

Proof of Death Claimant's Statement



American General Life Insurance Company, P.O. Box 305800, Nashville, TN 37230-5800

The United States Life Insurance Company in the City of NY

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

Overnight: ATTN: Life Claims, #2, American General Center, Nashville TN 37250-0002

To Be Completed By Each Beneficiary (please print) Claim Number
POLICY NUMBER/GROUP NUMBER & CERTIFICATE NUMBER (If multiple policies, please list all)
DECEASED FULL NAME (include middle name) DECEASED SOCIAL SECURITY NUMBER DATE OF BIRTH
CAUSE OF DEATH DATE OF DEATH List other hyphenations, nicknames, aliases and/or maiden names used by deceased in the past.
CLAIMANT'S NAME DATE OF BIRTH SOCIAL SECURITY # OR TIN
ADDRESS CITY STATE ZIP RELATIONSHIP TO DECEASED
ALTERNATE ADDRESS (Only complete if mailing to separate address from above) CITY STATE ZIP IN CARE OF
EMAIL ADDRESS TELEPHONE NO. ALT NO.
Have you assigned any of the proceeds of this policy? Yes No If yes, who have the proceeds been assigned to? (If copy of assignment is available, please include.)
LIST EACH ASSIGNEE WITH CONTACT NUMBER

IRS/DOL Guidance re: Marriage
For Federal tax law and ERISA purposes, under current IRS and DOL guidance (1) a same-sex marriage that was valid in the state or country it was entered into will be recognized by the IRS and for DOL, regardless of the married couple's place of domicile; and (2) although a state may recognize domestic partnerships or civil unions, the terms "spouse," "husband and wife," "husband" and "wife" do not include individuals who have entered into a registered domestic partnership, civil union, or other similar formal relationship recognized under state law that is not denominated as a marriage under the laws of that state.

I have read and I understand the important Fraud Disclosure information located on page 8 of this form.
AUTHORIZATION REGARDING ("Insured")
I, the Claimant/ Legal Representative of the Insured authorize each insurance company listed above and American General Life Companies LLC (an affiliate services company) (collectively, the "Company") and their authorized representatives including their employees and agents, to provide information to, and, to receive information from, MIB Inc., which operates an information exchange that assists insurance companies with benefit administration, claims, and fraud prevention and detection activities. The authorization will be valid for the duration of the claim or 24 months, whichever is longer. I understand that I may revoke it by giving written notice to the Company, but any action taken by the Company before receipt of such notice will be valid. I acknowledge that I am entitled to obtain a copy of the authorization and a copy will be as valid as the original.

PLEASE SIGN HERE
Signature of Claimant/Legal Representative of the Insured Printed Name Date

Certification of Trustee(s) complete this section only if Beneficiary is the Trust
Name of Trust:
Tax ID of Trust:
The undersigned hereby certify as follows:
1. That they are Trustees under a Trust Agreement dated: Amended:
2. That they are the Trustees designated as beneficiary under the above numbered policy(ies);
3. That said Trust Agreement is in full force and effect and that by its terms they are empowered to receive payment of the proceeds of the above policy(ies);
4. That, if applicable, said Trust/Plan is presently fully qualified having met the requirements of Section 401(a) of the Internal Revenue Code.
It is understood and agreed by the undersigned that payment of such proceeds to the Trustees shall discharge the Company from any and all liability therefore and that the Company shall have no responsibility for the carrying out of the Trust Agreement.
The plural as used herein shall include the singular wherever applicable.
Signed this ___ day of ___ 20__
Individual Trustee(s): (Trustee Signature) (Printed Name)
(Signature) (Printed Name) (Signature) (Printed Name)
OR
Corporate Trustee: (Name of Corporate Trustee)
By: (Officer's Signature) (Printed Name) (Title)
(All co-trustees must sign.)



----- Payment of Policy Proceeds -----

If your insurance benefit is \$50,000 or more, you may elect to have the proceeds paid through a free, interest-bearing account called the Instant Access Account. (This option is not available for residents of Alaska, Arkansas, Connecticut, Indiana, Kansas, Kentucky, Louisiana, Maryland, New Jersey, Rhode Island and New York.)

- This is a draft account whereby you may draw down the insurance proceeds and interest by drafting drafts which are payable through The Bank of New York Mellon.
- A personal draft book will be mailed to you once your claim has been approved. You may access your account by writing a draft for \$250.00 or more. If you wish, you can write a single draft for the entire amount, including interest, to close your account. Your drafts are payable through The Bank of New York Mellon. The delivery of your draft book constitutes payment of your full benefit amount.
- There are no monthly service charges, per-draft charges or draft fees. Fees will be charged for the following special services: any draft presented for payment against insufficient funds, any stop payment order, and any draft or statement copies. The charging bank reserves the right to change its fees at any time.
- Should your Instant Access Account balance drop below \$10,000, the account will be automatically closed and a draft for the balance mailed to you, with accrued interest on the 10th day of the following month.
- You will receive a Quarterly statement, showing all transactions, interest credited and the applicable rate(s) of interest for the period.
- Your Instant Access Account earns interest at a periodic interest rate determined by the company which is set after monitoring current short term rates and other prevailing rates available in the marketplace.
- The interest rate is subject to periodic review and may be adjusted by the company. There is not a minimum interest rate credited to the account.
- Interest is compounded daily and credited to your account monthly. Interest may be taxable; please consult with your tax advisor regarding taxable interest amounts.
- To obtain the current interest rate for your account, please review your Quarterly statement or call 1-888-562-9158 (M-F) 8:00AM to 7:00PM Eastern Time.
- Both your principal and any interest you earn are guaranteed by American General Life Insurance Company (American General Life).
- The Instant Access Account is not insured by the Federal Deposit Insurance Corporation (FDIC). Its funds are guaranteed by the State Guaranty Associations. Please contact the National Organization of Life and Health Insurance Guaranty Associations (www.nolhga.com) to learn more about coverage of your account.
- Account balances are the liability of American General Life, and American General Life reserves the right to reduce account balances for any payment made in error.
- Settlement options under any policy for which benefits are paid under a Instant Access Account are preserved until the entire Instant Access Account is withdrawn or the balance drops below \$10,000.00.
- If an initial life insurance benefit is less than \$50,000, American General Life will send you a check for the total benefit amount.
- Any value remaining in your Instant Access Account may be transferred to the appropriate state authority as unclaimed property if no activity occurs in the account within the time period specified by applicable state law.

