

AGENCY: 0AP01
AGENT: UBS FINANCIAL SVCS INS AGENCY INC
MAIL TO: 0AP01
POLICY: 1Q21ASAT02

UBS FINANCIAL SVCS INS AGENCY INC
5667 GZPZSCKU UY
SARASOTA, FL 34231



January 28, 2021

Alfred TERMJANAGL
AIG Park Drive
Waldron Place
Central Square 01
Hartford, CT 06101

Re: Alfred TERMJANAGL
Policy Number: 1Q21ASAT02
Product Name: Select-a-Term

Dear Alfred TERMJANAGL:

Congratulations on taking this important step toward financial protection for yourself and your loved ones. For nearly 100 years, AIG has been a trusted insurance provider and now serves 90 million clients in more than 100 countries. Thank you for choosing us¹!

Enclosed is your new insurance policy. We recommend that you carefully review all documents and store them in a safe place. Your policy package includes the following important information:

- Policy conversion information (if applicable)
- List of requirements needed to be returned to us in order to activate your policy (if applicable)
- Your policy contract
- Important information per your state of residence
- Our privacy policy and additional information

For added convenience, we encourage you to visit www.aig.com/eservice to securely manage your policy online. eService allows you to view policy documents, make payments, set up recurring payments, contact customer service and more.

If you have questions after reading your policy, please contact your agent directly or the AIG Contact Center at 1-844-452-3832 (Life Insurance) or 1-800-340-2765 (Variable Universal Life only).

Thank you again for your business. We look forward to serving you.

Sincerely,

A handwritten signature in black ink, appearing to read "Adam Winslow", enclosed within a thin black rectangular border.

Adam Winslow
Chief Executive Officer
Life Insurance, Life & Retirement

¹Policies 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).



The following item(s) require your immediate attention. To avoid policy cancellation, please respond by **February 16, 2021**.

Your policy details:

Policy Number: 1Q21ASAT02
Owner: Alfred TERMJANAGL
Insured: Alfred TERMJANAGL
Policy Effective Date: December 18, 2020

Billing Frequency: Monthly
Billing Type: Direct Billing
Mode Premium: \$66.45

To complete the delivery of your policy, the following items **MUST** be submitted:

Signatures Required:

Acknowledge Outline of Coverage

Total Modal Premium Due: \$66.45

Cash Received: \$0.00

Balance Due: \$132.90

NOTE: Any changes made to the above listed requirements are subject to policy reissue.

Please respond by **February 16, 2021** using the submission instructions on the next page.

Agent: OAP01
Agency: OAP01

REQUIREMENT SUBMISSION INFORMATION

Please return delivery requirements in the envelope provided or refer to your agent website for the most accurate overnight delivery information. You may also fax requirements without money to the numbers below.

Delivery Requirements Fax Lines 1-877-713-6354
1-877-713-6355

Helpful hints:

- If you fax - don't mail, and if you mail - don't fax.
- Clearly write the policy number(s) on the first page of all correspondence.
- Be sure payment form is signed by account holder or cardholder.
- Need more time to deliver your policy? Additional money may be due.

Any questions concerning your delivery requirements, call your Case Manager:

Case Manager Name: Nickole Whitehead
Case Manager Phone Number:
Case Manager Email Address:

LEAVE COMPLETED AND SIGNED FORM WITH THE OWNER**Limited Temporary Life Insurance Agreement (Agreement)**

THIS AGREEMENT PROVIDES A LIMITED AMOUNT OF LIFE INSURANCE COVERAGE FOR A LIMITED PERIOD OF TIME, SUBJECT TO THE TERMS AND CONDITIONS SET FORTH BELOW. SUCH INSURANCE IS NOT AVAILABLE FOR ANY RIDERS OR ACCIDENT AND/OR HEALTH INSURANCE. PLEASE FOLLOW STEPS 1 - 4.

1. Check appropriate Company:

- ☐ American General Life Insurance Company, Houston, TX ☐ The United States Life Insurance Company in the City of New York, New York, NY

In this Agreement, "Company" refers to the insurance company whose name is checked above, which is responsible for the obligation and payment of benefits under any policy that it may issue. No other company shown is responsible for such obligations or payments. In this Agreement, "Policy" refers to the Policy or Certificate applied for in the application. In this Agreement, "Proposed Insured(s)" refers to the Primary Proposed Insured under the life policy and the Other Proposed Insured under a joint life or survivorship policy, if applicable.

2. Complete the following: (please print)

Primary Proposed Insured	_____
Other Proposed Insured	_____
	<i>(applicable only for a joint life or survivorship policy)</i>
Owner (if other than Primary Proposed Insured)	_____
Modal Premium Amount Received	_____
Date of Policy Application	_____

3. Answer the following questions:

	Yes	No
a. Has any Proposed Insured ever had a heart attack, stroke, cancer, diabetes or disorder of the immune system, or during the last two years been confined in a hospital or other health care facility or been advised to have any diagnostic test or surgery not yet performed?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is any Proposed Insured age 71 or above?	<input type="checkbox"/>	<input type="checkbox"/>

STOP If the correct answer to any question above is YES, or any question is answered falsely or left blank, coverage is not available under this Agreement and it is void. This form should not be completed and premium may not be collected. Any collection of premium will not activate coverage under this Agreement.

TERMS AND CONDITIONS OF COVERAGE UNDER THIS AGREEMENT

A. Eligibility for Coverage: If the correct answer is YES to any of the questions listed above, temporary insurance is NOT available and this Agreement is void.

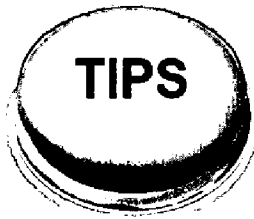
Agents do not have authority to waive these requirements or to collect premium by any means including cash, check, bank draft authorization, credit card authorization, salary savings, government allotment, payroll deduction or any other monetary instrument if any Proposed Insured is ineligible for coverage under this Agreement.

B. When Coverage Will Begin:

COVERAGE WILL BEGIN WHEN ALL OF THE FOLLOWING CONDITIONS HAVE BEEN MET:

- Part A of the application must be completed, signed and dated; and
- The first modal premium must be paid; and
- Part B of the application must be completed, signed and dated and all medical exam requirements satisfied.

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Tips for Submitting a Complete and Compliant Replacement

If the application being submitted includes existing coverage, the following tips will assist in completing the replacement form and application.

Part A Application

Existing Coverage Question

- Answer 'yes' or 'no' to the Existing Coverage question. If answer is 'yes':
 - Enter the Existing Policy Number, or write 'Unknown' in the space provided
 - Enter the Name of the Existing Carrier
 - Enter the Face Amount of the existing coverage

Replacement Question

- Answer 'yes' or 'no' to the Replacement question.
 - If the existing coverage is 'Pending', the Replacement question should be answered 'no', unless the pending policy is under a binding or conditional receipt or is within an unconditional receipt refund period, even if the pending policy will not be put in force.
 - If the replacement question is answered 'yes', then a Replacement Notice is required. **However, in states that require notice form AGLC0188, the form should be completed if the Existing Coverage question is answered 'yes', even if not replacing.**

Agent's Report

- Answer 'yes' or 'no' to the Existing Coverage question.
- Answer 'yes' or 'no' to the Replacement question
- Both of these questions on the Agent's Report should match what the applicant indicated on the Part A.
- Complete all fields, including license number, agent address, agent phone number, etc.

Replacement Notice

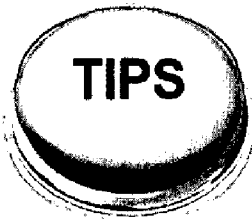
- Verify that you have the correct Replacement Notice for the state in which the application is signed.
- Answer all replacement and financing questions; do not leave any fields blank.
- If the existing policy number is not known, applicant should write 'Unknown' in the space provided.
- Answer the **Reason for Replacement** section, if applicable.
- If the Notice has a Sales Material section, (1) complete it and (2) submit any individualized sales materials, including illustrations. If no sales materials were used, write 'None' in the space provided.
- Be sure the applicant signs and dates the form. **The Replacement Notice must be dated on or before the date of the Part A.**
- Agent signature and date are required.

Reminders:

- Group coverage being replaced does not require a Replacement Notice; however, the Existing Coverage Question and Replacement Question are all required to be completed on the Part A.
- If an existing internal cash value policy (WL, UL, VUL or ROP Term) has lapsed or was cancelled within the last 4 months, the application is processed as a replacement and all replacement requirements apply.

Note: DO NOT submit this instruction sheet with the application packet.

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Tips for Submitting a Complete and Compliant Replacement

If the application being submitted includes existing coverage, the following tips will assist in completing the replacement form and application.

Part A Application

Existing Coverage Question

- Answer 'yes' or 'no' to the Existing Coverage question. If answer is 'yes':
 - Enter the Existing Policy Number, or write 'Unknown' in the space provided
 - Enter the Name of the Existing Carrier
 - Enter the Face Amount of the existing coverage

Replacement Question

- Answer 'yes' or 'no' to the Replacement question.
 - If the existing coverage is 'Pending', the Replacement question should be answered 'no', unless the pending policy is under a binding or conditional receipt or is within an unconditional receipt refund period, even if the pending policy will not be put in force.
 - If the replacement question is answered 'yes', then a Replacement Notice is required. **However, in states that require notice form AGLC0188, the form should be completed if the Existing Coverage question is answered 'yes', even if not replacing.**

Agent's Report

- Answer 'yes' or 'no' to the Existing Coverage question.
- Answer 'yes' or 'no' to the Replacement question
- Both of these questions on the Agent's Report should match what the applicant indicated on the Part A.
- Complete all fields, including license number, agent address, agent phone number, etc.

Replacement Notice

- Verify that you have the correct Replacement Notice for the state in which the application is signed.
- Answer all replacement and financing questions; do not leave any fields blank.
- If the existing policy number is not known, applicant should write 'Unknown' in the space provided.
- Answer the **Reason for Replacement** section, if applicable.
- If the Notice has a **Sales Material** section, (1) complete it and (2) submit any individualized sales materials, including illustrations. If no sales materials were used, write 'None' in the space provided.
- Be sure the applicant signs and dates the form. **The Replacement Notice must be dated on or before the date of the Part A.**
- Agent signature and date are required.

Reminders:

- Group coverage being replaced does not require a Replacement Notice; however, the Existing Coverage Question and Replacement Question are all required to be completed on the Part A.
- If an existing internal cash value policy (WL, UL, VUL or ROP Term) has lapsed or was cancelled within the last 4 months, the application is processed as a replacement and all replacement requirements apply.

Note: DO NOT submit this instruction sheet with the application packet.

LEAVE COMPLETED AND SIGNED FORM WITH THE OWNER

Coverage under this Agreement will not exist until all of the conditions listed above have been met.

The first modal premium will be considered paid, if one of the following valid items is submitted with Part A of the application and that payment is honored: (i) a check in the amount of the first modal premium; (ii) a completed and signed Automatic Bank Draft Agreement; (iii) a completed and signed Credit Card Authorization form; (iv) a completed and signed salary savings authorization; (v) a completed and signed government allotment authorization; (vi) a completed and signed payroll deduction authorization. Temporary life insurance under this Agreement will not begin if any form of payment submitted is not honored. All premium payments must be made payable to the Company checked above. Do not leave payee blank or make payable to the agent. The prepayment for this temporary insurance will be applied to the first premium due if the policy is issued, or refunded if the Company declines the application or if the policy is not accepted by the Owner.

C. When Coverage Will End:

COVERAGE UNDER THIS AGREEMENT WILL **END** at 12:01 A.M. ON THE **EARLIEST** OF THE FOLLOWING DATES:

- The date the policy is delivered to the Owner or his/her agent and all amendments and delivery requirements have been completed;
- The date the Company mails or otherwise provides notice to the Owner or his/her agent that it was unable to approve the requested coverage at the premium amount quoted and a counter offer is made by the Company;
- The date the Company mails or otherwise provides notice to the Owner or his/her agent that it has declined or cancelled the application;
- The date the Company mails or otherwise provides notice to the Owner or his/her agent that the application will not be considered on a prepaid basis;
- The date the Company mails or otherwise provides a premium refund to the Owner or his/her agent; or
- 60 calendar days from the date coverage begins under this Agreement.

D. The Company will pay the death benefit amount described below to the beneficiary named in the application if:

- The Company receives due proof of death that the Primary Proposed Insured (and the Other Proposed Insured if the application was for a joint life or survivorship policy) died, while the coverage under this Agreement was in effect, except due to suicide; and
- All eligibility requirements and conditions for coverage under this Agreement have been met.

The total death benefit amount pursuant to this Agreement and any other limited temporary life insurance agreements covering the Primary Proposed Insured (and the Other Proposed Insured if the application was for a joint life or survivorship policy) will be the **lesser** of:

- The Plan amount applied for to cover the Proposed Insured(s) under the base life policy; or
- \$1,000,000 plus the amount of any premium paid for coverage in excess of \$1,000,000 ; or
- If death is due to suicide, the amount of premium paid will be refunded, and no death benefit will be paid.

4. Complete and sign this section:

Any misrepresentation contained in this Agreement or the Receipt and relied on by the Company may be used to deny a claim or to void this Agreement. The Company is not bound by any acts or statements that attempt to alter or change the terms of this Agreement or the Receipt.

I, the Owner, have received and read this Agreement and the Receipt or they were read to me and agree to be bound by the terms and conditions stated herein.

Signature of Owner _____ Date _____

Signature of Primary Proposed Insured _____ Date _____
(If under age 15, signature of parent or guardian)

Signature of Other Proposed Insured (if applicable) _____ Date _____
(If under age 15, signature of parent or guardian)

Writing Agent Name (please print) _____ Writing Agent # _____

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SUBMIT COMPLETED FORM WITH SIGNED APPLICATION

Limited Temporary Life Insurance Agreement Receipt

1. Check appropriate Company:

- ☐ American General Life Insurance Company, Houston, TX
- ☐ The United States Life Insurance Company in the City of New York, New York, NY

In this Receipt, "Proposed Insured(s)" refers to the Primary Proposed Insured under the life policy and the Other Proposed Insured under a joint life or survivorship policy, if applicable. The "Agreement" refers to the Limited Temporary Life Insurance Agreement.

