



Addendum to Application
Policy # (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.

This addendum is part of the application to which it is attached. Addendum to *(Part A, Part B, etc.)*: _____

Primary Proposed Insured

First Name _____ MI _____ Last Name _____ SSN _____

(Use the space below to provide explanations to any application questions or details to any "yes" answers where the space provided on the application is insufficient or to provide any additional required application information. Provide an appropriate reference to the specific questions for which answers and details are included below.)

Primary Proposed Insured (PPI) Signature	Owner Signature
<div>X</div>	<div>X</div>
PPI signed on (date) _____	<i>(If other than Primary Proposed Insured)</i>
Other Proposed Insured (OPI) Signature	Owner signed on (date) _____
<div>X</div>	
OPI signed on (date) _____	

