

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

A member company of American International Group, Inc.

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

Policyowner: _____ Policy Contract Number: _____

Insured/Annuitant: _____

Policyowner Acknowledgement of Policy Delivery

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

Policy contract provisions regarding the rights to return the policy and receive a refund of premiums will begin as of the date this policy receipt is signed.

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

Policyowner Signature: _____ Date: _____

Agent Name: _____

Agent Signature: _____ Date: _____

Agent Certification of Mailing of Policy to the Policyowner

Because the policy contract was mailed to the Policyowner, no 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: _____