2. Complete the following: (please print)

Primary Proposed Insured _____

Other Proposed Insured _____
(applicable only for a joint life or survivorship policy)

Owner (if other than Primary Proposed Insured) _____

Modal Premium Amount Received _____

3. Answer the following questions:

Yes No

a. Has any Proposed Insured ever had a heart attack, stroke, cancer, diabetes or disorder of the immune system, or during the last two years been confined in a hospital or other health care facility or been advised to have any diagnostic test or surgery not yet performed?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is any Proposed Insured age 71 or above?	<input type="checkbox"/>	<input type="checkbox"/>

STOP If the correct answer to any question above is YES, or any question is answered falsely or left blank, coverage is not available under the Agreement and it is void. This form should not be completed and premium may not be collected. Any collection of premium will not activate coverage under the Agreement.

The Company will pay the death benefit amount described below to the beneficiary named in the application if:

- The Company receives due proof of death that the Primary Proposed Insured (and the Other Proposed Insured if the application was for a joint life or survivorship policy) died, while the coverage under the Agreement was in effect, except due to suicide; and
- All eligibility requirements and conditions for coverage under the Agreement have been met.

The total death benefit amount pursuant to the Agreement and any other limited temporary life insurance agreements covering the Primary Proposed Insured (and the Other Proposed Insured if the application was for a joint life or survivorship policy) will be the **lesser** of:

- The Plan amount applied for to cover the Proposed Insured(s) under the base life policy; or
- \$1,000,000 plus the amount of any premium paid for coverage in excess of \$1,000,000 .

If death is due to suicide, the amount of premium paid will be refunded, and no death benefit will be paid.

4. Complete and sign this section:

Any misrepresentation contained in the Agreement or this Receipt and relied on by the Company may be used to deny a claim or to void the Agreement. The Company is not bound by any acts or statements that attempt to alter or change the terms of the Agreement or this Receipt.

I, the Owner, have received and read the Agreement and this Receipt or they were read to me and agree to be bound by the terms and conditions stated therein.

Signature of Owner _____ Date _____

Signature of Primary Proposed Insured _____ Date _____
(If under age 15, signature of parent or guardian)

Signature of Other Proposed Insured (if applicable) _____ Date _____
(If under age 15, signature of parent or guardian)

Writing Agent Name (please print) _____ Writing Agent # _____

5

American General
Life Companies

**Supplemental Application for
Chronic Illness Accelerated Death
Benefit Rider**

08/25/2015 11:13 0005781 3765

American General Life Insurance Company, Houston, TX

This is a supplement to the application for the Life Insurance for the Primary Proposed Insured. Please complete if the Chronic Illness Accelerated Death Benefit Rider is being elected.

(Check the box that applies)

☐ New Application ☐ Reinstatement ☐ Base Policy Specified Amount Increase

1. Primary Proposed Insured

First Name _____ MI _____ Last Name _____ Date of Birth _____

2. Benefits (Complete for New Application Only)

A. Maximum Monthly Benefit: ☐ 2% of Lifetime Maximum Benefit ☐ 4% of Lifetime Maximum Benefit
☐ Maximum Per Diem Allowable

B. Lifetime Maximum Benefit Percentage: _____ %

Note: If the Chronic Illness Accelerated Death Benefit Rider is approved and added to your policy, the policy will also include, at no additional charge, a Terminal Illness Accelerated Death Benefit Rider. The Disclosure of Accelerated Death Benefits form must be completed for the Chronic Illness Accelerated Death Benefit rider, if required by the state of issue.

3. Health Questions – In this section, "you" refers to the Primary Proposed Insured.

A. During the last 12 months, have you:

1. Required assistance or supervision of any kind to perform an activity of daily living, such as mobility (including the use of a pronged cane), taking medications, dressing, eating, walking, bathing or toileting? ☐ Yes ☐ No
2. Used a catheter, chair lift, dialysis, motorized scooter, oxygen equipment, quad or three-pronged cane, respirator, walker, or wheelchair? ☐ Yes ☐ No
3. Been advised to enter or reside in a nursing home, assisted living facility, long term care facility, Continuing Care Retirement Community (CCRC), residential care facility, rehabilitation facility, Skilled Nursing Facility (SNF) or an adult day care, or required home health care? ☐ Yes ☐ No

B. During the last 3 years, have you used insulin to treat Diabetes? ☐ Yes ☐ No

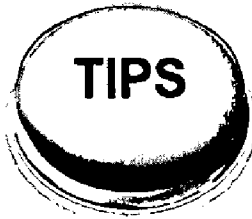
Have you ever been diagnosed or treated by a licensed health care provider for:

1. Diabetes WITH COMPLICATIONS (such as eye, kidney, or nerve damage)? ☐ Yes ☐ No
2. Diabetes AND Heart Disease, Stroke, or Peripheral Vascular Disease? ☐ Yes ☐ No

C. Have you EVER been diagnosed with, been treated for, tested positive for, or received medical advice from a licensed health care provider for any of the following conditions:

1. Alzheimer's disease, Dementia, Mild Cognitive Impairment (MCI), or Organic Brain Syndrome (OBS) ☐ Yes ☐ No
2. Amputation due to disease ☐ Yes ☐ No
3. ALS (Lou Gehrig's disease) ☐ Yes ☐ No
4. Stroke, Cerebral Vascular Accident (CVA), or Transient Ischemic Attack (TIA) ☐ Yes ☐ No
5. Organ Transplant (other than corneal) ☐ Yes ☐ No
6. Multiple Sclerosis ☐ Yes ☐ No
7. Huntington's Chorea ☐ Yes ☐ No
8. Muscular Dystrophy ☐ Yes ☐ No
9. Myasthenia Gravis ☐ Yes ☐ No
10. Macular Degeneration ☐ Yes ☐ No
11. Blindness ☐ Yes ☐ No
12. Optic Neuritis ☐ Yes ☐ No

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Terminal Illness Rider Instruction Sheet

(For use with the Accelerated Death Benefit Form)

If the Terminal Illness Rider is not desired, please disregard this instruction sheet and attached form.

Eligibility for the Terminal Illness Rider varies by state.

The attached form is not required in any state not listed below.

Please use the following information for the following states:

AL, AR, DC, LA, MA, MN, MS, NC, OH, OK, and TX.

- If the applicant is requesting the Terminal Illness Rider on any product that has this rider available, the attached form (AGLC102084 or AGLC101954-MA) must be completed and submitted with the application packet.
- Directions for completing the Part A:
 - If the Common App (AGLC100565) was completed, place a checkmark in the Terminal Illness Rider checkbox in Section 8.
 - If the Term App (AGLC100240) was completed, add the Terminal Illness Rider as an Other Riders / Benefits in Section 3 and place N/A in the Amount/Unit(s) line.

Note: DO NOT submit this instruction sheet with the application packet.

Please use the following information for the following states:

CT, IN, KS, MI, OR, VA and WA.

For AG Select-A-TermSM or Ultra Series applications, the Terminal Illness Rider is not available due to state regulations.

- Do not complete this form.
- Do not request the Terminal Illness Rider on the Part A.

****Note:** AG ROP Select-A-TermSM is eligible to receive the Terminal Illness Rider.

For products other than AG Select-A-TermSM or Ultra Series, the Terminal Illness Rider is available on products that have been filed with this rider.

- Complete the attached form AGLC102084.
- Complete the additional rider information on the Part A:
 - If the Common App (AGLC100565) was completed, place a checkmark in the Terminal Illness Rider checkbox in Section 8.
 - If the Term App (AGLC100240) was completed, add the Terminal Illness Rider as an Other Riders / Benefits in Section 3 and place N/A in the Amount/Unit(s) line.

Note: DO NOT submit this instruction sheet with the application packet.

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Who will pay for your coverage?

(Complete only if the person paying for this policy is someone other than you)

First Name _____ Middle Initial _____ Last Name _____

Home Street Address _____ Gender: ☐ Male ☐ Female

City _____ State _____ Zip _____

Date of Birth _____ Relationship to You _____

Is the Premium Payor a United States citizen or does the Premium Payor have Permanent Legal Resident (Green Card) status?

☐ Yes ☐ No

[(If "Bank Draft" or "Credit Card" is not the chosen form of payment, then also complete the Payor authorization form)]

Any person who knowingly presents a false 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.

I agree that:

- To the best of my knowledge and belief, all statements in this application for life insurance are true and complete.
- My statements in this application and any amendment(s) are the basis of any policy issued.
- I understand that no insurance will take effect until a policy is delivered to me and the full first premium due is paid.
- I have not previously applied for this product in the last 12 months.
- I understand that the total combined amount of all American General Life Insurance Company guaranteed issue whole life insurance benefits on my life cannot exceed **\$25,000**

Signature of Proposed Insured _____ Date _____

3

Your Insurance Policy Contract

Policies 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).

AMERICAN GENERAL LIFE
Insurance Company
A Stock Company

Home Office:
Houston, Texas

Alfred TERMJANAGL
POLICY NUMBER: 1Q21ASAT02

2727-A Allen Parkway
Houston, Texas 77019

(713) 522-1111

WE WILL PAY THE DEATH BENEFIT to the Beneficiary if the Insured dies while this policy is in force. Payment will be made after We receive Due Proof of Death of the Insured, and will be subject to the terms of this policy.

The consideration for this policy is the application and payment of the first premium. The first premium must be paid on or before delivery of this policy.

This is an INDETERMINATE PREMIUM TERM LIFE INSURANCE POLICY WITH A CHANGE IN THE FACE AMOUNT AFTER THE LEVEL PREMIUM PERIOD. A Death Benefit is payable upon the Insured's death while this policy is in force prior to the Termination Date of the Last Renewal Term Period. Premium payments are payable for the term period shown on the Policy Schedule. This policy is ANNUALLY RENEWABLE, CONVERTIBLE and contains RE-ENTRY OPTION. NONPARTICIPATING - THIS POLICY WILL NOT PAY DIVIDENDS.

NOTICE OF RIGHT TO EXAMINE POLICY

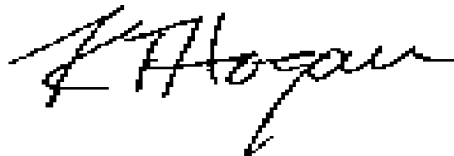
You may return this policy within ten* days after delivery if You are not satisfied with it for any reason. This policy may be returned to Us or to the agent through whom it was purchased. Upon surrender of this policy within the ten* day period, it will be void from the beginning, and We will refund any premium paid.

* If the application for this policy indicates a replacement, the number of days is thirty days or longer if required by the applicable law in the state where this policy is issued for delivery.

SIGNED AT THE HOME OFFICE ON THE DATE OF ISSUE.



Secretary



President

INDETERMINATE PREMIUM TERM LIFE INSURANCE POLICY
CHANGE IN FACE AMOUNT AFTER LEVEL PREMIUM PERIOD
ANNUALLY RENEWABLE AND CONVERTIBLE
25 YEAR LEVEL PREMIUM PERIOD
NONPARTICIPATING
READ YOUR POLICY CAREFULLY

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DEFINITIONS

Company Reference. The words "We", "Our", "Us", or "Company" mean American General Life Insurance Company.

"You", "Your." The words "You" or "Your" mean the Owner of this policy.

Home Office. Our office at 2727-A Allen Parkway, Houston, Texas 77019; Mailing Address P.O. Box 1931, Houston, Texas 77210-1931.

Written, In Writing. A written request or notice in acceptable form and content, which is signed and dated, and received at Our Administrative Center.

Premium Class. The risk classification assigned to the Insured under this policy. The Premium Class is shown on the Policy Schedule.

Administrative Center. The term "Administrative Center" means Our service center to which You should direct all requests, instructions and other communications. Our Administrative Center is located at 2727-A Allen Parkway, Houston, Texas 77019.

Age. The word "Age" means the Insured's age nearest birthday as of the Date of Issue.

Attained Age. The term "Attained Age" means the Insured's Age plus the number of years and completed months from the Date of Issue.

Initial Face Amount. The term "Initial Face Amount" means the Face Amount of this policy on the Date of Issue.

Level Premium Period. The term "Level Premium Period" means the period of time during which premiums cannot change. The Level Premium Period is shown on the Policy Schedule.

Renewal Term Period. The term "Renewal Term Period" means each one-year period after the Level Premium Period for which this policy may be renewed but premiums can change.

NOTICE

This Policy Is A Legal Contract Between
The Policy Owner And The Company.

POLICY SCHEDULE

Insured:	Alfred TERMJANAGL	Policy Number:	1Q21ASAT02
Insurance Age:	22	Date of Issue:	December 18, 2020
Sex:	Male	Initial Face Amount:	\$612,000.00
This Is A Sex Distinct Policy		Premium Class:	Preferred Non-Tobacco

SCHEDULE OF BENEFITS AND PREMIUMS

Benefits	Benefit Amounts	Annual Premium	Level Premium Period
Life Insurance:	\$612,000.00	\$442.83*	25 Years*
Waiver of Premium Rider Termination Date: December 18, 2063		\$101.37	25 Years
Accidental Death Benefit Rider Effective Date: December 18, 2020 Termination Date: December 18, 2068	\$100,000	\$108.00	48 Years
Children's Insurance Benefit Rider		\$125.00	43 Years
Terminal Illness Accelerated Death Benefit Rider Providing For Payment Of Accelerated Benefits Terminal Illness Percentage: 50.00% Maximum Benefit Amount: \$250,000.00 Maximum Administrative Fee: \$500.00		None	---
Total Initial Annual Premium:		\$777.20	

*For Level Premium Period. The Annual Premium shown above includes a policy fee of \$64.00. December 18, 2045 is the Termination Date of the Level Premium Period. For future term periods, see the Table of Premiums and Face Amounts.

After the Level Premium Period, this policy may be renewed for Renewal Term Periods of one-year. December 18, 2093 is the Termination Date of the Last Renewal Term Period referred to in the Renewal Option provision.

On the twenty-fifth policy anniversary and any later policy anniversary, We have the right to change the premium of this policy. See Right to Change Premium provision.

The Face Amount of this policy on each policy year is shown in the Table of Premiums and Face Amounts.

Premiums payable other than annually are equal to a percentage of the Annual Premium and include additional premium charges. These percentages are shown in the Table of Premiums and Face Amounts. The initial Premium Payment Interval is Monthly. The first Monthly premium is \$66.45.

