



TERM
Conversion Kit

Term Conversion Tip Sheet

Required Forms for Conversions

- Term Conversion Request Form – [AGLC101672-PL](#)
- In-Force Change Application – [ICC15-108251](#) (State specific where required, when Underwriting is needed, or when converting a child rider)
- IUL Supplemental Application – [ICC19-108093](#) (State specific where required) All IUL products except Protection Extend IUL
- IUL Supplemental Application – [ICC15-108093](#) (State specific where required) For Protection Extend IUL only
- Request for Policy Illustration – [AGLC108672](#) (State specific where required) Can be submitted with all pages of an unsigned illustration in lieu of signed illustration
- Request for Policy Quotation – [AGLC108561](#) GUL only; Can be submitted with all pages of an unsigned quote in lieu of signed quote
- Bank Draft Authorization Request – [AGLC108493-2015](#)
- State Specific Disclosure Forms
 - Notice to Premium Default Options – [AGLC108506](#)
 - Financial Products Disclosure Form for Senior Citizens CA - [AGLC100785](#)
 - Medi-Cal Eligibility Notice Regarding Standard for Senior Citizens CA – [DHCS7102](#)
 - Agent Confirmation Indexed Universal Life Policies for PA - [AGLC105437](#)
 - Terminal Illness Rider Disclosure – [AGLC101954-MA](#), [AGLC202129-2023](#), [AGLC110698-NY](#) (State specific)
- Certification of Trust – [AGLC2239COT](#) (Required for a Trust) only when Trust is the Owner (Not needed when Trust is Payor or Beneficiary)
- Acknowledgment and Release Form – [AGLC2239AR](#) (Required for a Trust)
- Business Certification – [AGLC108735](#) (Required for a Business) only when Business is Owner (Not needed when Trust is Payor or Beneficiary)
- Request for Cross-Border Exception on a NY resident – [AGLC110219](#) (needed when Owner is a NY resident but issue state will not be NY)
- Payor Authorization Form [AGLC108491-2015](#) (needed when Payor is not the Insured or Owner AND the policy will not be paid by bank draft)
- Senior forms (Agent Certification [AGLC101994](#) and Premium Financing form [AGLC102053](#)) –
**If issue state is CA, these forms are needed when Insured is age 65 or older, along with Financial Products Disclosure for Senior Citizens CA - [AGLC100785](#) and Medi-Cal Eligibility Notice Regarding Standard for Senior Citizens CA – [DHCS7102](#)
- Suitability and Best Interests in Life Insurance Transactions Agent Certification for Conversions – [AGLC200150](#) (NY only)
- Reminder: NY Regulation 187 training required for policy issuance (New York only) – [AGLC201764](#)

Required Forms for Conversions with AAS Rider

- Supplemental Application for Chronic Illness Accelerated Death Benefit Rider - [AGLC107422-2013](#) (State specific where required)
- Summary and Disclosure Notice for Chronic Illness Accelerated Death Benefit Rider – [AGLC202127-2023](#) (Where required) and [AGLC109401-2015](#) (State specific where required)
- State Specific Disclosure Form
 - Disclosure for Sales to Senior Citizens CA – [AGLC100950](#)
 - Financial Products Disclosure Form for Seniors Citizens CA – [AGLC100785](#)
 - Disclosure at time of Application - [AGLC107620-CA](#)
 - Notice to Premium Default Options – [AGLC108506](#)
 - Medi-Cal Eligibility Notice Regarding Standard for Senior Citizens CA – [DHCS7102](#)
 - Important Notice to Applicant/Buyer Regarding Accelerated Death Benefit – CA – [AGLC108909-CA](#)
 - Supplemental Application for Life Insurance Policy to Contain Chronic Illness Accelerated Death Benefit Rider- CA – [AGLC108910-CA](#)
- Chronic Illness Accelerated Death Benefit Rider Outline of Coverage NY – [AGLC111324-OLC-2017-NY](#)
- In-Force Change Application – [ICC15-108251](#) (State specific where required)
- HIPAA Authorization – [AGLC100633](#) (State specific where required)



**Term Conversion Request
No Underwriting Required**

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

P.O. Box 818005 • Cleveland, OH 44181

In this request, "Company" refers to the insurance company whose name is checked above. The insurance company checked above is solely responsible for the obligation and payment of benefits under any policy it may issue.

