



New Business Reissue Supplemental Application for Individual Life Insurance

- ☐ **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 Street, 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: Use this form to request changes to a newly issued policy during the Company's standard reissue period. If being used at time of policy delivery, this form **MUST** accompany the signed delivery requirements, if applicable, and be submitted during the Policy's "free look" period.
IMPORTANT: Universal Life and Variable Universal Life products require a newly signed illustration/quotation for any changes to these policies.

Changes in policy effective date, issue age, face/specified amount, Death Benefit Option or other coverage may result in additional underwriting and/or costs.

Upon receipt of a completed New Business Reissue Supplemental Application, it will be reviewed for accuracy and completeness. Certain changes require underwriting approval before the policy can be reissued. If this is the case, an underwriter will review the request.

- If the request is approved, the changes will be applied and a confirmation will be provided.
- If the request is not approved, the agent will be contacted to determine how to proceed.

For changes in Agent information, please contact the Home Office.

SECTION A – INFORMATION (PRIMARY & OTHER INSURED). COMPLETE THIS SECTION FOR ALL REQUESTS.

Policy # _____

PRIMARY INSURED:

First Name _____ MI _____ Last Name _____
Social Security # _____ Date of Birth _____

OTHER INSURED, IF APPLICABLE:

First Name _____ MI _____ Last Name _____
Social Security # _____ Date of Birth _____

SECTION B – POLICY CHANGES. CHECK APPROPRIATE BOX(ES) AND COMPLETE THE ADDITIONAL REQUESTED INFORMATION.

- ☐ Change Policy Effective Date
☐ Save Age ☐ Redate Policy to: _____ (date)
- ☐ Change Term Policy Duration
☐ Change duration of term policy to: _____ (years)
- ☐ Change Face/Specified Amount of Policy
☐ Increase to: \$ _____
☐ Decrease to: \$ _____
- ☐ Change Death Benefit Option (For UL & VUL only)
☐ Level ☐ Increasing
- ☐ Change Death Benefit Compliance Test (For UL & VUL only)
☐ Guideline Premium ☐ Cash Value Accumulation
- ☐ Change from Permanent Product to Term Product
Term Product Name: _____ Term Duration: _____
(Please make note of any rider changes, additions or deletions in Section C.)
- ☐ Change from Term Product to Permanent Product
Perm Product Name: _____
Note: Requires a signed illustration or quote. Additionally, supplemental applications may be required.
(Please make note of any rider changes, additions or deletions in Section C.)

SECTION C – ADD, CHANGE OR REMOVE A RIDER OR BENEFIT. CHECK APPROPRIATE BOX(ES) AND COMPLETE THE ADDITIONAL REQUESTED INFORMATION.

Action	Rider/Benefit Name	Rider/Benefit Options (Amount, Units, %, Other)
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove		
<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Remove		



SECTION D – PREMIUM OR BILLING CHANGE. CHECK APPROPRIATE BOX(ES) AND COMPLETE THE ADDITIONAL REQUESTED INFORMATION.☐ Change payment frequency to:☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly (Bank Draft Only)☐ Change payment method to:☐ Direct Billing ☐ Bank Draft (Complete Bank Draft Authorization)☐ Credit Card – Initial Premium Only (Complete Credit Card Authorization)☐ List Bill: Number _____ ☐ Other (Please explain) _____☐ Change modal premium payment to: \$ _____ (UL & VUL only) – Requires new Quotation/Illustration**SECTION E – CHANGE OWNER (IF NEW OWNER IS A TRUST, A NEW APPLICATION MUST BE SUBMITTED.)**

First Name _____ MI _____ Last Name _____

If new owner is NOT the Primary Insured, please complete the following:

SSN/TIN _____ DOB _____ Relationship to Proposed Insured _____

Driver's License ☐ yes ☐ no License State _____ Number _____ Gender ☐ M ☐ FU.S. Citizen ☐ yes ☐ no If no, Country of Citizenship _____ Date of Entry _____

Visa Type _____ Exp. Date _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Email _____

Note: Both the original owner and new owner must sign in Section G.

SECTION F – CORRECTIONS TO NAME, SSN/TIN, DATE OF BIRTH AND GENDER

Person's Name	Relationship to Proposed Insured	Type of Data to be Corrected	Corrected Information

SECTION G – REQUIRED SIGNATURES. COMPLETE THIS SECTION FOR ALL REQUESTS.

I represent, on behalf of myself and any person who may have been proposed for insurance, that to the best of my knowledge and belief:

- There have been no changes since the date of the application in my health or in any other condition; and
- Neither I nor any other proposed insured has, since the date of the application:
 - Consulted a licensed health care provider or received medical or surgical advice or treatment; or
 - Acquired any knowledge or belief that any statements made in the application are now inaccurate or incomplete.

Exceptions:

In the event any exception is noted herein, the policy will not be in force until the Company approves this New Business Reissue Supplemental Application.**Agreement:** All of the above answers are full, complete and true to the best of my knowledge and belief, and are a continuation of, and form a part of, the application for insurance.**Fraud:** Any person who knowingly presents a false statement 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.**Owner Signature****X**
Owner Title _____*(If Corporate Officer or Trustee)***Owner signed on (date)** _____**Primary Proposed Insured Signature (if other than Owner)****X**
*(If under age 16, signature of parent or guardian)***New Owner Signature (if reissue to change owner)****X**
*(If under age 16 and coverage exceeds \$500,000, signature of both parents required.)***Other Proposed Insured Signature****X**
(If under age 16 and coverage exceeds \$500,000, signature of both parents required.)