Connecticut Insurance Department

Telephone: (860) 297-3800

This Is A Connecticut Policy

Policy Schedule Continued – Policy Number 1Q21ASAT02

Re-Entry Option. This policy may be exchanged for a new policy as specified in the Re-Entry Option provision. This option is available only on the twenty-fifth policy anniversary, provided that a renewable level term policy is made available by Us at the Attained Age of the Insured at re-entry.

Conversion Option. This policy may be converted to a new policy as specified in the Conversion Option provision. Conversions are allowed prior to the Conversion Expiry Date. The Conversion Expiry Date is December 18, 2045. The Minimum Face Amount required for this policy after conversion is \$100,000.00.

TABLE OF PREMIUMS AND FACE AMOUNTS

Policy Year	Maximum* Annual Life Insurance Premium	Face Amount	WP	Policy Year	Maximum* Annual Life Insurance Premium	Face Amount	WP
1	\$442.83	\$612,000.00	\$101.37	38	\$829.53	\$57,124.00	\$159.38
2	\$442.83	\$612,000.00	\$101.37	39	\$885.61	\$57,124.00	\$167.79
3	\$442.83	\$612,000.00	\$101.37	40	\$963.97	\$57,124.00	\$179.55
4	\$442.83	\$612,000.00	\$101.37	41	\$1,062.43	\$57,124.00	\$194.31
5	\$442.83	\$612,000.00	\$101.37	42	\$1,176.62	\$57,124.00	\$211.44
6	\$442.83	\$612,000.00	\$101.37	43	\$1,306.58	\$57,124.00	\$230.94
7	\$442.83	\$612,000.00	\$101.37	44	\$1,447.91	\$57,124.00	\$0.00
8	\$442.83	\$612,000.00	\$101.37	45	\$1,602.86	\$57,124.00	\$0.00
9	\$442.83	\$612,000.00	\$101.37	46	\$1,771.48	\$57,124.00	\$0.00
10	\$442.83	\$612,000.00	\$101.37	47	\$1,960.48	\$57,124.00	\$0.00
11	\$442.83	\$612,000.00	\$101.37	48	\$2,181.09	\$57,124.00	\$0.00
12	\$442.83	\$612,000.00	\$101.37	49	\$2,440.11	\$57,124.00	\$0.00
13	\$442.83	\$612,000.00	\$101.37	50	\$2,755.54	\$57,124.00	\$0.00
14	\$442.83	\$612,000.00	\$101.37	51	\$3,132.02	\$57,124.00	\$0.00
15	\$442.83	\$612,000.00	\$101.37	52	\$3,576.42	\$57,124.00	\$0.00
16	\$442.83	\$612,000.00	\$101.37	53	\$4,088.96	\$57,124.00	\$0.00
17	\$442.83	\$612,000.00	\$101.37	54	\$4,669.80	\$57,124.00	\$0.00
18	\$442.83	\$612,000.00	\$101.37	55	\$5,316.89	\$57,124.00	\$0.00
19	\$442.83	\$612,000.00	\$101.37	56	\$6,039.40	\$57,124.00	\$0.00
20	\$442.83	\$612,000.00	\$101.37	57	\$6,851.06	\$57,124.00	\$0.00
21	\$442.83	\$612,000.00	\$101.37	58	\$7,788.16	\$57,124.00	\$0.00
22	\$442.83	\$612,000.00	\$101.37	59	\$8,878.13	\$57,124.00	\$0.00
23	\$442.83	\$612,000.00	\$101.37	60	\$10,128.15	\$57,124.00	\$0.00
24	\$442.83	\$612,000.00	\$101.37	61	\$11,543.16	\$57,124.00	\$0.00
25	\$442.83	\$612,000.00	\$101.37	62	\$13,198.29	\$57,124.00	\$0.00
26	\$442.83	\$57,124.00	\$101.37	63	\$15,130.40	\$57,124.00	\$0.00
27	\$442.83	\$57,124.00	\$101.37	64	\$17,390.11	\$57,124.00	\$0.00
28	\$442.83	\$57,124.00	\$101.37	65	\$20,023.67	\$57,124.00	\$0.00
29	\$480.84	\$57,124.00	\$107.08	66	\$23,070.69	\$57,124.00	\$0.00
30	\$511.98	\$57,124.00	\$111.75	67	\$26,548.20	\$57,124.00	\$0.00
31	\$547.57	\$57,124.00	\$117.09	68	\$30,355.00	\$57,124.00	\$0.00
32	\$589.83	\$57,124.00	\$123.42	69	\$34,450.99	\$57,124.00	\$0.00
33	\$632.16	\$57,124.00	\$129.77	70	\$38,800.49	\$57,124.00	\$0.00
34	\$672.37	\$57,124.00	\$135.81	71	\$43,210.28	\$57,124.00	\$0.00
35	\$710.45	\$57,124.00	\$141.52	72	\$47,639.43	\$57,124.00	\$0.00
36	\$746.39	\$57,124.00	\$146.91	73	\$51,870.90	\$57,124.00	\$0.00
37	\$784.61	\$57,124.00	\$152.64				

*See Right To Change Premium provision.

Premiums payable other than annually are computed by multiplying the applicable Annual Premium by the Premium Percentages shown below.

Premium Payment Interval	Premium Percentage
Semi-annual:	52.00%
Quarterly:	26.50%
Monthly (Pre-authorized checking):	8.55%

Contract. Your policy is a legal contract that You have entered into with Us. You have paid the first premium and have submitted an application, a copy of which is attached. In return, We promise to provide the insurance coverage described in this policy.

The entire contract consists of:

1. This policy; and
2. The attached riders, if any, that add benefits to this policy; and
3. The attached endorsements, if any; and
4. The attached copy of Your application, and any attached amendments or attached supplemental applications.

Date of Issue. The Date of Issue of this policy is the date on which the first premium is due. The Date of Issue is also the date from which all policy years and anniversaries are determined.

Owner. The Owner is as stated in the application unless later changed. During the Insured's lifetime, the Owner may exercise every right this policy confers or We allow (subject to the rights of any assignee of record or irrevocable beneficiary). You may have multiple Owners of this policy. In that case, the authorizations of all Owners are required in Writing for all policy changes. The Owner may be the same as the Insured but does not have to be. If an Owner dies while this policy is in force and the Insured is living, ownership rights pass to the successor Owner documented in Our records, if any; otherwise ownership rights pass to the estate of the Owner.

PREMIUM PAYMENTS

Premium Payment. The first premium is due on the Date of Issue. Subsequent premiums for each Renewal Term Period are due on the first day of each Premium Payment Interval shown on the Policy Schedule. Each premium must be paid on or before its due date.

You may change the Premium Payment Interval for this policy, subject to Our rules at the time of change.

Where to Pay. You may make Your payments to Us at Our Administrative Center or to an agent authorized by Us to receive such payment. All premium checks must be made payable to the Company. A receipt signed by an officer of the Company will be furnished upon request.

Annual Life Insurance Premium. The Maximum Annual Life Insurance Premium is shown in the Table of Premiums and Face Amounts. We may charge an annual premium lower than the Maximum Annual Life Insurance Premium. No annual premium charge can be higher than the Maximum Annual Life Insurance Premium.

Right To Change Premium. We reserve the right to change the premium for this policy on the policy anniversary shown on the Policy Schedule and on any later policy anniversary, subject to the following terms:

1. The Annual Premium will not exceed the applicable Maximum Annual Life Insurance Premium shown in the Table of Premiums and Face Amounts.
2. Any change in premium for this policy will apply to all Insureds with the same policy benefits and provisions and with the same Date of Issue, Age at issue, Sex (if this policy was issued on a Sex Distinct basis) and Premium Class. We will not change the premium because of a change in an Insured's health, occupation or avocation.
3. Any change in premium for this policy will take effect only after 30 days prior notice has been given to the Owner of this policy.
4. Any change in premium for this policy will be based upon factors and considerations including, but not limited to, Our future expectations as to mortality, persistency, expenses, reinsurance costs, and any local, state and federal taxes. We will not change the premium in order to recoup any prior losses.

PREMIUM PAYMENTS (Cont'd)

5. Any change in premium for this policy will be determined in accordance with procedures and standards on file with the Interstate Insurance Product Regulation Commission.

This provision does not apply to any rider attached to this policy.

Grace Period. The Grace Period is the 31-day period that follows the due date of any premium other than the first premium.

Any payments sent by U.S. mail must be postmarked within the Grace Period in order to keep Your policy in force. If the amount of premium required to keep Your policy in force is not paid by the end of the Grace Period, this policy will terminate.

CHANGE IN FACE AMOUNT

The Face Amount of this Policy will change after the Level Premium Period. The Face Amount of

this Policy on each policy year is shown in the Table of Premiums and Face Amounts.

DEATH BENEFIT

If the Insured dies before this policy's Termination Date shown on the Policy Schedule and while this policy is in force, We will pay the Death Benefit to the Beneficiary after We receive Due Proof of Death and proper written claim showing proof of the claimant's interest in the Death Benefit.

The Death Benefit will be equal to:

1. The Face Amount of the policy in the current policy year plus;
2. Any insurance on the Insured's life that is payable under any attached riders; less

3. Any premium amount due if the Insured's death occurs during the Grace Period; plus
4. Any part of a premium paid for coverage beyond the policy month in which the Insured dies; plus
5. Any interest as described in the Interest Payable on Death Benefit provision.

BENEFICIARY AND PROCEEDS

Beneficiary. The Beneficiary as named in the application, or later changed by You, will receive the proceeds upon the death of the Insured. Unless You have stated otherwise, proceeds will be paid as follows:

1. If any Beneficiary dies while the Insured is living, that Beneficiary's interest will pass to any other Beneficiaries of the Insured We determine are entitled to payment; or
2. If there is no Beneficiary upon the death of the Insured (and there is no provision to the contrary), proceeds will be paid in one lump sum to the Owner, if living; otherwise proceeds will be paid to the Owner's estate.

BENEFICIARY AND PROCEEDS (Cont'd)

Common Disaster. If We cannot determine whether a Beneficiary or the Insured died first in a common disaster, We will assume that the Beneficiary died first. Proceeds will be paid on this basis unless We receive Your Written request prior to the death of the Insured that provides otherwise.

Proceeds. Proceeds mean the amount payable on the Insured's death.

The proceeds payable on the Insured's death will be the Death Benefit, after refunding any premium received on or after the date of death and will be subject to the other provisions of the Beneficiary and Proceeds section.

All proceeds are subject to the provisions of the Payment Options section and the other provisions of this policy. Full payment of policy proceeds to the person(s) designated to receive such policy proceeds discharges Us from all claims.

Due Proof of Death. Due Proof of Death means any written proof which includes a copy of the death certificate or other lawful evidence providing equivalent information.

CHANGE OF OWNERSHIP OR BENEFICIARY

You may change the Owner or the Beneficiary at any time during the lifetime of the Insured unless the previous designation provides otherwise. However, an irrevocable beneficiary cannot be changed without the written consent of such irrevocable beneficiary. To do so, send a Written request to Our Administrative Center. The change

will go into effect when We have received the change. However, after the change is received, it will be deemed effective as of the date You signed the Written request for change, unless You specify otherwise. The change will be subject to any payment made or action taken by Us before We receive the request.

PAYMENT OPTIONS

Proceeds are payable in one sum. Instead of being paid in one sum, all or part of the proceeds may be applied under any of the Payment Options described below. In addition to these options, other methods of payment may be chosen with Our consent. The amount applied to purchase a Payment Option will not be less than would be provided by immediate annuity purchase rates offered by the Company at the time the Payment Option payments are to begin.

The monthly payment for each \$1,000 of proceeds applied to purchase a Payment Option will be furnished upon request.

Payment Contract. When proceeds become payable under a Payment Option, a Payment Contract will be issued to each payee. The Payment Contract will state the rights and benefits of the payee. It will also name those who are to receive any balance unpaid at the death of the payee.

PAYMENT OPTIONS (Cont'd)

Election of Options. The Owner may elect or change any Payment Option while the Insured is living, subject to the provisions of this policy. This election or change must be In Writing. Within 60 days after the Insured's death, a payee entitled to proceeds in one sum may elect to receive proceeds under any option, subject to the limitations stated in the "Availability of Options" provision.

Option 1. Payments for a Specified Period: Equal monthly payments will be made for a specified period.

Option 2. Payments of a Specified Amount: Equal monthly payments of a specified amount will be made. If You select this Payment Option each payment must be at least \$60 a year for each \$1,000 of proceeds applied. Payments will continue until the amount applied, with interest, has been paid in full.

Option 3. Payments for Life with Period Certain: Equal monthly payments will be made for a specified period, and will continue after that period for as long as the payee lives. The specified period may be 10, 15 or 20 years. If issued on a Sex Distinct basis, payments are calculated based on the Annuity 2000 Male or Female Tables adjusted by projection scale G (adjusted by 50% of projection scale G for females and 100% of projection scale G for males) for 20 years. If issued on a Unisex basis, payments are calculated based on the Annuity 2000 Male and Female Tables adjusted by projection scale G (adjusted by 50% of projection scale G for females and 100% of projection scale G for males) for 20 years, with Unisex rates based on 40% female and 60% male.

Option 4. Proceeds Left at Interest: Proceeds may be left on deposit for any period up to 30 years. Interest earned on the proceeds may be:

1. Left on deposit to accumulate with interest; or

2. Paid in installments at the rate for each \$1,000 of proceeds of \$10.00 annually, \$4.99 semiannually, \$2.49 quarterly or \$0.83 monthly.

Upon the death of the payee, or at the end of the specified period, any balance left on deposit will be paid in a lump sum or under Options 1, 2 or 3.

Interest Rates. Proceeds held under all Payment Options receive interest at Our current rate for funds left on deposit, which will be no less than the guaranteed rate. The guaranteed rate of interest for proceeds held under all Payment Options is 1.00% compounded annually. We may use a higher rate of interest. We determine the higher rate.

Payments. The first payment under Options 1, 2 and 3 will be made when the claim for settlement has been approved. Payments after the first will be made according to the manner of payment chosen. Interest under Option 4 will be credited from the date of death and paid or added to the proceeds as provided in the Payment Contract.

