

**Inforce Illustration Request Form  
for Universal and VUL Products**

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

**Fax completed form to: 1-855-601-1834**

**Questions on completing the form or status of request, call 800-247-8837 prompt 1.**

**Agent Information**

Requesting Agent \_\_\_\_\_ Policy Number(s) \_\_\_\_\_  
Agent Contract Number \_\_\_\_\_ Insured's Name \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Policy Data Scenario Request** *(Complete this section using the data that you would like to see on the illustration.)*

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> AS IS<br><input type="checkbox"/> Solve To Maturity \$ _____ (default amount \$1,000)<br><input type="checkbox"/> Run an Alternate Interest Rate of _____<br>NOTE: Alternate Interest Rate must be less than the current interest rate.<br><input type="checkbox"/> No further premium payments<br><input type="checkbox"/> Paying premiums and stopping at year _____<br><input type="checkbox"/> Illustrate with a Partial Withdrawal in the amount of _____<br><input type="checkbox"/> ContinUL Only:<br>Option to Adjust in Policy Year _____ | <input type="checkbox"/> Illustrate with Loan of _____<br><input type="checkbox"/> a. Paying Loan Interest<br><input type="checkbox"/> b. Not Paying Loan Interest<br><input type="checkbox"/> Lump Sum / Single Pay to carry Policy to age _____<br><input type="checkbox"/> Solve for Premium to age _____<br><input type="checkbox"/> Paying _____, frequency _____<br><input type="checkbox"/> Decrease Face Amount to _____, solve for minimum premium to carry to age _____<br><input type="checkbox"/> Decrease Face paying no further premiums<br><input type="checkbox"/> Increase Face Amount to _____, solve for minimum premium to carry to age _____<br><input type="checkbox"/> VUL Only:<br>Death Benefit Amount _____<br>Death Benefit Option _____ |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**NOTE: Illustration will be based on current interest rate unless otherwise specified.**

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VUL Policies Only**

Hypothetical Interest Rate / Rate of Return: (0% - 12% available) \_\_\_\_\_ %  
*(Illustrated as a Gross Rate unless otherwise specified. If rate not selected, default is 6%.)*  
*\*A 0% gross illustration assuming guaranteed policy charges will be included with each scenario.*

Please send completed illustration(s) to and send by:

- |                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Agent: _____       | <input type="checkbox"/> Fax _____   |
| <input type="checkbox"/> Policyowner: _____ | <input type="checkbox"/> Email _____ |
| <input type="checkbox"/> Other: _____       | <input type="checkbox"/> Mail _____  |

Helpful Hints: Illustrations cannot be produced for a policy that is terminated, lapsed or in grace.



## Instructions and Conditions

### Section 1 - Agent Information

Complete section with all policy and agent information.

### Section 2 - Policy Data Scenario Request

Complete this section using the data required for the illustration request.

### Section 3 - VUL Policies Only

Select a rate for the illustration. Complete section for delivery.