Instructions:

This form is used to request full or partial term conversions for a Primary Insured on an inforce single life policy and/or rider where evidence of insurability is NOT required. If additional insurance over the conversion amount is required or riders or benefits that require evidence of insurability are required, please complete the inforce change application for the applicable state.

Required Forms are listed below.

- Term Conversion Request Form
- Full copy of signed and dated Illustration (UL Plans only)
- First modal premium payment and/or completed Bank Draft Authorization form
- Business Certification or Certification of Trust, if applicable
- TIR Disclosure Form if required
- Index UL Supplemental Application

A. CONVERSION REQUEST

Conversion Privilege: Conversion periods vary by policy.

If the insured meets the "total disability" definition of any premium waiver benefit under the policy to be converted, the insured may not be eligible to convert to a new policy or to include a premium waiver rider on the new policy.

Base Coverage Amount: _____ Conversion Effective Date: _____

New Plan Name: _____ Amount \$ _____

Is Automatic Premium Loan Provision to be in effect? (Whole Life plans only) Yes No

Death Benefit Option (UL plans only): Level Increasing

For Index UL, complete the Index UL Supplemental Application.

TERM POLICY CONVERSION	TERM RIDER CONVERSION
<input type="checkbox"/> Full conversion of Term Policy. <input type="checkbox"/> Partial conversion of Term Policy. Balance of term insurance to: <input type="checkbox"/> BE TERMINATED. <input type="checkbox"/> Policy to remain inforce at reduced amount of \$ _____	<input type="checkbox"/> Full conversion of Term rider: <input type="checkbox"/> Base plan to remain inforce. <input type="checkbox"/> Base plan to be terminated. <input type="checkbox"/> Partial conversion of Term rider: <input type="checkbox"/> Balance of Term to be terminated. \$ _____

Benefits and Riders:

If any of the following benefits and riders are currently a part of the policy being converted, and the Owner requests available and comparable coverage, or if the Owner wishes to add the Terminal Illness Rider to the new policy, check the appropriate box(es) below. Depending on the new policy selected for the conversion, not every listed benefit and rider will be available.

- Child Term Rider
- Disability Income Rider
- Premium Waiver
- Terminal Illness Rider

B. PRIMARY INSURED INFORMATION FOR NEW POLICY

Insured Name: _____

SSN _____ Date of Birth _____ Gender M F

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Alternate Phone _____ Email _____

C. DESIGNATION OF OWNER FOR NEW POLICY

Complete owner information for new policy below.

Change of ownership: Yes No (If yes, new and old owner(s) will also need to complete Section I on page 3.)

C1: Owner Information for New Policy

Name: _____ SSN/ITIN _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Primary Phone _____ Alternate Phone _____ Email _____

C2: Trust Information for New Policy If the owner is a trust, complete the Certification of Trust. If the owner is a business, complete the Business Certification.

Exact Name of Trust: _____ Trust Tax ID # _____

Current Trustee(s) _____ Date of Trust _____

D. PAYOR INFORMATION - Complete if Payor is different from Owner.

Payor Name: _____ SSN/TIN _____

Address _____ City _____ State _____ Zip _____

If Payor is different from the Insured or the Owner and Bank Draft is not the chosen form of payment, also complete the Payor Authorization Form.