Availability of Options. If the proposed payee is not a natural person, payment options may be chosen only with Our consent.

If this policy is assigned, We will have the right to pay the assignee in one sum the amount to which the assignee is entitled. Any balance will be applied according to the option chosen.

The amount to be applied under any one option must be at least \$2,000. The payment elected under any one option must be at least \$20. If the total policy proceeds are less than \$2,000, payment will be made in one lump sum.

Evidence That Payee is Alive. Before making any payment under a Payment Option, We may ask for proof that the payee is alive. If proof is requested, no payment will be made or considered due until We receive proof.

PAYMENT OPTIONS (Cont'd)

Death of a Payee. If a payee dies, any unpaid balance will be paid as stated in the Payment Contract. If there is no surviving payee named in the Payment Contract, We will pay the estate of the payee:

1. Under Options 1 and 3: The value of the remaining payments for the specified period as of the date We receive Written notification of death, discounted at the rate of interest used in determining the amount of the monthly payment.
2. Under Options 2 and 4: The balance of any proceeds remaining unpaid with accrued interest, if any.

Withdrawal of Proceeds Under Options 1 and 2. If provided in the Payment Contract, a payee will have the right to withdraw the entire unpaid balance under Options 1 and 2. Under Option 1, the amount will be the value of the remaining payments for the specified period discounted at the rate of interest used in determining monthly income. Under Option 2, the amount will be the entire unpaid balance.

Withdrawal of Proceeds Under Option 4. A payee will have the right to withdraw proceeds left under Option 4 subject to the following rules:

1. The amount to be withdrawn must be \$500 or more; and
2. A partial withdrawal must leave a balance on deposit of \$1,000 or more.

Withdrawals May Be Deferred. We may defer payment of any withdrawal for up to 6 months from the date We receive a withdrawal request.

Assignment. Payment Contracts may not be assigned.

Change in Payment. The right to make any change in Your manner of payment is available only if the Payment Contract provides for a change in payment.

Claims of Creditors. To the extent permitted by law, proceeds will not be subject to any claims of a payee or a Beneficiary's creditors.

GENERAL PROVISIONS

Changing the Terms of Your Policy. Any change in Your policy must be approved in writing by the President, a Vice President, an Administrative Officer or the Secretary of the Company. No agent has the authority to make any changes or waive any of the terms of Your policy.

Assigning Your Policy. During the lifetime of the Insured, unless restricted by federal tax law, You may assign this policy as security for an obligation. We will not be bound by an assignment unless it is received In Writing at Our Administrative Center. Your rights and those of any other person referred to in this policy will be subject to the assignment. The assignment, unless You specify otherwise, will

take effect on the date that You signed the notice of assignment, subject to any payments made or actions taken by Us before We receive such assignment. We will not be responsible for the validity or tax consequences of any assignment.

Incontestability. We rely on the statements made in the application for this policy and any amendments of applications, supplemental applications, and applications for any reinstatements. These statements, in the absence of fraud, are considered representations and not warranties. No statement may be used in defense of a claim under this policy unless it is in such applications attached to this policy.

GENERAL PROVISIONS (Cont'd)

We cannot contest this policy after it has been in force during the Insured's lifetime for two years from the Date of Issue. If this policy is reinstated, We cannot contest this policy during the Insured's lifetime after it has been in force for two years from the date of such reinstatement.

Exceptions:

We can contest a reinstatement for a two-year period following the date of such reinstatement solely on the basis of the information furnished in the application for such reinstatement.

If all or part of this policy is converted to a new policy before the two-year contestable period has expired, the remaining contestable period will apply to the amount of death benefit under the new policy attributable to the part of this policy that was converted.

The two-year contestable limitation does not apply to benefits provided by any disability or accidental death benefit rider, or to the nonpayment of premium.

Suicide Exclusion. If the Insured takes his or her own life, while sane or insane, within two years from the Date of Issue or the date We approve Your reinstatement application, We will limit the Death Benefit to the premiums paid. If all or part of this policy is converted to a new policy, the remaining part of the original two year suicide exclusion on this policy will apply to the new policy.

Age or Sex Incorrectly Stated (Age Incorrectly Stated if Issued on a Unisex Basis). If the: (1) age or sex of the Insured (if this policy was issued on a Sex Distinct basis); or (2) age of the Insured (if this policy was issued on a Unisex basis) has been misstated to Us, We will adjust the Death Benefit on the date of death to that which the most recent premium paid would have purchased.

Conformity With Interstate Insurance Product Regulation Commission Standards. This policy was approved under the authority of the Interstate Insurance Product Regulation Commission and issued under the Commission Standards. Any provision of this policy that is in conflict with Interstate Insurance Product Regulation Commission Standards for this product type is hereby amended to conform to the Interstate Insurance Product Regulation Commission Standards for this product type as of the provision's effective date.

No Dividends. This policy will not pay dividends. It will not participate in any of Our surplus or earnings.

When This Policy Terminates. This policy will terminate on the earliest of:

1. Any date on which You request that this policy be terminated; or
2. The date on which the Insured dies; or
3. The date on which the Grace Period ends; or
4. The Termination Date of the Last Renewal Term Period shown on the Policy Schedule; or
5. The date on which the current term period terminates if this policy is not renewed for a subsequent term period; or
6. The date on which this policy is wholly replaced by a new policy issued by Us.

Reinstatement. "Reinstating" means placing Your policy in force after it has terminated at the end of the Grace Period. We will reinstate this policy if We receive:

1. Your Written request within five years after the end of the Grace Period and before the Termination Date of the Last Renewal Term Period; and

GENERAL PROVISIONS (Cont'd)

2. Evidence of insurability satisfactory to Us; and
3. Payment of the premium for the Grace Period with interest at the rate of 6% per year compounded annually plus the premium due for the current policy month.

If a person other than the Insured is covered by an attached rider, coverage will be reinstated according to that rider.

Rights Reserved By Us. Upon notice to You, this policy may be modified by Us, if such modification is necessary as required by the Internal Revenue Code or by any other applicable law, regulation or interpretation in order to continue treatment of this policy as life insurance.

When required by law, We will obtain Your approval of changes and We will obtain approval from any appropriate regulatory authority.

Correspondence. Any request, notice or proof shall be filed with Our Administrative Center.

Policy Settlement. In any settlement, We may require the return of this policy.

Interest Payable on Death Benefit. Interest is paid on the Death Benefit as follows:

1. Interest will accrue and be payable from the date of death.

2. Interest will accrue at the rate or rates applicable to this policy for funds left on deposit. In determining the effective annual rate or rates, We will use the rate in effect on the date of death.

3. Interest will accrue at the effective annual rate determined in item 2 above, plus additional interest at a rate of 10% annually beginning with the date that is 31 calendar days from the latest of items a, b and c below to the date the claim is paid, where it is:

- a. The date that Due Proof of Death is received by the Company;
- b. The date the Company receives sufficient information to determine its liability, the extent of the liability, and the appropriate payee legally entitled to the proceeds; and
- c. The date that legal impediments to payment of proceeds that depend on the action of parties other than the Company are resolved and sufficient evidence of the same is provided to the Company. Legal impediments to payment include, but are not limited to: (1) the establishment of guardianships and conservatorships; (2) the appointment and qualification of trustees, executors and administrators; and (3) the submission of information required to satisfy any state and federal reporting requirements.

RE-ENTRY OPTION

If a renewable level term policy is made available by Us at the Attained Age of the Insured at re-entry, then this option will be available.

This option is available only on the policy Anniversary shown on the Policy Schedule. We agree to exchange this policy for a new renewable

level term life insurance policy on the life of the Insured. We will require evidence of insurability satisfactory to Us. Such evidence will be paid for by Us and will be based on Our then current underwriting rules.

RE-ENTRY OPTION (Cont'd)

Exchange will be subject to the following conditions:

1. A properly completed application must be submitted to Us within 60 days prior to the date of exchange, along with payment of the initial premium for the new policy.
2. This policy must be in force and all premiums due prior to the date of exchange must be paid. Insurance under this policy will cease when this policy is exchanged.
3. The Age at issue for the new policy will be the Attained Age of the Insured under this policy on the date of exchange.
4. The new policy will be on the same plan of insurance as this policy or, if such plan is not available, on a plan of insurance made available by Us that We determine to be reasonably similar to this plan. Alternatively, the Owner may elect any other plan, if available, with a shorter renewable term period then being issued on this policy form. The Date of Issue of the new policy will be the date of exchange. The Face Amount of the new policy may not exceed the Initial Face Amount of this policy and must meet or exceed the minimum then in effect for the plan elected.
5. Any benefits or riders in force under this policy on the date of exchange will be included in the new policy and will be subject to Our then current rules and rates.
6. The new policy, excluding any accidental death rider, will not have a suicide exclusion provision.
7. The contestable period of the new policy will start on the date of exchange, with respect to the evidence of insurability used to qualify the Insured for the new policy. However, We may contest only the difference between the face amount of the new policy and the face amount that the premium for the new policy, excluding the premium for any riders, would have purchased on the date of exchange had this policy remained in force.
8. The premium rates for the new policy will be Our then current rates applicable to a new purchase of the plan elected.

CONVERSION AND RENEWAL PROVISIONS

Conversion Option. We agree to convert all or part of this policy to a new policy on the life of the Insured. We will not require evidence of insurability.

You must submit a written application and pay the first premium for the new policy:

1. While the Insured is alive;
2. While this policy is in force; and
3. Before the Conversion Expiry Date for this policy shown on the Policy Schedule.

You must submit this policy for cancellation.

However, if You convert less than the Face Amount of this policy in the current policy year, You may continue the unconverted Face Amount under this policy if it is at least as much as the Minimum Face Amount shown on the Policy Schedule. The premiums for this policy thereafter will be the same as the premiums that would be payable if it had been originally issued for the unconverted Face Amount.

New Policy. You may select the plan and amount of insurance for the new policy. The plan must be:

1. A permanent individual life insurance plan;

CONVERSION AND RENEWAL PROVISIONS (Cont'd)

2. A plan that is then regularly issued at the Insured's Attained Age, Premium Class of the new policy and for the amount of insurance selected; and
3. Issued by Us or by one of Our affiliated companies and made available to Our policyowners for conversion purposes.

You may elect from all policies made available by Us for conversion purposes, whether issued by Us or by one of Our affiliated companies, the policy to which You wish to convert.

The amount of insurance cannot be more than the Face Amount of this policy in the current policy year or less than the minimum face amount for the plan selected.

The premium for the new policy will be determined by Our published rates, or by the published rates of Our affiliated company if You convert to such a company's available plan, for the Insured's Attained Age and the Premium Class of the new policy.

The Premium Class of the new policy will be the same as the Premium Class of this policy. If the plan and amount selected are not available in that Premium Class at the Insured's Attained Age, the Premium Class will be the Premium Class which We, or Our affiliated company if applicable, determine to be the most nearly comparable.

The suicide and contestable periods of the new policy will be measured from the Date of Issue of this policy.

The new policy will not include any riders unless agreed to by Us or Our affiliated company, if applicable.

Renewal Option. If this policy is in force on the Termination Date for the Level Premium Period, You may renew it for a Renewal Term Period of one year. If this policy is in force on the termination date for each subsequent Renewal Term Period, You may renew it for similar successive Renewal Term Periods of one year until the Termination Date of the Last Renewal Term Period shown on the Policy Schedule. Any renewal of this policy will be effective as of the renewal date if the first renewal premium is paid on such date or within a Grace Period of 31 days thereafter.

The amount of the premium payable during each Renewal Term Period is shown in the Table of Premiums and Face Amounts.

We will automatically renew this policy on any renewal date if premiums for this policy are being waived for total disability. We will continue to waive premiums during the Renewal Term Period, subject to the terms of a waiver of premium rider.

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AMERICAN GENERAL LIFE INSURANCE COMPANY

WAIVER OF PREMIUM RIDER

Capitalized terms not defined in this Rider will have the same meaning given in the Policy.

Benefit. We agree to waive Premiums for the Policy when We approve Your claim after We receive proof that Total Disability of the Insured:

- (a) has existed continuously for at least six months; and
- (b) began on or after the Insured's 5th birthday; and
- (c) began while this Rider was in force.

If Total Disability begins before the Insured's Age 60, We will waive all premiums falling due while Total Disability continues.

If Total Disability begins on or after the Insured's Age 60, We will waive all premium falling due while Total Disability continues and until the later of:

- (a) the Insured's Age 65; or
- (b) one year after the Total Disability began.

However, We will not waive any premium if its due date is more than one year prior to the date We receive written notice of claim. We will waive premiums at the Premium Payment Interval in effect for the Policy when the Total Disability began.

Total Disability. Total Disability means complete inability, because of bodily injury or disease, to engage in any gainful occupation. Occupation means the Insured's regular occupation during the first 24 months of Total Disability. After that time, occupation means any occupation for which the Insured is reasonably suited by education, training or experience. Being a homemaker or student is considered engaging in a gainful occupation

We will also consider the following losses to be Total Disability:

- (a) the complete and irrecoverable loss of the sight of both eyes; or
- (b) the complete and irrecoverable loss of use of both hands, both feet or one hand and one foot.

Exclusions. We will not waive Premiums if Total Disability results from:

- (a) attempt at suicide, or intentional self-inflicted injury, while sane or insane; or
- (b) committing or attempting to commit an assault or a felony.

Written Notice Of Claim. We must receive written notice of claim:

- (a) while Total Disability continues;
- (b) while the Insured is alive; and
- (c) not later than one year after the due date of any unpaid premium.

We will not reject a claim because notice was not given within these times if You show that notice was given as soon as reasonably possible.

Proof of Total Disability. Proof of Total Disability should be furnished with the written notice of claim or as soon thereafter as reasonably possible. Upon Your request, We will supply forms for furnishing proof.

We can require proof at reasonable intervals that Total Disability continues. After Total Disability has continued for two years, We will not require proof more often than once a year.

We can require physical examination of the Insured by Our medical representatives at Our expense as part of any proof of Total Disability. We will not waive any Premium if proof is not furnished as required.

Age. In this Rider, "Age 60" and "Age 65" mean the Policy anniversary nearest the Insured's 60th and 65th birthdays, respectively.

