

American General

Life Companies

Addendum to Application

American General Life Insurance Company, Houston, TX

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

American General Life Insurance Company of Delaware, Wilmington, DE

The insurance company ("Company") checked above 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.

This addendum is part of the application to which it is attached. *(Part A, Part B, etc.)*

Addendum to: _____ Policy Number: _____

Proposed Insured:

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

Owner:

First Name _____ MI _____ Last Name _____

(Use the space below to provide explanations to any application questions or details to any "yes" answers where the space provided on the application is insufficient. Provide an appropriate reference to the specific questions for which answers and details are included below.)

Primary Proposed Insured Signature **X** _____ Date _____

Other Proposed Insured Signature **X** _____ Date _____

Owner Signature **X** _____ Date _____

(If other than Primary Proposed Insured)