E. CURRENT POLICY INFORMATION

No.	Existing Policy Number	Year of Issue	Coverage (see below)	Benefit Period (if DI)	Type (see below)	Coverage Being Replaced?	1035 Exchange?
1						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Company Name: _____ Amount of Coverage \$ _____						
	Insured Name: _____ Owner Name (if other than Insured): _____						
2						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Company Name: _____ Amount of Coverage \$ _____						
	Insured Name: _____ Owner Name (if other than Insured): _____						
3						<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
	Company Name: _____ Amount of Coverage \$ _____						
	Insured Name: _____ Owner Name (if other than Insured): _____						

Coverage: LI=Life, H=Health, A=Annuity, LT=LTC, DI= Disability Income

Type: i=individual, b=business, g=group, p=pending

F. BENEFICIARY INFORMATION

The undersigned contract owner hereby revokes any previous beneficiary designation on the coverage being converted as well as optional mode of settlement with respect to any death benefit proceeds payable at the death of the insured under the new policy. If this conversion transaction results in coverage remaining under the current policy number, beneficiary designations of record for that policy will be retained. If beneficiary is a trust, provide name and date of trust agreement.

Primary Insured:

No.	Name	DOB mm/dd/yy	SSN	Phone Number	Relationship	Share %	Beneficiary Type
1							<input type="checkbox"/> Primary
	Address:			Email:			<input type="checkbox"/> Contingent
2							<input type="checkbox"/> Primary
	Address:			Email:			<input type="checkbox"/> Contingent
3							<input type="checkbox"/> Primary
	Address:			Email:			<input type="checkbox"/> Contingent

G. CHILD RIDER INSURED(S)

List all children 24 and under.

	Name: First, Middle Initial, Last	Age	Date of Birth	Gender	Height	Weight	Birth Weight (if less than 1 year old)
Child 1							
Child 2							
Child 3							
Child 4							
Child 5							

H. BILLING

Frequency: Annual Semi Annual Quarterly Monthly (Bank Draft Only)

Method: Direct Bank Draft*

* Use existing bank draft information from policy _____ Draft Date _____ (if different from existing draft)

Premium \$ _____ Draft Initial Premium? Yes No

If new Plan Universal Life: Initial Premium \$ _____ Planned Periodic Premium \$ _____

*If setting up under a new Bank Draft arrangement, will need to submit a completed Bank Draft Authorization form.

Payment Enclosed: Yes No Amount _____ Check # _____

I. PREMIUM FINANCING

Does the Owner, Payor, 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

If premium financing this policy, certain additional requirements are needed which may include, but not be limited to, completing the In-Force Change Application. These requirements will be reviewed by the Company.

J. AUTHORIZATION AND SIGNATURES

The Owner of the Existing Policy, the Owner of the New Policy, and any Assignee and/or Irrevocable Beneficiary must sign below. (If other than an individual, give the official capacity of the person signing.) I hereby request that the Existing Insurance Policy be converted as indicated above. My request is made in accordance with and subject to all the terms and conditions of the conversion provision of the policy being converted. I understand that the New Policy will be issued at the Primary Insured's current attained age.

If a new Owner for the New Policy has been designated above, the undersigned persons/entities agree that, the exercise of the "free look" right under that New Policy will result in the voiding of the Policy from its beginning. In such case, the converted policy or rider (as applicable) will be deemed not to have been converted, and no conversion credit or other sum shall be deemed to have been transferred by means of the conversion.

Notice: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

IF THIS IS A FULL TERM CONVERSION, PLEASE NOTE:

I hereby absolutely assign and transfer to the company identified in this application all of my rights, title and interest of every kind in and to the current policy including, but not limited to the right to surrender, assign, transfer or change the beneficiary.

TAX CERTIFICATION (Substitute Form W-9) – Applicable to U.S. persons (including U.S. citizens and resident aliens). If you are not a U.S. person, you are required to submit the applicable IRS Form W-8 series (BEN, BEN-E, ECI, EXP or IMY).

Under penalties of perjury, I certify to the following:

1. That the taxpayer identification number listed on this form is my correct SSN/TIN and I am a U.S. Citizen or other U.S. person (including resident aliens);
2. I further certify that I am exempt from and have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding. The Company is required to withhold income tax on any payments, which include interest and dividends when the owner is subject to backup withholding.; and
3. I am exempt from Foreign Account Tax Compliance Act ("FATCA") reporting.