Premiums. The premiums and the payment period for this Rider are shown on the Policy Schedule. Premiums for this Rider are payable in addition to and under the same conditions as premiums for the Policy.

Termination. This Rider will terminate upon the earliest of the following:

- (a) the premium due date next following Our receipt of written request from You to terminate this Rider; or
- (b) on the Policy anniversary nearest the Insured's 65th birthday; or

- (c) the date the Policy lapses; or
- (d) the date the Policy terminates.

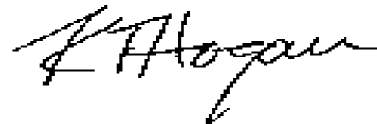
You may terminate this Rider on any premium due date by written request. A claim based on Total Disability that began before termination of this Rider will not be affected by the termination.

Effective Date. The Effective Date of this Rider is the Date of Issue, unless a later date is shown on the Rider.

General. This Rider is a part of the Policy to which it is attached. Its benefits are subject to all the terms of this Rider and the Policy.

This Rider has no Cash or Loan Value. It does not affect any net single premium applicable to the Policy.

Waiver of premiums will not reduce any amount that We would otherwise pay.



President

AMERICAN GENERAL LIFE INSURANCE COMPANY

ACCIDENTAL DEATH BENEFIT RIDER

Provides an Accidental Death Benefit for the Covered Insured's Accidental Death

Capitalized terms not defined in this Rider will have the same meaning given in the Policy.

Covered Insured. Covered Insured means each person who has coverage under this Rider as shown on the Policy Schedule.

Accidental Death Benefit. We agree to pay the Accidental Death Benefit after We receive a proper written claim and due proof of the Covered Insured's Accidental Death. Any Accidental Death Benefit payable under this Rider will be paid to the Covered Insured's beneficiary as stated in the application or in an endorsement attached to the Policy. The Accidental Death Benefit for a Covered Insured is equal to the Amount shown for such Covered Insured on the Policy Schedule.

Accidental Death means death that:

- (a) resulted directly from accidental bodily injury, independent of disease or bodily or mental illness or infirmity or any other cause, sustained while the Covered Insured's coverage under this Rider was in force; and
- (b) occurred within 180 days after the initial date of such injury.

Exclusions. We will not pay any Accidental Death Benefit if the Covered Insured's death is directly caused by accidental bodily injury incurred by the Covered Insured in an accident or if the Covered Insured's death is caused or contributed to by the Covered Insured's:

- (a) attempt at suicide, or intentional self-inflicted injury, while sane or insane; or

- (b) commission of or attempt or to commit an assault or a felony; or
- (c) engaging in an illegal occupation; or
- (d) operating any type of land, water or air vehicle while having a blood alcohol content at or above the level made illegal by statute for the operation of such a vehicle; or
- (e) disease or mental infirmity, or medical or surgical treatment thereof; or
- (f) voluntary use of any controlled substance as defined in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless taken as prescribed by his or her physician; or
- (g) flight in or descent from or with any aircraft in which the Covered Insured was the pilot or a crew member, was giving or receiving training or instruction or had any duties.

Cost of Insurance. The Monthly Cost of Insurance or premium for each Covered Insured's coverage under this Rider is shown on the Policy Schedule. If the Policy is a flexible premium adjustable life insurance plan, the Monthly Cost of Insurance for a Covered Insured will be included in the Monthly Deduction while such Covered Insured's coverage under this Rider is in force.

Effective Date. The Effective Date of this Rider is the Date of Issue, unless a later Effective Date for this Rider is shown on the Policy Schedule.

Age Incorrectly Stated. If a Covered Insured's Age has been incorrectly stated in the application, We will adjust the Accidental Death Benefit. The adjusted Accidental Death Benefit will be the amount that would have been purchased by the most recent Monthly Cost of Insurance or premium at the Covered Insured's correct Attained Age.

Age means the Covered Insured's Age on the Covered Insured's nearest birthday as of the Effective Date of his or her coverage under this Rider. Attained Age means the Covered Insured's Age plus the number of full years from the Effective Date of his or her coverage under this Rider.

Reinstatement. At any time within five years after the end of the Grace Period and before the Termination Date shown for this Rider on the Policy Schedule, We will reinstate this Rider by written request if the conditions below are met. To reinstate this Rider You must:

- (a) reinstate the Policy at the same time;
- (b) present evidence of insurability for the Covered Insured satisfactory to Us; and
- (c) pay enough premium to keep this Rider in force for two months.

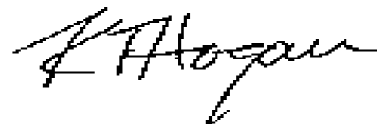
The reinstated Rider will be in force from the same date that the Policy is reinstated.

Termination. A Covered Insured's coverage under this Rider will terminate upon the earliest of the following:

- (a) the Termination Date for such Covered Insured's coverage under this Rider as shown on the Policy Schedule; or
- (b) the monthly Deduction Day or premium due date next following Our receipt of a written request from You to terminate such Covered Insured's coverage; or
- (c) the Termination Date of such covered Insured's life insurance coverage under the Policy; or
- (d) the Termination Date of the Policy; or
- (e) the date the Policy lapses; or
- (f) if applicable, the date the Policy is continued as paid-up whole life insurance.

If applicable, any Monthly Cost of Insurance deducted after the end of coverage will be credited to the Accumulation Value of the Policy.

General. This Rider is a part of the Policy to which it is attached. Its benefits are subject to all the terms of this Rider and the Policy. This Rider has no Cash or Loan Value.



President

AMERICAN GENERAL LIFE INSURANCE COMPANY

CHILDREN'S TERM LIFE INSURANCE RIDER

Provides a Level Term Death Benefit for Each Insured Child

Capitalized terms not defined in this rider will have the same meaning given in the policy.

Insured Child. The term "Insured Child" means a child or stepchild or legally adopted child of the Insured or the Insured's spouse. To become insured, each child must be more than 14 days old (with the first day beginning on the day of birth) and less than 19 years of age (with the last day being the day immediately preceding the 19th birthday). A child alive on the date of application for this rider will not become insured unless named in the application.

Insured Child Death Benefit. The Death Benefit for an Insured Child is \$1,000, multiplied by the number of Units shown on the Rider Schedule. We will pay such Death Benefit after We receive a proper written claim and due proof that the death of an Insured Child occurred:

1. While this rider was in force; and
2. Before the Term Insurance Expiry Date.

The Term Insurance Expiry Date is the earlier of the Insured Child's 25th birthday or the Rider Termination Date shown on the Rider Schedule.

If the Insured dies while this rider is in force, the Monthly Cost of Insurance or Premium for this rider (as the case may be), shown on the Rider Schedule, will be waived.

If the Monthly Cost of Insurance or Premium under the policy (as the case may be) is waived for Total Disability of the Insured, the Monthly Cost of Insurance or Premium for this rider due at the same time will also be waived.

Beneficiary. Unless the application or an endorsement on the policy specifies otherwise, any death benefits under this rider will be payable in one sum as follows:

1. To the Insured, if living on the date of an Insured Child's death; otherwise
2. To the Insured's spouse, if living on the date of such death and if such person is the natural or adoptive parent of the Insured Child; otherwise
3. To the executors or administrators of the estate of such Insured Child.

Rider Charge. The Monthly Cost of Insurance or Premium for this rider (as the case may be) is shown on the Rider Schedule. If the policy is a flexible premium adjustable life plan, the Monthly Cost of Insurance for this rider will be included in the Monthly Deduction while this rider is in force. If the policy is a different plan of insurance, the Premium for this rider will be payable with the premium for the policy while this rider is in force.

Owner. The Owner of this rider will be the same as the Owner of the policy.

Suicide Exclusion. If any Insured Child takes his or her own life, while sane or insane, within two years from the Date of Issue of this rider, We will pay no Death Benefit for an Insured Child. We will return all Cost of Insurance deducted or Premiums paid for this rider, and this rider will terminate. If this rider is converted to a new policy, the remaining part of the original two-year suicide exclusion on this rider will apply to the new policy.

If the Insured dies by suicide within the two-year suicide exclusion, any Monthly Cost of Insurance deducted or Premiums paid for this rider will be included in the Death Benefit or Death Benefit Proceeds, as applicable, payable under the policy.

Incontestability. We rely on the statements made in the application for this rider and any application for reinstatement of this rider. These statements are considered representations and not warranties. No statement may be used in defense of a claim under this rider unless it is in such applications.

We cannot contest this rider after it has been in force during the Insured Child's lifetime for two years from the Date of Issue. If this rider is reinstated, We cannot contest this rider during the Insured Child's lifetime after it has been in force for two years from the date of such reinstatement.

Exceptions:

We can contest a reinstatement for a two-year period following the date of such reinstatement solely on the basis of the information furnished in the application for such reinstatement.

If this rider is converted to a new policy before the two-year contestable period has expired, the remaining contestable period will apply to the new policy.

The two-year contestable limitation does not apply to the nonpayment of any Monthly Cost of Insurance or Premiums.

Age Incorrectly Stated. If the age of an Insured Child is misstated to Us, We will adjust any Death Benefit for such Insured Child to that which would have been purchased by the Monthly Cost of Insurance or Premium paid at the correct rate.

We will pay no benefit if:

1. The child would not have met the definition of "Insured Child" if the age had been correctly stated; or
2. Coverage on the Insured Child would have terminated prior to the Insured Child's death if the age had been correctly stated.

Reinstatement. At any time within five years after the end of the Grace Period and before the Rider Termination Date, We will reinstate this rider by written request if the conditions below are met. To reinstate this rider You must:

1. Reinstate the policy at the same time; and

2. Include the name of every Insured Child as of the date of the application for reinstatement in such application for reinstatement; and
3. Present evidence of insurability satisfactory to Us for each Insured Child; and
4. Pay any unpaid Premium with interest at 6% from its respective due date.

The reinstated rider will be in force from the same date that the policy is reinstated.

Conversion Option. If the conditions below are met, an Insured Child's coverage under this rider may be converted to a new policy. We will not require evidence of insurability.

You must submit a written application and pay the first premium for the new policy:

1. While the Insured Child is alive; and
2. While the policy and this rider are in force; or
3. Within 31 days of the Insured Child's 25th birthday, the Insured Child's marriage or the Insured's death.

You may select the plan and amount of insurance for the new policy. The plan must be:

1. A permanent individual life plan; and
2. A plan that is then regularly issued at the Insured Child's attained age, premium class of the new policy and for the amount of insurance selected; and
3. Issued by Us or by Our affiliated companies and made available to Our policyowners for conversion purposes.

The amount of insurance under the new policy cannot be more than:

1. The Death Benefit for the Insured Child under this rider; or
2. Five (5) times the Death Benefit for the Insured Child under this rider, if application is made within 31 days of the Insured Child's 25th birthday, the Insured Child's marriage, or the Insured's death.

The amount of insurance under the new policy cannot be less than \$1,000.

The Date of Issue of the new policy is the date of conversion.

The premium for the new policy will be determined by Our published rates or by the published rates of Our affiliated company if You convert to such company's available plan, for the Insured Child's attained age and premium class for the new policy.

The new policy will not include any riders unless agreed to by Us or Our affiliated company, if applicable.

Termination. This rider will terminate on the earliest of:

1. Any date on which You request that this rider be terminated; or
2. The date the Grace Period under the policy ends; or
3. With respect to each Insured Child, his or her 25th birthday; or
4. With respect to each Insured Child, his or her death; or
5. With respect to each Insured Child, the date that such Insured Child's coverage is replaced by a new policy issued by Us; or
6. The Rider Termination Date shown on the Rider Schedule; or
7. The termination date of the policy; or
8. If applicable, the date the policy is continued as paid-up whole life insurance.

General. This rider is a part of the policy to which it is attached. It is subject to all the provisions of the policy, except as provided in this rider. This rider has no Cash or Loan Value.

The effective date of this rider is the Rider Date of Issue.


President

RIDER SCHEDULE

Rider Date of Issue:	December 18, 2020
Units:	25.00
Rider Termination Date:	December 18, 2063
Annual Premium:	\$125.00

AMERICAN GENERAL LIFE INSURANCE COMPANY

TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER

This Rider is issued as part of the Policy to which it is attached.

IF YOU RECEIVE AN ACCELERATED BENEFIT YOUR DEATH BENEFIT WILL BE REDUCED. RECEIPT OF ACCELERATED BENEFIT PAYMENTS MAY BE TAXABLE. YOU SHOULD CONTACT YOUR PERSONAL TAX ADVISOR FOR SPECIFIC ADVICE BEFORE EXERCISING THIS BENEFIT. PAYMENTS RECEIVED UNDER THIS TERMINAL ILLNESS ACCELERATED DEATH BENEFIT RIDER ARE NOT PART OF A HEALTH, LONG TERM CARE, OR NURSING HOME INSURANCE POLICY AND MAY NOT BE SUFFICIENT TO COVER MEDICAL, NURSING HOME OR OTHER BILLS.

ALL PROVISIONS OF THE POLICY THAT DO NOT CONFLICT WITH THE RIDER APPLY TO THIS RIDER. WHERE THERE IS ANY CONFLICT BETWEEN THE RIDER PROVISIONS AND THE POLICY PROVISIONS, THE RIDER PROVISIONS PREVAIL.

Accelerated Benefit (AB). While the Policy to which this Rider is attached is in force, You may request an AB if the Insured has a Terminal Illness as defined below. Only the Insured under the base Policy is covered by this Rider. An AB is an amount paid to You, or Your estate, prior to the death of the Insured. The AB payment may be used for any purpose. No AB will be payable on the basis of any other rider attached to the Policy. Only one AB is payable under this Rider or any other accelerated benefit rider attached to the Policy.

Terminal Illness. A Terminal Illness is an illness that is expected to result in the death of the Insured in 24 months or less from the date of the request for the AB. Before any AB is paid under this Rider, We will require You to provide proof, satisfactory to Us, of the Insured's Terminal Illness.

Physician. The term "Physician" (as defined in section 1861(r)(1) of the Social Security Act) means a doctor of medicine or osteopathy legally authorized to practice medicine or surgery by the state in which he or she performs such function or action. Physician does not mean:

1. You; or
2. The Insured; or
3. A person who lives with You or the Insured; or
4. A person who is an Immediate Family Member.