If you have questions regarding the Instant Access Account, please call 1-888-562-9158 (M-F) 8AM to 7:00PM Eastern Time or write to Instant Access Account, P.O. Box 534025, Pittsburgh PA 15253-4025.

Select one of the following choices:

- Please pay the insurance proceeds through the Instant Access Account (Not available if you are a resident of Alaska, Arkansas, Connecticut, Indiana, Kansas, Kentucky, Louisiana, Maryland, New Jersey, Rhode Island and New York).
- Please pay the insurance proceeds by Lump Sum - Settlement Check.
- Please pay the insurance proceeds by means of a Settlement Option permitted by the Policy (please refer to settlement options in the policy and indicate your preference).

If you do not select one of the options above for payment, any proceeds payable will be paid by company check.

Note: The signature on this Claimant's Statement will be used as your signature card for the Instant Access Account, if selected.

Signature

Date: _____



Please read the Notice of Federal Withholding Election on the bottom of this page prior to completing this section.

I hereby accept full and sole responsibility for payment of federal and state taxes which may be associated with this claim.

Unless you check Option "A" below, "I DO NOT want to have Federal income tax withheld," we are required to withhold at least 10% of the taxable amount.

- A. I DO NOT want to have Federal income tax withheld.
- B. I DO want to have _____ % Federal income tax withheld (10% minimum).*

Even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of the distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

* Note: If you elect federal withholding, state income tax withholding is mandatory in the following states: CA, DE, GA, IA, KS, ME, MA, MS, NC, OK, OR, VT, and VA. Unless these states' laws require otherwise, or you request a different withholding amount by providing American General Life Insurance Company the applicable state form, we will withhold state income tax based on federal guidelines. In other states with a state income tax, state income tax withholding is voluntary. However, you may be liable for payment of state income tax on the taxable portion of your distribution.

TAXPAYER IDENTIFICATION NUMBER:

This section must be completed and signed by the Claimant / Beneficiary identified on Page 1 of this form. Failure to do so may delay your request.

Please enter your taxpayer identification number in the appropriate box. For individuals and sole proprietors, this is your social security number. For other entities, it is your employer identification number. If you do not have a number, see IRS Publication 505.

Social Security Number	OR	Taxpayer Identification Number						
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IRS Certification: Under penalties of perjury, I certify that: 1. 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 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding (enter exempt payee code*, if applicable: _____), OR (b) I have not been notified by the Internal Revenue Service (IRS) 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, and 3. I am a U.S. citizen or other U.S. person*, and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct (enter exemption from FATCA reporting code, if applicable: _____). **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 you have failed to report all interest and dividends on your tax return. For contributions to an individual retirement arrangement (IRA) and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. *See General Instructions provided on the IRS Form W-9 available from IRS.gov. ** If you can complete a Form W-9 and you are a U.S. citizen or U.S. resident alien, FATCA reporting may not apply to you. Please consult your own tax advisors.

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

Claimant / Beneficiary Signature

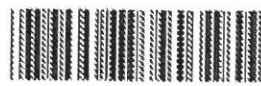
Date _____

NOTICE OF FEDERAL WITHHOLDING ELECTION

The distributions you receive from American General Life Insurance Company are subject to Federal income tax withholding unless you elect not to have withholding apply. Withholding will only apply to the portion of your distribution that is included in your income subject to Federal income tax. Thus, for example, there will be no withholding on the return of your nondeductible contributions to the contract.

You may elect not to have withholding apply to your distribution by marking Option A under the Withholding Election section on Page 2 of this form. If you do not mark Option A, Federal income tax will be withheld from the taxable portion of your distribution.

If you elect not to have withholding apply to your distribution or if you do not have enough Federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.





Proof of Death

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

A member of American International Group, Inc. (AIG)
Service Center: P O Box 305800, Nashville, TN 37230-5800

**USE THIS FORM ONLY WITH CLAIMS FOR NATURAL DEATH BENEFITS
OF \$15,000.00 OR LESS ON INCONTESTABLE POLICIES**

To be completed by licensed practicing physician, coroner or funeral director

I certify that _____, Social Security Number _____, the
Insured/Beneficiary named in policy _____ died on _____, _____. The date of birth
is _____, _____. This person died at _____. The principal cause of
death was _____

Date _____

X

Physician-Coroner Funeral Director
(Strike out titles not applicable)

Print Name

Address

City State Zip Code

Phone # _____

X

Witness Signature

Print Witness Name

Phone # _____