Certification Instructions: You must cross out any statement in 1-3 that does not apply to you. For any instructions on how to complete this certification, please see the General Instructions for the IRS Form W-9 on www.irs.gov. If you can complete a Form W-9 (Request for Taxpayer Identification Number) and you are a U.S. Citizen or U.S. resident alien, FATCA reporting may not apply to you. **Please consult your own tax advisor with any questions you may have regarding this certification.**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Owner Signature for Existing Policy

X _____

Owner Title _____
(include title of owner if a corporation)

Owner signed at (city, state) _____

Owner signed on (date) _____

Assignee or Irrevocable Beneficiary Signature (if applicable)

X _____

Owner Signature for New Policy

X _____

Owner Title _____
(include title of owner if a corporation)

Owner signed at (city, state) _____

Owner signed on (date) _____

Agent Signature

X _____

Agent signed on (date) _____

K. AGENT INFORMATION

Agent(s) to Receive Commission	Agency Number	Agent Number	Percent of Split
_____	_____	_____	_____
_____	_____	_____	_____

Agent/Agency Telephone # _____ Fax # _____

Email Address _____ State/Local Office Code _____

HOW TO PROCESS A TERM CONVERSION

Step 1 - Email Conversioneligibility@corebridgefinancial.com to verify conversion eligibility guidelines. They can provide the conversion expiry date, the underwriting class, and answer questions about form and illustration requirements. Paperwork MUST be received in the Home Office before the conversion period expires.

Step 2 - Determine what product you will be converting to.

Step 3 - Assemble the requirements.

A. Will this conversion require underwriting?

Generally the answer is no and you would therefore use the Term Conversion Request Form.

If the conversion will require underwriting, for an increase in face amount, addition of riders, or change in smoker status, you will need to use the appropriate Inforce Change Application.

B. Is customer converting to a Universal Life product?

If yes, an illustration is required. Illustrations can be prepared using regular new business illustration software or agent can contact the Marketing Support staff for assistance.

C. Will the new policy be paid via bank draft?

If yes, a completed Bank Draft Authorization Form is needed.

D. Is the ownership being changed during the conversion?

If yes, complete sections C and I.

E. Are there any other forms applicable as a result of business rules, product requirements, or state regulations?

Examples of additional forms that could be needed are the TIR Disclosure form, Index UL Supplemental Application, Payor Authorization Form, Business Certification, or Certification of Trust.

F. Are there any special signatures required?

If existing policy has assignment or irrevocable beneficiary, designated assignee or irrevocable beneficiary must sign.

Step 4 - Email the requirements to conversionapp@corebridgefinancial.com. Do not mail after emailing unless you are submitting a check.

Step 5 - Mail the original of any checks to:

US Mail: American General Life • PO Box 733479 • Dallas, TX 75373-3479

Overnight Mail: American General Life Insurance Company • Attn: Lockbox 733479 • JPM TX1-0029 • 14800 Frye Road, 2nd Floor • Ft. Worth, TX 76155

Please visit the Producer Web Site at <https://www.corebridgefinancial.com/connext> for additional conversion information and links to important forms and documents.

AGREEMENT:

I (we) hereby authorize and request the Company or its representative to initiate electronic or other commercially accepted-type debits against the indicated bank account in the depository institution named ("Depository") for the payment of premiums and other indicated charges due on the contract(s) listed, and to continue to initiate such debits in the event of a conversion, renewal, or other change to any such contract(s) even if such debits differ in amount from those specified in this form. I (we) hereby agree to indemnify and hold the Company harmless from any loss, claim, or liability of any kind by reason of dishonor of any debit or otherwise related to this authorization.

I (we) understand that this Authorization will not affect the terms of the contract(s), other than the mode of payment, and that if premiums are not paid within the applicable grace period, the contract(s) will terminate, subject to any applicable non-forfeiture provision. I acknowledge that notice of premiums due shall be waived and that the debit appearing on my bank statement shall constitute my receipt of payment, but no payment is deemed made until the Company receives actual payment in its Service Center.

I (we) authorize the Company to obtain information and/or reports from a consumer reporting agency or other company(ies) in order to verify, validate and/or authenticate the information and answers presented on this form. Any information gathered may be disclosed to any person or entity required to receive such information by law or as I may further consent.