Immediate Family Member. The term "Immediate Family Member" means Your or the Insured's:

1. Spouse; or
2. Parents; or
3. Brother and sisters; or
4. Children by blood, adoption or marriage.

Terminal Illness Benefit Amount. The maximum AB amount that You may request is the lesser of A or B where:

- A** equals the Specified Amount multiplied by the Terminal Illness Percentage shown on the Policy Schedule; and
- B** equals the Maximum Benefit Amount shown on the Policy Schedule.

The AB amount payable is equal to:

1. The amount of the AB You requested; less
2. The sum of any outstanding loans and accrued loan interest; less
3. An administrative fee, not to exceed the Maximum Administrative Fee shown on the Policy Schedule.

This amount will be paid to You in a lump sum.

Interest. After payment of the Terminal Illness Benefit, interest will accrue daily on paid out benefits at an annual effective interest rate. Interest on the lien described in the Impact on Policy Values provision will be payable in advance on each policy anniversary. For the portion of the lien up to and including the Cash Value of the Policy on the date the AB is paid, the interest rate, set by Us on the date the AB is paid and thereafter adjusted, will be no more than the policy loan interest rate stated in the Policy. We will determine at the end of each calendar year the interest rate for the amount of the lien in excess of such Cash Value on the date the AB is paid. Such rate will be effective on the policy anniversary occurring in the following calendar year.

The maximum interest rate for the portion of the lien in excess of the Cash Value of the Policy on the date the AB is paid will not exceed the greatest of:

1. The current yield on 90-day U.S. Treasury Bills; or
2. The Moody's Corporate Bond Yield Average – Monthly Average Corporates (hereafter referred to as "Moody's Bond Yield Average") for the month of October preceding the calendar year for which the loan interest rate is determined; or
3. The interest rate used to calculate Cash Values under the Policy during the period for which the interest rate is being determined, plus 1%.

If the Moody's Bond Yield Average is discontinued or if its composition or calculation is changed, or if We are unable to secure a license to continue using it, We may substitute a comparable average or index, subject to approval by the Interstate Insurance Product Regulation Commission (IIPRC). Before an alternative rate is used, We will provide notification in writing to You at Your last known address and to the assignee(s) of record, if any, at the last known address of the assignee(s). Any change in the interest rate will be subject to the following:

1. No change in the interest rate will be made unless the difference in rates is one-half ($\frac{1}{2}$) percentage point or more.
2. If the difference is one-half ($\frac{1}{2}$) percentage point or more and the legal maximum interest rate is lower, We will lower the interest rate to be equal to or less than the legal maximum interest rate.

3. If the difference is one-half ($\frac{1}{2}$) percentage point or more and the legal maximum interest rate is higher, We may increase the interest rate by at least one-half ($\frac{1}{2}$) percentage point but not more than the legal maximum interest rate.

We will notify the Owner of the initial interest rate. If there is a benefit that has been paid on the Policy, We will give the Owner advance notice of any increase in the interest rate.

Impact on Policy Values. The AB plus accrued interest on the AB will be treated as a lien against the Policy's Death Benefit Amount. There will be no reduction or lien against any term or accidental death benefit riders attached to the Policy. Once a lien has been established it cannot be repaid. The DEATH BENEFIT AMOUNT WILL BE REDUCED by the amount of the AB plus accrued interest on the AB and the sum of any other outstanding loans plus accrued loan interest made after the AB is paid.

The Cash Value available for full and partial surrenders or additional loans will be the amount by which (1) exceeds (2) where:

- (1) Is the Cash Value less the sum of outstanding loans; and
- (2) Is the sum of the AB plus accrued interest on the AB.

The POLICY AND THIS RIDER WILL TERMINATE and NO DEATH BENEFIT WILL BE PAID if the AB plus accrued interest on the AB and the sum of any other outstanding loans plus accrued loan interest exceed the Death Benefit Amount of the Policy.

Effects of AB Payments. You should consider that receiving or having the contractual right to receive an AB may affect Your eligibility for Medicaid, supplemental security income (SSI), or other government benefits or entitlements. **You are advised to contact the Medicaid Unit of Your local Department of Public Welfare and Social Security Administration for more information.** If You initiate an AB claim during the contestability period of the Policy to which this Rider is attached, a rescission of the entire Policy may result if any material misrepresentation of any information was made on the insurance application for the Policy.

Prior to or concurrent with the election to accelerate the policy death benefit, You and any irrevocable beneficiary will be given a statement demonstrating the effect of the acceleration of the payment of the death benefit on the cash value, death benefit, premium, cost of insurance charges, and policy loans (including Policy liens) of the particular policy to which this Rider is attached.

Not Contestable after Two Years. We will not contest payment of an AB after the Policy to which this Rider is attached has been in force during the Insured's lifetime for 2 years from the Date of Issue of the Policy. If the Policy to which this Rider is attached is reinstated, this Rider will not be contested after it has been in force during the Insured's lifetime for 2 years following the date We approve Your reinstatement application.

Suicide Exclusion. If You exercise Your right to an AB payment and the Insured subsequently commits suicide, while sane or insane, within 2 years from the Date of Issue or the date We approve Your reinstatement application, the amount payable will be that described in the Suicide Exclusion provision of the Policy less any AB and accrued interest, and may be zero.

Reinstatement. If the Policy and this Rider terminate at the same time, and the Policy is reinstated, this Rider will also be reinstated, subject to evidence of insurability provided to Us.

Conditions. The AB will be subject to the following conditions:

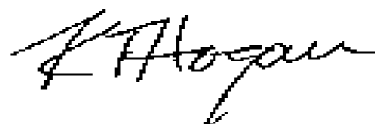
1. Written consent by any irrevocable Beneficiary or assignee must be received by the Company before the AB payment is made.
2. We reserve the right to obtain a second medical opinion from a Physician and/or additional medical records of the Insured at Our expense. In the event of conflicting opinions, eligibility for benefits shall be determined by a third medical opinion from a Physician who is mutually acceptable to both the Insured and the Company.
3. This benefit is not intended to allow third parties to cause You to involuntarily access the policy proceeds payable to the named Beneficiary. Therefore, the AB will not be available if You are required to request it for any third party, including any creditor, governmental agency, trustee in bankruptcy or any other person or as the result of a court order.
4. The request must be submitted to the Company. Upon receipt of the request, We will mail a claim form to You within 15 working days. If the claim form is not sent within this 15-day period, and You provide proof that the Insured has a Terminal Illness in a format other than Our claim form, You will be deemed to have complied with the claim requirement.
5. Proof of a Terminal Illness must include, but is not limited to, a completed claim form and a statement signed by a Physician certifying that the Insured has been diagnosed with a Terminal Illness that will result in a life expectancy of 24 months or less. When We receive proof acceptable to Us, We will pay the AB immediately.
6. If the Insured dies after a request for an AB has been submitted and before You receive the AB payment, such request will be voided and the policy's Death Benefit will be payable, subject to all other Policy provisions.

Termination. This Rider will terminate upon the earliest of:

1. The date the Policy terminates for any reason; or
2. The date the AB plus accrued interest on the AB and the sum of any other outstanding loans plus accrued loan interest exceed the Death Benefit Amount of the Policy. In this case coverage under both the Policy and this Rider will terminate; or
3. Upon Your Written request that this Rider be terminated.

Termination of this Rider shall not preclude the payment of benefits if the covered loss is sustained and all of the requirements in the Conditions provision are met while this Rider is in force.

The effective date of this Rider is the Date of Issue of the Policy.

A handwritten signature in black ink, appearing to read "J. Hogan", is written above the title "President".

President

5. Personal Health History**A. Has the Proposed Insured ever been diagnosed as having, been treated for, or consulted a licensed health care provider for:**

- 1) heart disease, heart attack, chest pain, irregular heartbeat, heart murmur, high cholesterol, high blood pressure or other disorder of the heart? ☐ yes ☐ no
- 2) a blood clot, aneurysm, stroke, or other disease, disorder or blockage of the arteries or veins? ☐ yes ☐ no
- 3) cancer, tumors, masses, cysts or other such abnormalities? ☐ yes ☐ no
- 4) diabetes, a disorder of the thyroid or other glands or a disorder of the immune system, blood or lymphatic system? ☐ yes ☐ no
- 5) colitis, hepatitis or a disorder of the esophagus, stomach, liver, pancreas, gall bladder or intestine? ☐ yes ☐ no
- 6) a disorder of the kidneys, bladder, prostate or reproductive organs or protein in the urine? ☐ yes ☐ no
- 7) asthma, bronchitis, emphysema, sleep apnea or other breathing or lung disorder? ☐ yes ☐ no
- 8) seizures, a disorder of the brain or spinal cord or other nervous system abnormality, including anxiety, depression or other psychiatric conditions? ☐ yes ☐ no
- 9) arthritis, muscle disorders, connective tissue disease or other bone or joint disorders? ☐ yes ☐ no

*(If yes, list condition and provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)***Details** _____

_____**B. Is the Proposed Insured currently taking any medication, treatment or therapy or under medical observation?** ☐ yes ☐ no*(If yes, provide details such as: date of first diagnosis; name, address, and phone # of doctor; tests performed; test results; medications or recommended treatment)***Details** _____

_____**C. Has the Proposed Insured in the past three years had but NOT sought treatment for:**

- 1) fainting spells, nervous disorder, headaches, convulsions or paralysis? ☐ yes ☐ no
- 2) any pain or discomfort in the chest or shortness of breath? ☐ yes ☐ no
- 3) disorders of the stomach, intestines or rectum, or blood in the urine? ☐ yes ☐ no

*(If yes, list condition such as: date of first occurrence; symptoms; and how treated)***Details** _____

_____**D. Has the Proposed Insured ever:**

- 1) sought or received medical advice, counseling or treatment by a medical professional for the use of alcohol or drugs, including prescription drugs? ☐ yes ☐ no
- 2) used cocaine, marijuana, heroin, controlled substances or any other drug, except as legally prescribed by a physician? ☐ yes ☐ no

(If yes answered to D1 or D2, please provide details below)

Type of drug(s)/alcohol product(s) _____ Date last used _____

Frequency of use: ☐ Daily ☐ Weekly ☐ Monthly Amount usually used: _____

Name(s) of doctor/facility _____ Phone () _____

Address _____ City, State _____ ZIP _____

Treatment Dates _____

Support group(s) _____ Last date attended _____

Was treatment or support group attendance court ordered? ☐ yes ☐ no

Details of any drug or alcohol related arrests _____

American General

Life Companies

Life Insurance Application Part A

- ☐ American General Life Insurance Company, Houston, TX
☐ The United States Life Insurance Company in the City of New York, New York, NY

The insurance company checked above ("Company") is 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.

1. Primary Proposed Insured

First Name _____ MI _____ Last Name _____ Social Security # _____

Sex ☐ M ☐ F Birthplace* (state, country) _____ Date of Birth _____ Current Age _____

Tobacco Use Have you ever used any form of tobacco or nicotine products? ☐ yes ☐ no Type and quantity used _____

If yes, are you a current user? ☐ yes ☐ no If no, date of last use _____

Driver's License ☐ yes ☐ no License State _____ Number _____

U.S. Citizen or Permanent Resident (Green Card holder) ☐ yes ☐ no

If no, Country of Citizenship _____ Date of Entry _____ Visa Type _____ (Copy of Visa Required)

Address _____ City, State _____ ZIP _____

Home Phone () _____ Alternate Phone () _____ Email _____

Employer _____ Occupation _____ Length of Employment _____

Employer Address _____ City, State _____ ZIP _____

Duties _____

Personal Earned Income \$ _____ Household Income \$ _____ Net Worth \$ _____

Personal Earned Income means salary, wages, commissions, fees, or other earned income received during the last 12 months, reduced by regular business expenses, but before all other deductions.

If Primary Proposed Insured is not self-supporting or is a child under age 18, what amount of insurance is in force on any of the following: Spouse \$ _____ Father \$ _____ Mother \$ _____ Siblings \$ _____

2. Other Proposed Insured

First Name _____ MI _____ Last Name _____ Social Security # _____

Sex ☐ M ☐ F Birthplace* (state, country) _____ Date of Birth _____ Current Age _____

Relationship to Primary Proposed Insured _____

Tobacco Use Have you ever used any form of tobacco or nicotine products? ☐ yes ☐ no Type and quantity used _____

If yes, are you a current user? ☐ yes ☐ no If no, date of last use _____

Driver's License ☐ yes ☐ no License State _____ Number _____

U.S. Citizen or Permanent Resident (Green Card holder) ☐ yes ☐ no

If no, Country of Citizenship _____ Date of Entry _____ Visa Type _____ (Copy of Visa Required)

Address _____ City, State _____ ZIP _____

Home Phone () _____ Alternate Phone () _____ Email _____

Employer _____ Occupation _____ Length of Employment _____

Employer Address _____ City, State _____ ZIP _____

Duties _____

Personal Earned Income \$ _____ Household Income \$ _____ Net Worth \$ _____

Personal Earned Income means salary, wages, commissions, fees, or other earned income received during the last 12 months, reduced by regular business expenses, but before all other deductions.

*for identification purposes only

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3. Owner

A. Complete if the Primary Proposed Insured is not the Owner (If contingent Owner is required, use Remarks section)

First Name _____ MI _____ Last Name _____ Sex ☐ M ☐ F
 Social Security or Tax ID # _____ Date of Birth _____
 U.S. Citizen ☐ yes ☐ no If no, Country of Citizenship _____ Date of Entry _____ Visa Type _____ Exp. Date _____
 Address _____ City, State _____ ZIP _____
 Home Phone () _____ Relationship to Primary Proposed Insured _____
 Email _____

B. Complete if Owner is a trust (If trustee is a premium payor, also complete section 13 D)

Exact Name of Trust _____ Trust Tax ID # _____
 Address _____ City, State _____ ZIP _____
 Email _____
 Current Trustee(s) _____ Date of Trust _____

4. Product Name (Complete appropriate supplemental application if applicable)

Amount Applied For: Base Coverage \$ _____ Supplemental Coverage (If applicable) \$ _____
 Death Benefit Compliance Test Used (If applicable): ☐ Guideline Premium ☐ Cash Value Accumulation
 Automatic Premium Loan (If applicable): ☐ yes ☐ no Premium Class Quoted _____
 Reason for Insurance _____

5. Premium Allocation (For Index UL only) (Complete line A, line B or line C based on the selected product)

Indicate how each premium received is to be allocated. Total allocations must equal 100%. Use whole percentage only.

