different, or more or less restrictive, than the plan from which the amounts were rolled. Check with the administrator of the receiving plan prior to making your decision in order to clearly understand what restrictions may apply.

Distributions Paid Directly to You

If the distribution you are rolling over was paid directly to you, you may roll over any pre-tax amounts to another employer-sponsored plan or to an IRA within 60 days. Any distributions of after-tax contributions paid directly to you may not be rolled over to another employer-sponsored plan. However, they may be rolled over to an IRA within 60 days.

Amounts Not Eligible For Rollover

Some amounts not eligible for rollover include amounts paid to non-spousal beneficiaries, amounts paid from a non-qualified (after-tax) annuity that is not part of your employer's plan, financial hardship withdrawals, and amounts paid from certain deferred compensation plans. In addition, non-deductible (after-tax) IRA contributions are not eligible for rollover to an employer-sponsored plan.