I (we) agree that this Authorization may be terminated by me or the Company at any time and for any reason by providing thirty (30) days' written notice of such termination to the non-terminating party and may be terminated by the Company immediately if any debit is not honored by the Depository named for any reason. This request must be dated and all required signatures must be written in ink, using full legal names. This request must be dated and signed by the Bank Account Owner(s) as his/her name appears on bank records for the account provided on this authorization.

Signature of Bank Account Owner

X

Date _____

Signature of Bank Account Owner, if joint account

X

Date _____

Please attach voided check for checking account draft or deposit slip for savings account draft.

Request For Policy Illustration

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

The United States Life Insurance Company in the City of New York, 28 Liberty Street, 45th Floor, New York, NY 10005-1400

Proposed Insured: _____

APPLICANT'S STATEMENT:

I acknowledge that no illustration conforming to the policy applied for was provided at the time of application. I understand that an illustration conforming to the policy as issued will be provided to me at the time of policy delivery.

Proposed Owner's Signature

X _____

Proposed Owner signed on (date) _____

AGENT'S STATEMENT:

I certify that no illustration conforming to the policy applied for was used during the application process.

Agent's Signature

X _____

Agent signed on (date) _____

Local Office _____

Agency _____



Request for Policy Quotation

American General Life Insurance Company, 2727-A Allen Parkway, Houston, TX 77019
The United States Life Insurance Company in the City of New York, 28 Liberty Street, 45th Floor, New York, NY 10005-1400

Proposed Insured: _____

APPLICANT'S STATEMENT:

I acknowledge that no quotation conforming to the policy applied for was provided at the time of application. I understand that a quotation conforming to the policy as issued will be provided to me at the time of policy delivery. I have been advised to consult with my own tax or legal advisors regarding the tax effects of the proposed coverage. I further understand that the guarantees provided are directly affected by the amount and timing of premiums paid.

Proposed Owner's Signature

X

Proposed Owner signed on (date) _____

AGENT'S STATEMENT:

I certify that no quotation conforming to the policy applied for was used during the application process. I certify that I have explained that the owner should consult with his or her own tax or legal advisors regarding the tax effects of the proposed coverage.

Agent's Signature

X _____
Agent signed on (date) _____

Local Office _____

Agency _____



Certification of Trust

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

1. Account Information (Indicate one of the following)

This form is being completed for an:

- Existing life insurance policy Existing annuity contract Mutual Fund Account

Existing Policy/Contract/Account Number(s) _____

- Application for life insurance policy Application for an annuity contract

2. Trust Information

Full legal name of Trust _____

Date on which Trust was executed _____

Trust's tax identification number _____

State where Trust established _____ Revocable Trust Irrevocable Trust

3. Grantor Trust Information (complete only for annuities and modified endowment contracts)

Is this Trust a Grantor Trust pursuant to IRC Sections 671 to 678? Yes No

A grantor trust is a trust under which the Grantor or someone other than the Grantor is treated as the owner of the trust assets for tax purposes under IRC Sections 671-678.

If yes, provide the following:

Grantor Name _____ Social Security Number _____

Grantor Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

4. Trustee Authority

Names of all Trustees authorized to act on behalf of the Trust _____

If more than one Trustee:

- Any Trustee is able to act independently All Trustees must act jointly Other (please specify) _____

5. Trustee Declaration and Signature Information

All currently acting trustees must sign. This form will supersede any previously provided certifications.

By signing below, each and all of the undersigned hereby:

- (a) represent they constitute all of the currently acting trustees of the Trust and that the Trust authorizes the Trustee(s) to purchase, own, and administer life insurance policies and/or annuity contracts on the life of the Insured(s)/Annuitant(s);
- (b) declare that the Trust has not been revoked, modified, or amended in any manner that would cause the representations contained herein to be incorrect and agree to provide a new Certification of Trust if the Trust is amended in any manner that changes any representations made in this Certificate, including any changes to the acting Trustees;
- (c) understand and agree that the life insurance company named above ("Life Company") (i) does not review trust documents, (ii) will administer the policy or contract in accordance with its standard procedures and has no obligation to administer in accordance with any terms of the Trust, (iii) may rely on the instructions and representations of the Trustee(s), and (iv) will have no responsibility to determine whether any instructions or representations of the Trustee(s) are consistent with the authorities granted to the Trustee(s) by the Trust document;



