

Use this form for issue ages thru age 69.



Preliminary Information Statement

(Policy Form 19311N)

Date Prepared: _____

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)

NOTE: If you have any questions, please contact your agent or financial advisor. If no agent is involved with this Preliminary Information Statement, you may direct your written inquiry to our **Administrative Center located at 2727-A Allen Parkway, Houston, Texas 77019-2191 or you may call 1-800-247-8837.**

Plan Name: _____

Name of Applicant: _____

Age: _____ Sex: _____ Underwriting Class: _____

Level Premium Period: _____ Years

Initial Amount of Insurance: _____

Initial Annual Policy Premium: _____

Rider: _____

Rider Annual Premium: _____

Rider: _____

Rider Annual Premium: _____

Rider: _____

Rider Annual Premium: _____

Rider: _____

Rider Annual Premium: _____

Total Annual Premium: _____

Policy Description

The Plan Name as indicated above is an Indeterminate Premium Term Life Insurance Policy with a Change in Face Amount After the Level Premium Period (the "Policy") offered by The United States Life Insurance Company in the City of New York (the "Insurance Company"). After the Level Premium Period, the Policy is renewable annually until the policy anniversary nearest the Insured's 95th birthday. Premiums are guaranteed level for the Level Premium Period. The Face Amount decreases immediately following the Level Premium Period. The post-Level Premium Period premiums generally remain the same immediately following the Level Premium Period but often become greater in ensuing years.

The Policy is convertible to a permanent life insurance policy at any time during the conversion period. There is no loan provision for this policy. This policy does not have any cash values.

When the policy is issued, a complete Statement of Policy Cost and Benefit Information including cost data, based on the benefits, premiums and dividends (if any) of the policy as issued will be furnished. Following receipt of the policy and the Statement of Policy Cost and Benefit Information, the policy may be returned within a period of not less than ten (10) days for an unconditional refund of premiums paid.

Life insurance cost indexes for the basic policy

Based on guaranteed premium scale

Ten years

Twenty years

Surrender cost index

Net payment cost index

An explanation of the intended use of these indexes is provided in the Buyer's Guide.

I acknowledge that I understand: 1) the Preliminary Information Statement and the options available in this policy form, including any riders; 2) that the policy has non-guaranteed elements, including premiums that increase following the level premium paying period and that any changes in the company's interest earnings, expenses or claim experience may result in lower or higher premium payments; 3) that I have reviewed this disclosure for the applied for policy and understand how the policy will perform during and after the level premium paying period; and 4) that the company will not accept my application for insurance without this properly completed, signed, and dated Preliminary Information Statement.

Applicant's Signature

X _____

Agent Signature **X** _____

Agent signed on (date) _____

Agent's name (printed) _____

Agent's address _____

Applicant's name (printed) _____

Applicant signed on (date) _____

AGENT INSTRUCTIONS - 2 copies of this form must be completed.

Copy 1 - Leave signed and dated copy with Applicant.

Copy 2 - Attach completed, signed, and dated original to application and submit to company.



Use this form for ages 70 and over.



Preliminary Information Statement

(Policy Form 19310N)

Date Prepared: _____

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)

NOTE: If you have any questions, please contact your agent or financial advisor. If no agent is involved with this Preliminary Information Statement, you may direct your written inquiry to our **Administration Center located at 2727-A Allen Parkway, Houston, Texas 77019-2191** or you may call **1-800-247-8837**.

Plan Name: _____

Name of Applicant: _____

Age: _____ Sex: _____ Underwriting Class: _____

Level Premium Period: _____ Years

Initial Amount of Insurance: _____ Initial Annual Policy Premium: _____

Rider: _____ Rider Annual Premium: _____

Rider: _____ Rider Annual Premium: _____

Rider: _____ Rider Annual Premium: _____

Rider: _____ Rider Annual Premium: _____

Total Annual Premium: _____

Policy Description

The Plan Name as indicated above is an Indeterminate Premium Term Life Insurance Policy with a Change in Face Amount After the Level Premium Period (the "Policy") offered by The United States Life Insurance Company in the City of New York (the "Insurance Company"). After the Level Premium Period, the Policy is renewable annually until the policy anniversary nearest the Insured's 95th birthday. Premiums are guaranteed level for the Level Premium Period. The Face Amount decreases immediately following the Level Premium Period. The post-Level Premium Period premiums generally remain the same immediately following the Level Premium Period but often become greater in ensuing years.

There is no loan provision for this policy. This policy does not have any cash values.

When the policy is issued, a complete Statement of Policy Cost and Benefit Information including cost data, based on the benefits, premiums and dividends (if any) of the policy as issued will be furnished. Following receipt of the policy and the Statement of Policy Cost and Benefit Information, the policy may be returned within a period of not less than ten (10) days for an unconditional refund of premiums paid.

Life insurance cost indexes for the basic policy

Based on guaranteed premium scale

Surrender cost index

Net payment cost index

Ten years

Twenty years

An explanation of the intended use of these indexes is provided in the Buyer's Guide.

I acknowledge that I understand: 1) the Preliminary Information Statement and the options available in this policy form, including any riders; 2) that the policy has non-guaranteed elements, including premiums that increase following the level premium paying period and that any changes in the company's interest earnings, expenses or claim experience may result in lower or higher premium payments; 3) that I have reviewed this disclosure for the applied for policy and understand how the policy will perform during and after the level premium paying period; and 4) that the company will not accept my application for insurance without this properly completed, signed, and dated Preliminary Information Statement.

Applicant's Signature

X

Agent Signature **X** _____

Agent signed on (date) _____

Agent's name (printed) _____

Agent's address _____

Applicant's name (printed) _____

Applicant signed on (date) _____

AGENT INSTRUCTIONS - 2 copies of this form must be completed.

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Copy 2 - Attach completed, signed, and dated original to application and submit to company.



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