A. 1-Year Index Interest Account _____ % 5-Year Index Interest Account _____ % Declared Interest Account _____ %
 B. 1-Year Index Cap Account _____ % Annual Participation Rate Account _____ % Declared Interest Account _____ %
 C. 1-Year Index Cap Account _____ % 5-Year Index Interest Account _____ % Declared Interest Account _____ %
 Other: _____

6. Death Benefit Options (For UL & VUL only) ☐ Option 1 - Level ☐ Option 2 - Increasing ☐ Option 3 - Level Plus Return of Premium

7. Riders/Benefits

☐ Child Rider Amount \$ _____ (Complete Child Rider Attachment) or ☐ No current children
☐ Waiver of Premium ☐ Waiver of Monthly Deduction ☐ Waiver of Monthly Guarantee Premium
☐ Maturity Extension Rider - Accumulation Value ☐ Maturity Extension Rider - Death Benefit
☐ Terminal Illness Rider
☐ Accidental Death Benefit Amount \$ _____ ☐ Other Insured/Spouse Rider Amount \$ _____
☐ Select Income Rider (Complete the following if SI Rider selected) Benefit Duration _____ Monthly Benefit Amt \$ _____
☐ Disability Income Rider (Complete the following if DI Rider selected)
 Number of Units (1 unit = \$100): _____ Occupational Class (Please check): ☐ 1 ☐ 2
☐ Other Riders/Benefits #1 _____ Amount/Unit(s) _____
☐ Other Riders/Benefits #2 _____ Amount/Unit(s) _____

8. Primary Beneficiary

Name _____	Relationship _____	Share _____ %	DOB _____	SSN _____
Name _____	Relationship _____	Share _____ %	DOB _____	SSN _____
Name _____	Relationship _____	Share _____ %	DOB _____	SSN _____
Name _____	Relationship _____	Share _____ %	DOB _____	SSN _____

9. Contingent Beneficiary

Name _____	Relationship _____	Share _____ %	DOB _____	SSN _____
Name _____	Relationship _____	Share _____ %	DOB _____	SSN _____

10. Trust Information (if Beneficiary) Exact Name of Trust

Trust Tax ID # _____ Current Trustee(s) _____ Date of Trust _____

11. Rider Beneficiaries (Complete if other than Primary Proposed Insured)

Other Insured/Spouse Rider _____ Relationship _____

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12. Business Insurance Details *(Complete only if applying for business coverage)*

Does any Proposed Insured have an ownership interest in the business? ☐ yes ☐ no
 If yes, what is the percentage of ownership for the: Primary Proposed Insured _____ % Other Proposed Insured _____ %
 Net Profit of Business \$ _____ Fair Market Value of Business \$ _____
 If buy-sell, stock redemption, or key person insurance, will all partners or key people be covered? ☐ yes ☐ no
 If no, provide the reason why all partners are not covered _____
 Describe any special circumstances _____

13. Premium Payment ☐ Modal \$ _____ ☐ Single \$ _____ ☐ Additional Initial \$ _____

A. Frequency of modal premium: ☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly *(Bank Draft only)*
B. Method: ☐ Direct Billing ☐ Bank Draft *(Complete Bank Draft Authorization)* ☐ List Bill: Number _____
☐ Credit Card - Initial Premium Only *(Complete Credit Card Authorization) (Not available for VUL products)*
☐ Other *(Please explain)* _____
C. Amount submitted with application \$ _____
D. Premium Payor *(Complete if other than Owner or if Owner is Trustee)*
 First Name _____ MI _____ Last Name _____ Sex ☐ M ☐ F
 Social Security or Tax ID # _____ Date of Birth _____
 Relationship to Primary Proposed Insured _____
 U.S. Citizen ☐ yes ☐ no If no, Country of Citizenship _____ Date of Entry _____ Visa Type _____ Exp. Date _____
 Address _____ City, State _____ ZIP _____

14. Existing Coverage and Replacements

A. Does any Proposed Insured have any existing or pending annuities or life insurance policies?* ☐ yes ☐ no
B. If question 14A is answered "yes", please provide the following information:

Name of Proposed Insured	Type (see below)	Year of Issue	Face Amount	Insurance Company	Contract or Policy #	Is Coverage being Replaced?*	1035 Exchange
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes

Type: i= individual, b= business, g= group, p= pending life insurance or annuity

*If 14A is answered "yes", certain states require completion of replacement-related forms even when existing or pending life insurance or annuities are not being replaced by the life insurance policy being applied for.

***"Replace" means that the life insurance policy being applied for may replace, change or use monetary value from an existing or pending life insurance policy or annuity contract. If the transaction is a replacement, also complete the replacement-related form for the state where the application is signed.

C. Disability Coverage *(Complete only if Disability Income Rider coverage requested)*

Does any Proposed Insured have any existing or pending Disability insurance policies? ☐ yes ☐ no
(If yes, complete the following regarding existing and pending disability insurance)

Insurance Company	Benefit Amount	Benefit Period	Elimination Period	Year Issued
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. Background Information (Complete questions A through J. If yes answer applies to any Proposed Insured, provide details specified after each question)

- A.** Does any Proposed Insured intend to travel or reside outside of the United States or Canada within the next two years? ☐ yes ☐ no
(If yes, list country(ies), city(ies), date, length of stay(s), and purpose or complete the Foreign Travel and Residence Questionnaire) _____
- B.** In the past five years, has any Proposed Insured participated in, or does he or she intend to participate in: any flights as a trainee, pilot or crew member; scuba diving; skydiving or parachuting; ultralight aviation; auto racing; cave exploration; hang gliding; boat racing; mountaineering; extreme sports or other hazardous activities? ☐ yes ☐ no
(If yes, complete the Aviation and/or Avocation Questionnaire) _____
- C.** Has any Proposed Insured:
- 1) During the past 90 days submitted an application for life insurance to any company or begun the process of filling out an application? ☐ yes ☐ no
(If yes, list company name, amount applied for, purpose of insurance, and if application will be placed) _____
- 2) Ever had a life or disability insurance application modified, rated, declined, postponed, withdrawn, canceled or refused for renewal? ☐ yes ☐ no
(If yes, list date and reason) _____
- D.** Has any Proposed Insured ever filed for bankruptcy? ☐ yes ☐ no
(If yes, list chapter filed, date, reason, and discharge date) _____
- E.** In the past five years, has any Proposed Insured been charged with or convicted of any driving violations to include driving under the influence of alcohol or drugs? ☐ yes ☐ no
(If yes, list date, state, license #, and specific violation) _____
- F.** Has any Proposed Insured ever been convicted of or pled guilty or no contest to a criminal offense or currently have any felony or misdemeanor charge pending? ☐ yes ☐ no
(If yes, list date, county, state, charge, and current status) _____
- G.** Is any Proposed Insured an active duty service member of the US Armed Forces, a member of the National Guard or an active reservist of the US Armed Forces, or a dependent of an active duty service member of the US Armed Forces? ☐ yes ☐ no
(If yes, provide Pay Grade, Rank and any known foreign assignments. Complete the applicable Military Disclosure) _____
- H.** Is there an intention that any party, other than the Owner, will obtain any right, title, or interest in any policy issued on the life of any Proposed Insured as a result of this application? ☐ yes ☐ no
- I.** Does the Owner or any Proposed Insured intend to finance any of the premium required to pay for this policy through a financing or loan agreement? ☐ yes ☐ no
- J.** Is the Owner, any Proposed Insured, or any person or entity, being paid (cash, services, etc) as an incentive to enter into this transaction? ☐ yes ☐ no
(If yes, describe the incentive) _____

Remarks

16. Details and Explanations _____

AMERICAN GENERAL LIFE
Insurance Company
A Stock Company

This is an INDETERMINATE PREMIUM TERM LIFE INSURANCE POLICY WITH A CHANGE IN THE FACE AMOUNT AFTER THE LEVEL PREMIUM PERIOD. A Death Benefit is payable upon the Insured's death while this policy is in force prior to the Termination Date of the Last Renewal Term Period. Premium payments are payable for the term period shown on the Policy Schedule. This policy is ANNUALLY RENEWABLE, CONVERTIBLE and contains RE-ENTRY OPTION. NONPARTICIPATING - THIS POLICY WILL NOT PAY DIVIDENDS.

For Information, Service or to make a Complaint

Contact Your Servicing Agent, or Our Policyowner Service Department

P.O. Box 9000
Amarillo, Texas 79105-9000
1-844-452-3832

January 28, 2021

Statement Of Policy Cost And Benefit Information
25 Year Renewable Level Benefit Premium Period
Change in Face Amount After Level Premium Period
Term Life Insurance

American General Life Insurance Company
2727-A Allen Parkway
Houston, Texas 77019

UBS FINANCIAL SVCS INS AGENCY INC
5667 GZPZSKU UY
SARASOTA, FL 34231

Policy Number: 1Q21ASAT02 Insured: Alfred TERMJANAGL Age 22/Male

	Maximum Annual Life Insurance Premium (Annual Life Insurance Premium Shall Not Exceed Premiums Shown Below)	Guaranteed Face Amount
1	\$442.83	\$612,000.00
2	\$442.83	\$612,000.00
3	\$442.83	\$612,000.00
4	\$442.83	\$612,000.00
5	\$442.83	\$612,000.00
6	\$442.83	\$612,000.00
7	\$442.83	\$612,000.00
8	\$442.83	\$612,000.00
9	\$442.83	\$612,000.00
10	\$442.83	\$612,000.00
11	\$442.83	\$612,000.00
12	\$442.83	\$612,000.00
13	\$442.83	\$612,000.00
14	\$442.83	\$612,000.00
15	\$442.83	\$612,000.00
16	\$442.83	\$612,000.00
17	\$442.83	\$612,000.00
18	\$442.83	\$612,000.00
19	\$442.83	\$612,000.00
20	\$442.83	\$612,000.00
At Age 60	\$885.61	\$57,124.00
At Age 62	\$1,062.43	\$57,124.00
At Age 65	\$1,447.91	\$57,124.00
At Age 94	\$51,870.90	\$57,124.00

Cost Indexes	Life Insurance Net Payment Cost Index		Life Insurance Surrender Cost Index	
	10 Year*	20 Year*	10 Year*	20 Year*
Maximum Rates	0.72	0.72	0.72	0.72

The columns of this representation do not reflect the fact that, because of interest, a dollar in the future has less value than a dollar today.

*An explanation of the intended use of these indexes is explained in the life insurance Buyer's Guide.

Important Notice - During the ten day period from the date of delivery of this policy, it may be surrendered to the company for cancellation and a full refund of any money paid.

Statement Of Policy Cost And Benefit Information

January 28, 2021

American General Life Insurance Company
2727-A Allen Parkway
Houston, Texas 77019

For Additional Information
About This Policy Contact:
UBS FINANCIAL SVCS INS AGENCY INC
5667 GZPZSCKU UY
SARASOTA, FL 34231

Prepared For: Alfred TERMJANAGL

Waiver of Premium Rider

In the event of total disability, as defined in the rider, and subject to the waiting period, the Company will waive each premium while disability continues. No premium will be waived prior to the Policy Anniversary nearest the Insured's 5th birthday. If total disability begins before the Insured's Age 60, the Company will waive all premiums falling due while disability continues. If total disability begins on or after the Insured's Age 60, the Company will waive all premium falling due while total disability continues and until the later of: (a) the Insured's Age 65; or (b) one year after the total disability began.

The annual cost of this benefit is \$101.37.

Statement Of Policy Cost And Benefit Information

January 28, 2021

American General Life Insurance Company
2727-A Allen Parkway
Houston, Texas 77019

For Additional Information
About This Policy Contact:
UBS FINANCIAL SVCS INS AGENCY INC
5667 GZPZSCKU UY
SARASOTA, FL 34231

Prepared For: Alfred TERMJANAGL

Accidental Death Benefit Rider

Provides for an additional payment of \$100,000.00 if the Insured dies as a result of an accident, as defined in the rider, prior to age 70. The premium for this benefit is payable with the premium due under the policy until the termination of the benefit.

The annual cost of this benefit is \$108.00.

Statement Of Policy Cost And Benefit Information

January 28, 2021

American General Life Insurance Company
2727-A Allen Parkway
Houston, Texas 77019

For Additional Information
About This Policy Contact:
UBS FINANCIAL SVCS INS AGENCY INC
5667 GZPZSCKU UY
SARASOTA, FL 34231

Prepared For: Alfred TERMJANAGL

Children's Insurance Benefit Rider

Provides a death benefit of \$25,000.00 for each child, as defined in the rider, until the child's age 25 or until the insured under the base policy is age 65.

The annual cost for this benefit is \$125.00.

Statement Of Policy Cost And Benefit Information

January 28, 2021

American General Life Insurance Company
2727-A Allen Parkway
Houston, Texas 77019

For Additional Information
About This Policy Contact:
UBS FINANCIAL SVCS INS AGENCY INC
5667 GZPZSCKU UY
SARASOTA, FL 34231

Prepared For: Alfred TERMJANAGL

Terminal Illness Accelerated Benefit Rider

Provides for a one-time payment in advance of the death benefit under the base contract if the Insured is terminally ill with 24 months or less to live. The amount advanced will be carried as a lien against future contract benefits. There is no charge for the rider. However, there is a one-time charge of up to \$500.00 if you choose to activate the rider.

Additional Important Information Regarding Your Policy

Policies 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).

FACTS

WHAT DO AMERICAN GENERAL LIFE INSURANCE COMPANY (AGL) AND THE UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK (US Life) DO WITH YOUR PERSONAL INFORMATION?

Why?

Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.

What?

The types of personal information we collect and share depend on the product or service you have with us. This information can include:

- Social Security number and Medical Information
- Income and Credit History
- Payment History and Employment Information

When you are *no longer* our customer, we continue to share your information as described in this notice.

How?

All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons AGL & US Life choose to share; and whether you can limit this sharing.