5. Trustee Declaration and Signature Information (cont)

- (d) agree to defend, indemnify and hold the Life Company, its parents, subsidiaries, and affiliates, and their directors, officers, employees and agents harmless for and against any and all claims, demands, liabilities, damages, costs or expenses, including, but not limited to, reasonable attorney's fees, which it may suffer or incur by reason of its reliance upon any statements contained herein;
- (e) agree to provide additional information regarding the Trust if required by the Life Company;
- (f) acknowledges that the Trustee(s) have had an opportunity to consult with its own legal and/or tax counsel in preparation of the Certification of Trust and that the Trustee(s) are solely responsible for the tax consequences arising from this Policy/Contract being held by a trust;
- (g) represent that no trustee of the Trust is an agent of record, servicing agent, solicitor, insurance producer, financial representative, investment advisor or related financial institution, broker/dealer or insurance agency or any individual or entity acting in a similar capacity involved in the sale, solicitation or placement of this contract/policy (such individuals and entities collectively "Distributor"), unless such Distributor is a member of Insured's/Annuitant's immediate family;*
- (h) represent and certify that (i) the Trust and each beneficiary under the Trust has an insurable interest** in the Insured(s)/Annuitant(s) listed on this form, (ii) is not aware of any agreement or arrangement whereby the Insured(s)/Annuitant(s) has received a payment or anything else of value in exchange for permission to use his/her life on the Policy/Contract, and (iii) understand that the Life Company reserves the right to terminate the contract consistent with applicable law if it discovers a misstatement with respect to the insurable interests between the Trust and the Insured(s)/Annuitant(s).

This paragraph (h) does not apply because:

- Trust was designated as beneficiary for an Individual Retirement Annuity and/or employer sponsored retirement plan or program (such as 401(a)/(k), 403(b), or 457(b)).
- This Certification of Trust is being submitted solely for a Change of Ownership on an existing policy.

**If the distributor is NOT a member of the insured's immediate family, then such Distributor and the Insured/Annuitant must complete an Acknowledgment and Release Form and submit same to the Company.*

***Generally, an interest is insurable if a familial relationship and/or economic interest exists. A familial relationship can only exist between individuals, and the relationship generally includes those persons related by blood or by law. An economic interest exists when the contract owner has a lawful and substantial economic interest in having the life, health, or bodily safety of the life that triggers the death benefit preserved. Charitable and not-for-profit organizations are exempt from insurable interest requirements.*

Trustee #1

Name _____ Signature _____
Date _____ Phone _____ State of _____ County of _____

Trustee #2

Name _____ Signature _____
Date _____ Phone _____ State of _____ County of _____

Trustee #3

Name _____ Signature _____
Date _____ Phone _____ State of _____ County of _____

6. Insured/Annuitant Information (This section not required where annuitant designates a trust as beneficiary for an Individual Retirement Annuity and/or employer-sponsored retirement plan or program (such as 401(a)/(k), 403(b) or 457(b)) or (2) with a permissible explanation under Section 5(h) of this form.)

By signing below, each and all of the undersigned hereby:

- (a) certifies that his/her life is being used as the insured for the life insurance policy or measuring life for the annuity contract, as applicable, and consents to the use thereof;
- (b) certifies that he/she has not entered into any agreement or arrangement whereby he/she has been paid, or received any other benefit, in exchange for permission to use his/her life for the life insurance policy or annuity contract, as applicable. Such an arrangement or agreement may be deemed a fraudulent act.

Insured/Annuitant's Signature

X

Insured/Annuitant Name (printed) _____

Insured/Annuitant signed on (date) _____



Agent Certification Form

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

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Insured's Social Security Number _____ Policy Number _____

Additional Insured's Social Security Number _____

This form must be completed prior to taking any application for life insurance on an individual age 67 or older. The Company may also request agents to complete this Form in other situations where it is deemed appropriate.

