



American General Life and Accident Insurance Company
 P O Box 305355
 Nashville TN 37230-5355



American General Life and Accident Insurance Company

POLICY LOAN APPLICATION

COMPANY CODE #	POLICY NUMBER	NAME OF INSURED	TELEPHONE		LOCAL OFFICE	AGENCY #
OWNER'S ADDRESS-STREET AND NUMBER		CITY	STATE	ZIP CODE	EMAIL ADDRESS	

I. POLICY LOAN APPLICATION

IT IS UNDERSTOOD AND AGREED THAT, I (we), the undersigned, assign the Policy to the Company as security for the repayment of a Policy Loan (and any unpaid interest thereon), and apply for a loan in such amount as will retire any previous loans, pay all interest as provided in the Policy and provide the following amount:

- Maximum Loan Available **INCLUDING** any dividend values (if applicable) Net Loan of \$ _____, or any amount available, if less.
NOTE Dividends are not subject to withdrawal if included in loan. (Minimum cash loan is \$10.00)
- Maximum Loan Available **EXCLUDING** any dividend values (if applicable)

LOAN REPAYMENT

- Send me repayment reminders of \$ _____ beginning _____, _____. (Note: Minimum notice \$10.00 per month)
- Monthly Quarterly Semi-Annually

Repayments of this loan in amounts of not less than ten dollars (\$10.00) may be made at any time while the Policy is in force.

II. FEDERAL INCOME TAX WITHHOLDING ELECTION

- I elect **not** to have federal income tax withheld from the **taxable portion** of my distribution check.*
- I elect to have federal income tax withheld from the **taxable portion** of my distribution check, reducing the indicated amount by the amount withheld. If applicable, state withholding will also be withheld.

*If your payments of estimated tax are inadequate and sufficient amount of tax is not withheld from any distribution, penalties may be imposed under the estimated tax payment rules.

As a result of the Tax Equity and Fiscal Responsibility Act of 1982, we are required to inform you of and give you an opportunity to make a tax withholding election. The new provisions apply to distributions from qualified and non-qualified deferred compensation plans, annuities, pension plans, IRA distributions and gains realized from life insurance and endowment policy distributions. For purposes of these provisions, partial surrenders of these contracts are to be treated as distributions under those contracts. If an election is not made or if withholding is elected, the company will withhold the appropriate percentage.

III. REPRESENTATION

I (We) represent to the Company that no Bankruptcy or insolvency proceedings have been instituted by or against me (us), that no party (other than the Company) has a claim against the Policy, and that no assignment of the Policy, other than previous assignments recorded by the Company, is now in effect.

CERTIFICATION: Under penalty of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. person (including a U.S. resident alien).
Certification Instructions. - You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

If you were a minor when this policy was issued, please submit a copy of your Driver's License with the application.

 Witness (Non-Related)

 Witness (Non-Related)

DATE _____ , _____

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

 Signature of Insured Social Security Number or Tax ID

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

 Signature of Owner Social Security Number or Tax ID

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

 Other Required Signature Social Security Number or Tax ID

 Local Office Approval (refer to BP 9438)

Verification	
Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Initial _____ Date _____

Local Office Stamp

*Failure to furnish TIN. --- If you fail to furnish your correct TIN to a requestor, you are subject to a penalty of \$50 for each such failure unless such failure is due to reasonable cause and not to willful neglect.