Reasons we can share your personal information	Do AGL & US Life share?	Can you limit this sharing?
For our everyday business purposes — such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, conduct research including data analytics, or report to credit bureaus	Yes	No
For our marketing purposes — to offer our products and services to you	Yes	No
For joint marketing with other financial companies	Yes	No
For our affiliates' everyday business purposes — information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes — information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

For AGL / US Life Insurance Customers: call 844-452-3832, go to www.aig.com/lifeinsurance or write to us at P.O. Box 818005, Cleveland, OH 44181.

For AGL / US Life Accident & Health Customers: call 800-811-2696, go to www.aig.com/lifeinsurance or write us at Customer Service, P.O. Box 818005, Cleveland, OH 44181.

For AGL / US Life Individual Annuities Customers: call 800-242-4079, go to <https://www.aig.com/individual/investments/annuities> or write to us at P.O. Box 2708, Amarillo, TX 79105-2708.

For AGL / US Life Group Annuities Customers: call 877-299-1724, email us at immediateannuity@aig.com or write to us at Group Annuity Administration, P.O. Box 1277, Wilmington, DE 19899-1277.

For AGL / US Life Group Benefit Business Customers: call 800-346-7692, email us at www.aig.com/lifeinsurance or write to us at 3600 Route 66, 4th Floor, Neptune, NJ 07753.¹

Who we are

Who is providing this notice?	American General Life Insurance Company and The United States Life Insurance Company in the City of New York.
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What we do

How do AGL & US Life protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. We restrict access to employees, representatives, agents, or selected third parties who have been trained to handle nonpublic personal information.
How do AGL & US Life collect my personal information?	<p>We collect your personal information, for example, when you</p> <ul style="list-style-type: none"> • apply for insurance or pay insurance premiums • file an insurance claim or give us your income information • provide employment information <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
Why can't I limit all sharing?	<p>Federal law gives you the right to limit only</p> <ul style="list-style-type: none"> • sharing for affiliates' everyday business purposes—information about your creditworthiness • affiliates from using your information to market to you • sharing for nonaffiliates to market to you <p>State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.</p>

Definitions

Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>Our affiliates include the member companies of American International Group, Inc.</i>
Nonaffiliates	<p>Companies not related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none"> • <i>AGL and US Life do not share with nonaffiliates so they can market to you.</i> <p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none"> • <i>Our joint marketing partners include companies with which we jointly offer insurance products, such as a bank.</i>

Other important information

For Vermont Residents only. We will not disclose information about your creditworthiness to our affiliates and will not disclose your personal information, financial information, credit report, or health information to nonaffiliated third parties to market to you, other than as permitted by Vermont law, unless you authorize us to make those disclosures. Additional information concerning our privacy policies can be found using the contact information above for Questions.

For California Residents only. We will not share information we collect about you with nonaffiliated third parties, except as permitted by California law, such as to process your transactions or to maintain your account.

For Nevada Residents only. We are providing this notice pursuant to Nevada state law. You may elect to be placed on our internal Do Not Call list by calling the numbers referenced in the Questions section. Nevada law requires that we also provide you with the following contact information: Bureau of Consumer Protection, Office of the Nevada Attorney General, 555 E. Washington Street, Suite 3900, Las Vegas, NV 89101; Phone number: 702-486-3132; email: aginfo@ag.nv.gov. You may contact our customer service department by using the contact information referenced in the Questions section.

You have the right to see and, if necessary, correct personal data. This requires a written request, both to see your personal data and to request correction. We do not have to change our records if we do not agree with your correction, but we will place your statement in our file. If you would like a more detailed description of our information practices and your rights, please write to us at the addresses indicated on the first page.

¹AI's Group Benefits Business is the marketing name of the following insurance company subsidiaries of American International Group, Inc. (AIG) underwriting property-casualty, accident & health, and life insurance: American General Life Insurance Company, and The United States Life Insurance Company in the City of New York.

LIFE INSURANCE BUYER'S GUIDE

This guide can show you how to save money when you shop for life insurance. It helps you to:

Decide how much life insurance you should buy;

Decide what kind of life insurance policy you need; and

Compare the cost of similar life insurance policies.

Prepared by National Association of Insurance Commissioners

Reprinted by **American General Life Insurance Company**

May, 2015

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various Insurance Departments to coordinate insurance laws for the benefit of all consumers. You are urged to use this guide in making a life insurance purchase.

THIS GUIDE DOES NOT ENDORSE ANY COMPANY OR POLICY.

Buying Life Insurance

When you buy life insurance, you want a policy which fits your needs without costing too much. Your first step is to decide how much you need, how much you can afford to pay and the kind of policy you want. Then, find out what various companies charge for that kind of policy. You can find important differences in the cost of life insurance by using the life insurance cost indexes which are described in this guide. A good life insurance agent or company will be able and willing to help you with each of these shopping steps.

If you are going to make a good choice when you buy life insurance, you need to understand which kinds are available. If one kind does not seem to fit your needs, ask about the other kinds which are described in this guide. If you feel that you need more information than is given here, you may want to check with a life insurance agent or company or books on life insurance in your public library.

Choosing the Amount

One way to decide how much life insurance you need is to figure how much cash and income your dependents would need if you were to die. You should think of life insurance as a source of cash needed for expenses for final illnesses, paying taxes, mortgages or other debts. It can also provide income for your family's living expenses, educational costs and other future expenses.

Your new policy should come as close as you can afford to make up the difference between (1) what your dependents would have if you were to die now, and (2) what they would actually need.

Choosing the Right Kind

All life insurance policies agree to pay an amount of money if you die. But all policies are not the same. There are three basic kinds of life insurance.

1. Term insurance
2. Whole life insurance
3. Endowment insurance

Remember, no matter how fancy the policy title or sales presentation might appear, all life insurance policies contain one or more of the three basic kinds. If you are confused about a policy that sounds complicated, ask the agent or company if it combines more than one kind of life insurance.

The following is a brief description of the three basic kinds:

Term Insurance

Term insurance is death protection for a "term" for one or more years. Death benefits will be paid only if you die within that term of years. Term insurance generally provides the largest immediate death protection for your premium dollar.

Some term insurance policies are "renewable" for one or more additional terms even if your health has changed. Each time you renew the policy for a new term, premiums will be higher. You should check the premiums at older ages and the length of time the policy can be continued.

Some term insurance policies are also "convertible." This means that before the end of the conversion period, you may trade the term policy for a whole life or endowment insurance policy even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

Whole Life Insurance

Whole life insurance gives death protection for as long as you live. The most common type is called "straight life" or "ordinary life" insurance, for which you pay the same premiums for as long as you live. These premiums can be several times higher than you would pay initially for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term insurance policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as 20 years, or until age 65. Premiums for these policies are higher than for ordinary life insurance since the premium payments are squeezed into a shorter period.

Although you pay higher premiums, to begin with, for whole life insurance than for term insurance, whole life insurance policies develop "cash values" which you may have if you stop paying premiums. You can generally either take the cash, or use it to buy some continuing insurance protection. Technically speaking, these values are called "nonforfeiture benefits." This refers to benefits you do not lose (or "forfeit") when you stop paying premiums. The amount of these benefits depends on the kind of policy you have, its size, and how long you have owned it.

A policy with cash values may also be used as collateral for a loan. If you borrow from the life insurance company, the rate of interest is shown in your policy. Any money which you owe on a policy loan would be deducted from the benefits if you were to die, or from the cash value if you were to stop paying premiums.

Endowment Insurance

An endowment insurance policy pays a sum or income to you - the policyholder - if you live to a certain age. If you were to die before then, the death benefit would be paid to your beneficiary. Premiums and cash values for endowment insurance are higher than for the same amount of whole life insurance. Thus endowment insurance gives you the least amount of death protection for your premium dollar.

Finding a Low Cost Policy

After you have decided which kind a life insurance fits your needs, look for a good buy. Your chances of finding a good buy are better if you use two types of index numbers that have been developed to aid in shopping for life insurance. One is called the "Surrender Cost Index" and the other is the "Net Payment Cost Index." It will be worth your time to try to understand how these indexes are used, but in any event, use them **ONLY** for comparing the relative costs of similar policies. **LOOK FOR POLICIES WITH LOW COST INDEX NUMBERS.**

What Is Cost?

"Cost" is the difference between what you pay and what you get back. If you pay a premium for life insurance and get nothing back, your cost for the death protection is the premium. If you pay a premium and get something back later on, such as a cash value, your cost is smaller than the premium.

The cost of some policies can also be reduced by dividends; these are called "participating" policies. Companies may tell you what their current dividends are, but the size of future dividends is unknown today and cannot be guaranteed. Dividends actually paid are set each year by the company.

Some policies do not pay dividends. These are called "guaranteed cost" or "nonparticipating" policies. Every feature of a guaranteed cost policy is fixed so that you know in advance what your future cost will be.

The premiums and cash values of a participating policy are guaranteed, but the dividends are not. Premiums for participating policies are typically higher than for guaranteed cost policies, but the cost to you may be higher or lower, depending on the dividends actually paid.

What Are Cost Indexes?

In order to compare the cost of policies, you need to look at:

1. Premiums
2. Cash Values
3. Dividends

Cost indexes use one or more of these factors to give you a convenient way to compare relative costs of similar policies. When you compare costs, an adjustment must be made to take into account that money is paid and received at different times. It is not enough to just add up the premiums you will pay and to subtract the cash values and dividends you expect to get back. These indexes take care of the arithmetic for you. Instead of having to add, subtract, multiply and divide many numbers yourself, you just compare the index numbers which you can get from life insurance agents and companies:

1. Life Insurance Surrender Cost Index. This index is useful if you consider the level of the cash values to be of primary importance to you. It helps you compare costs if at some future point in time, such as 10 or 20 years, you were to surrender the policy and take its cash value.

2. Life Insurance Net Payment Cost Index. This index is useful if your main concern is the benefits that are to be paid at your death and if the level of cash values is of secondary importance to you. It helps you compare costs at some future point in time, such as 10 or 20 years, if you continue paying premiums on your policy and do not take its cash value.

There is another number called the Equivalent Level Annual Dividend. It shows the part dividends play in determining the cost index of a participating policy. Adding a policy's Equivalent Level Annual Dividend to its cost index allows you to compare total costs or similar policies before deducting dividends. However, if you make any cost comparisons of a participating policy with a nonparticipating policy, remember that the total cost of the participating policy will be reduced by dividends, but the cost of the nonparticipating policy will not change.

How do I Use Cost Indexes?

The most important thing to remember when using cost indexes is that a policy with a small index number is generally a better buy than a comparable policy with a larger index number. The following rules are also important:

- (1) Cost comparisons should only be made between similar plans of life insurance. Similar plans are those which provide essentially the same basic benefits and require premium payments for approximately the same period of time. The closer policies are to being identical, the more reliable the cost comparison will be.

- (2) Compare index numbers only for the kind of policy, for your age and for the amount you intend to buy. Since no one company offers the lowest cost for all types of insurance at all ages and for all amounts of insurance, it is important that you get the indexes for all actual policy, age and amount which you intend to buy. Just because a "Shopper's Guide" tells you that one company's policy is a good buy for a particular age and amount, you should not assume that all of that company's policies are equally good buys.
- (3) Small differences in index numbers could be offset by other policy features, or differences in the quality of service you may expect from the company or its agent. Therefore, when you find small differences in cost indexes, your choice should be based on something other than cost.
- (4) In any event, you will need other information on which to base your purchase decision. Be sure you can afford the premiums, and that you understand its cash values, dividends and death benefits. You should also make a judgment on how well the life insurance company or agent will provide service in the future, to you as a policyholder.
- (5) These life insurance cost indexes apply to new policies and should not be used to determine whether you should drop a policy you have already owned for awhile, in favor of a new one. If such a replacement is suggested, you should ask for information from the company which issued the old policy before you take action.

Important Things to Remember - A Summary

The first decision you must make when buying a life insurance policy is choosing a policy whose benefits and premiums most closely meet your needs and ability to pay. Next, find a policy which is also a relatively good buy. If you compare Surrender Cost Indexes and Net Payment Cost Indexes of similar competing policies, your chances of finding a relatively good buy will be better than if you do not shop. REMEMBER, LOOK FOR POLICIES WITH LOWER COST INDEX NUMBERS. A good life insurance agent can help you to choose the amount of life insurance and kind of policy you want and will give you cost indexes so that you can make cost comparisons of similar policies.

Don't buy life insurance unless you intend to stick with it. A policy which is a good buy when held for 20 years can be very costly if you quit during the early years of the policy. If you surrender such a policy during the first few years, you may get little or nothing back and much of your premium may have been used for company expenses.

Read your new policy carefully, and ask the agent or company for an explanation of anything you do not understand. Whatever you decide now, it is important to review your life insurance program every few years to keep up with changes in your income and responsibilities.

**Policyowner Acknowledgement of Policy Delivery or
Producer's Certification of Mailing of Policy to the Policyowner**

Policyowner: Alfred TERMJANAGL Policy Number: 1Q21ASAT02

Insured/Annuitant: Alfred TERMJANAGL

Policyowner Acknowledgement of Policy Delivery

Execution of this receipt by the Policyowner constitutes an acknowledgement of delivery.

Policy provisions regarding the right to return the policy and receive a refund of premiums will become effective as of the date this Policyowner Acknowledgement of Policy Delivery is signed.

Terms of this acknowledgement are subject to the provisions of the policy contract and any applicable laws and regulations.

By signing below you attest to the following:

*I was physically located in the United States of America when all solicitation activities regarding Policy No. 1Q21ASAT02 occurred and when all medical examination, telephone interviews and other application-related events, **including all signatures required to complete the application** for the policy occurred.*

Policyowner Signature: _____ Date: _____

Agent Name: _____

Agent Signature: _____ Date: _____

Location Signed: _____
City State

Agent Certification of Mailing of Policy to the Policyowner

This section is not applicable for Foreign National policy contracts. The above section must be signed by both Policy Owner and Agent for all Foreign National contracts.

Because the policy referenced above was mailed to the Policyowner, no Policyowner signature was obtained. However, I hereby declare that the policy contract was mailed to the Policyowner on the date entered below and that I have retained in my files evidence of the mailing.

Date Mailed to Policyholder: _____

Agent Name: _____

Agent Signature: _____ Date: _____

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For AIG Home Office Use Only

Policies 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).