Carefully review this Form and Company Field Bulletins regarding Investor Owned Life Insurance and Stranger Owned Life Insurance, and complete the certification below that applies to the transaction; except, however, if part or all of the premium paid toward this policy is being financed and you cannot sign the certification, you must not take the application.

Non-Premium Financing Certification

None of the premiums for the policy sought with the application for (Insured) _____ or for _____ (Additional Insured) dated _____ will be financed other than pursuant to a split dollar agreement, including a family's private split dollar agreement.

Agent's Signature X _____ Agent signed on (date) _____

Premium Financing Certification

- 1) I have reviewed and am familiar with all aspects of the premium financing proposal.
- 2) Based upon my review of the financing proposal, I believe that the costs associated with this premium financing proposal are such that assuming no change in the insured/additional insured's health, it is more likely than not that the insured/additional insured will maintain the policy in force for the benefit of his/her beneficiaries and those beneficiaries will receive more than 50% of the policy death benefit.
- 3) The insured/additional insured is not receiving any cash payment, borrowing funds in excess of those required to pay the scheduled premiums and interest, or receiving any other consideration as an inducement to participate in this transaction.
- 4) Within the past 24 months has the insured/additional insured had a life expectancy calculation? Yes No
All life expectancy calculations performed on any proposed insured during the past 24 months must be submitted with any application for review and consideration.
- 5) There is no prearranged agreement to transfer the policy nor will the policyholder have a prearranged option or right of first refusal to transfer the policy to a third party.
- 6) All sales materials used in connection with the solicitation and sale of this policy were either produced by the life insurance company or have been submitted and approved by the Company.
- 7) I have read the Field Bulletins regarding Investor Owned Life Insurance, Stranger Owned Life Insurance and Viatical Transactions, and believe this transaction is in compliance with the company policies as set forth in those Bulletins regardless of whether the lending program is a recourse or non-recourse transaction.

All or part of the premiums paid towards this policy are being financed. I have read the statements set forth above and hereby certify that the statements are all true with regard to the application for (Insured) _____ and _____ (Additional Insured) dated _____.

Agent's Signature X _____ Agent signed on (date) _____



Premium Financing Disclosure for Proposed Insureds

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

In this form, the "Company" refers to the insurance company name listed above. The Company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

We are providing this notice to all insureds age 67 or older who have applied for life insurance policies, as we have seen unprecedented growth in premium financing for policies in this demographic.

Premium financing is a practice that has been used in connection with the sale of life insurance policies for many years. If you are contemplating financing the purchase of life insurance or participating in the acquisition of a life insurance policy acquired with funds from a source outside your control, please consider the following issues:

- All the questions on the life insurance application should have been answered accurately and completely. Misrepresentations about your health, your financial resources or the purpose for acquiring the policy may result in claims disputes rather than payment of insurance benefits.
- Be sure you understand the transaction. Some transactions are established with a trustee or other third party who obtains financing from a lender on terms that may not be to the insured's advantage. Ask yourself, are the parties involved looking out for your best interest?
- Will a significant portion of your policy death benefit reach your beneficiaries? If most of the death benefits are not going to your beneficiaries, perhaps you should consider acquiring a more affordable policy that you control for your beneficiaries.

IMPORTANT: Any payments received as an inducement for entering into a life insurance transaction are taxable as ordinary income. Also, if you have financed premiums to pay for a policy with the understanding that you can walk away after the initial term with no personal obligation to repay the loan or loan interest, it is possible that forgiveness of debt can also create taxable income for you. If you sell your policy the gain is taxable to you. You should consult with your personal tax advisor about any questions you may have regarding the tax consequences of this transaction.

- It is important to know the lender, the trustee or other parties participating in the transaction. Ask whether you are comfortable participating in a transaction where investors or entities you do not know may end up owning a large insurance policy on your life.

This is not a complete list of all the issues that you should consider when contemplating a new life insurance transaction. If you have any questions or concerns, you can contact your Agent or call our Company at 1-800-247-8837, prompt 1.

