

| | | | | Agent's | Report |
|-------|---|-----|---------|---------|--------|
| olicy | # | (if | known): | | |

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

☐ The United States Life Insurance Company in the City of New York, 175 Water St, New York, NY 10038

A member of American International Group, Inc. (AIG)

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.

| Pro | posed Insured | | | | | | |
|-----|---|----------------------------------|--|---|---|--------------------------------------|---------------------------------|
| - | Bryan J | | Ackerman-Tes | + | | | |
| | rst Name | MI | Last Name | ι | Date of Birth | Social Securit | .v # |
| | Is more than one application b or business associates? (If Ye. Does any Proposed Insured(s) states require completion of re being replaced by the policy be | s, provid have and placeme | e details in the Remark y existing or pending a ent-related forms even | ks section be innuities or l when other | elow.) ife insurance policies? life insurance or annu |), family members | , , √ yes √ nd |
| 3. | If yes to question 2, do you have value of any existing or pendin (If yes, please provide details in | e any in g life ins | formation the Propose urance policy or annu | d Insured m | ay replace, change, or ction with the policy be | use any monetary ing applied for? | <i>y</i> |
| 4. | Are you aware of any other inf or insurability of any Proposed | ormation Insured | that would adversely (s)? | affect the e | igibility, acceptability, | | yes 🗸 no |
| | Will a medical exam be conducted if no, did you personally see al (If no, provide explanation in the | Propos | ed Insured(s) when the | e application | was written? | | |
| 6. | If accidental death is applied for | or, what | is the total amount of a | accident cov | verage inforce and app | lied for? | |
| 7. | Is applicant applying for an ap (If yes, complete QoL Advantag | olicable ge Form) | QoL Advantage option | available or | select QoL Products? | | yes 🗸 no |
| 8. | Did you provide the Owner with | n a Limit | ed Temporary Life Insu | ırance Agre | ement? | | yes 🗸 no |
| 9. | Remarks, Details, and Explana | tions (Pi | lease include informat | ion on any p | olicy collateral assigni | ments, etc.) | |
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| 9. Remarks, Details, and Explanations (conti | nued) | | | |
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| Note: The commission designation cannot l Use whole percentages only; 0% is not a va Agent(s) Splitting | be 100% for an agent of lid entry. Agency Number | ther than the writing ag Local Office Code | gent. Total allocations Agent Number | Percentage |
| Application Servicing Agent: | Number | Office Code | Number | of Split % |
| Kevin Wilshusen | 1F777 | 1F777 | 1J665 | |
| Wendy Ackerman | X0442 | X0442 | 02N6J | |
| | | | _ | % |
| | | | _ | % |
| 11. Agent Agreement and Signature | | | | |
| I certify that the above information is true at contrary to any of the answers contained in supplemental applications, questionnaires, o | the life insurance appli | ication to which this Ag | ent's Report relates o | vare of information or contained in any |
| Writing Agent Name (Please print) Wend | ly Ackerman | | Date | |
| Writing Agent Signature X | | | | |
| | | | | |
| State License # | | | Phone # <u>(866)750</u> | |