Please acknowledge that you have received this disclosure by signing a copy of this form and returning it to the Company. Retain a copy for your records.

Proposed Insured's Signature

X

Proposed Insured signed on (date) _____



The Term Conversion process



The term conversion provision allows the policy owner to convert a term policy to a permanent life insurance plan during the term conversion period without evidence of insurability. The term conversion period may vary by product. Please be aware that term conversion will not be processed if received past the conversion expiry date. No grace period is allowed. The following is an outline of the steps necessary to complete a term conversion.

1. Verify conversion information with the Producer Care Center, 1-877-200-0220

- Conversion expiration date
- Minimum face requirement if a partial is being completed
- UW class. Any table ratings?
- Date of birth
- Paid to date of term plan
- Current billing mode and frequency
- If bank draft – bank name, account number, routing number and draft day
- Issue date of term plan. How long has the term policy been in force?
- Any term riders
- Owner of the term

2. Determine the best product for customer's needs

See our term conversion guidelines for any in force term policies and newly issued policies.

Term Plan	Term Policy Year	Permanent Products Available
10 Year Term	Years 1–8	Full Permanent Portfolio
	Years 9-10	Protection Extend IUL and American Elite WL 2
15 Year Term or longer	Years 1–10	Full Permanent Portfolio
	Years 11+	Protection Extend IUL and American Elite WL 2

The full permanent portfolio* is available excluding survivorship products:

- Max Accumulator+ III
- Secure Lifetime GUL 3
- Value+ Protector III
- Protection Extend IUL
- American Elite Whole Life 2 (not available in NY)
- American Elite 2 (NY only)

For marketing material related to our term conversion only products please link directly to:

- [Protection Extend IUL Consumer Brochure](#)
- [Protection Extend IUL Consumer Brochure - NY](#)
- [Protection Extend Product Highlights](#)
- [American Elite Whole Life 2](#)

* Not available in all states

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AGLC105323 REV0123

PAGE 1 OF 2

3. Prepare required paperwork

- Application
 - Term conversion request form: no underwriting required, AGLC101672-PL
 - State-specific inforce change application. Use if it must go to underwriting, ICC15-108251
- Illustration
 - Signed/dated by both agent and policy owner and generated on or before the conversion expiration date. Illustration sign date must match the sign date of the application.
- Other possible forms
 - IUL supplemental application forms
 - Max Accumulator+ and Value Plus Protector products, ICC18-108093, AGLC108093-2018
 - Protection Extend IUL products, ICC15-108093, AGLC108093-2015
 - Bank draft authorization change request, 108493-2015
 - Initial premium check
 - Accelerated death benefits disclosure, also known as terminal illness rider, AGLC102084
 - Over age 67 forms, over age 65 in CA
 - Agent certification form, AGLC101994
 - Premium finance disclosure form, AGLC102053

4. Submit case

Include cover letter, application, illustration, and any other forms. Submission methods:

- Email to conversionapp@CorebridgeFinancial.com
- For checks and paperwork, mail to:

Regular Mail

American General Life
P.O. Box 733479
Dallas, TX 75373-3479

Overnight Mail

American General Life
Attn: Lockbox 733479
JPM TX1-0029
14800 Frye Rd,
2nd Floor
Ft. Worth, TX 76155

5. Confirmation

Approximately 48 hours after submission, the key contact will receive an email confirmation with the new policy number, along with any requirements still needed. If you are mailing a premium, write the new policy number on the check and mail to either address:

Regular Mail

American General Life
P.O. Box 733479
Dallas, TX 75373-3479

Overnight Mail

American General Life
Attn: Lockbox 733479
JPM TX1-0029
14800 Frye Rd,
2nd Floor
Ft. Worth, TX 76155

6. Compliance requirements

- **Mail to:**
 - American General Life
 - P.O. Box 733479
 - Dallas, TX 75373-3479
- The producer's anti-money laundering certification must be current
- Active agent and agency codes are required

For questions related to filling out forms or any other term conversion subjects please refer to the **[Term Conversion Overview and Q&A document](#)**



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AGLC105323 REV0123

PAGE 2 OF 2