



Application for Individual Guaranteed Issue Whole Life Insurance Graded Death Benefit

American General Life Insurance Company, 2727-A Allen Parkway, Houston, TX, 77019
A member of American International Group, Inc. (AIG)

PART 1: TELL US ABOUT YOURSELF

First Name Lawrence Middle Initial E Last Name Sain
Home Street Address 1010 Wolfe St
City Little Rock State AR Zip 72202
Date of Birth 02/27/1961 Place of Birth (State/Country) USA
Primary Phone 757-917-0319 Alternate Phone _____
Gender: Male Female Social Security Number ***-**-8558
E-mail Address sain532@gmail.com

Are you a United States citizen or do you have Permanent Legal Resident (Green Card) status? Yes No

PART 2: TELL US ABOUT THE COVERAGE YOU ARE REQUESTING

What amount of insurance are you applying for?

Amount of Life Insurance: \$ 10,000 (from \$5,000-\$25,000)

Do you have any existing annuity or life insurance or have any application pending for such coverage with this Company or any other company? Yes No

Will the life insurance policy being applied for replace or change any annuity or life insurance coverage in force or pending? Yes No

If "Yes", please complete: Company Name _____

Face Amount _____ Month/Year Issued _____

Beneficiary Designation: Who do you want the insurance proceeds to go to? (If more than one beneficiary is designated, proceeds will be divided equally unless you indicate a share.)

Beneficiary #1 <u>Lawrence Spratley</u>	<u>Son</u>	<u>100</u>
Beneficiary Name (please print)	Relationship to You	%Share
Beneficiary #2 _____	_____	_____
Beneficiary Name (please print)	Relationship to You	%Share

PART 3: HOW WILL YOU PAY FOR COVERAGE?

How often do you want to pay?

Annually Semi-annually Quarterly Monthly

Your premium amount for the payment frequency selected above is: \$ 68.14

How will you pay? [Check one]

Bank Draft (Complete Bank Draft Authorization)

Credit Card (Complete Credit Card Authorization)

N/A Bill me Directly (Monthly premium frequency not available with this payment method)

Other (please explain) _____

Who will pay for your coverage?

(Complete only if the person paying for this policy is someone other than you)

First Name _____ Middle Initial _____ Last Name _____

Home Street Address _____ Gender: Male Female

City _____ State _____ Zip _____

Date of Birth _____ Relationship to You _____


Is the Premium Payor a United States citizen or does the Premium Payor have Permanent Legal Resident (Green Card) status? Yes No

(If "Bank Draft" or "Credit Card" is not the chosen form of payment, then also complete the Payor authorization form)

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

I agree that:

- To the best of my knowledge and belief, all statements in this application for life insurance are true and complete.
- My statements in this application and any amendment(s) are the basis of any policy issued.
- I understand that no insurance will take effect until a policy is delivered to me and the full first premium due is paid.
- I have not previously applied for this product in the last 12 months.
- I understand that the total combined amount of all American General Life Insurance Company guaranteed issue whole life insurance benefits on my life cannot exceed \$25,000.

Signature of Proposed Insured  Date 09/04/2021

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Larry Irwin

06LIB



Recurring Credit Card Authorization Form
Form to be used for the collection of
Recurring Credit Card information on authorized plans.

Please read this authorization carefully and complete all requested items.

Policy Number: 6210071787

Name of Proposed Insured: Lawrence E Sain

Proposed Policy Owner: Lawrence E Sain

E-mail Address: sain532@gmail.com

(Note: A valid e-mail address is necessary in order for us to notify you of your recurring credit card set up, charges, and declines. Without a valid e-mail address, we will not be able to set up your recurring credit card request at this time. Should you not have an e-mail address we will need to ask that you select a different method of payment.)

Cardholder Name (exactly as it appears on the card): Lawrence E Sain

Social Security Number: ***-**-8558

Cardholder Billing Address: 1010 Wolfe St

Little Rock, AR, 72202

Credit Card Number: **** * 6420 Expiration Date: ** / **

Card Type: American Express® MasterCard® Visa®

Premium Amount: \$68.14

Payment frequency of ongoing premium payments:

Annual Semi-annual Quarterly Monthly

By signing below, I, Lawrence E Sain, authorize American General Life Insurance Company or The United States Life Insurance Company in the City of New York (the "Company") or its representative to charge my debit/credit card for the amount indicated above on a recurring basis as premiums become due.

I understand and agree that this transaction is subject to the acceptance by, and the terms and conditions of, the credit card company/bank indicated. I also understand this Authorization is not a part of the policy/contract of insurance, and that if premiums are not paid within the applicable grace period, the coverage will lapse. I further understand and agree that the Company shall incur no liability if the bank/credit card company dishonors any amount charged under this Authorization. I also agree that this Authorization may be terminated at any time and for any reason by either myself or the Company upon notice to the other party. Upon termination of this Authorization, the Company will bill me directly for any premium amount due.

I understand that I will be provided with confirmation of the recurring charge amount ; however, the initial charge to my account will include all currently due and past due premiums.

Signature of Authorized Person on Account:

DocuSigned by:
Lawrence E Sain
X 3FB6289873BC4C4...

Date: 09/04/2021

Certificate Of Completion

Envelope Id: AAEDC2D8E291490AA9238E875D57C1AF

Status: Completed

Subject: AIG Life Insurance Application

Source Envelope:

Document Pages: 3

Signatures: 2

Envelope Originator:

Certificate Pages: 5

Initials: 0

AIG Insurance

AutoNav: Enabled

9640 Granite Ridge Drive, Suite 200

Envelope Stamping: Enabled

San Diego, CA 92123

Time Zone: (UTC-08:00) Pacific Time (US & Canada)

web.team@aigdirect.com

IP Address: 136.226.53.7

Record Tracking

Status: Original

Holder: AIG Insurance

Location: DocuSign

9/3/2021 9:22:08 PM

web.team@aigdirect.com

Signer Events**Signature****Timestamp**

Lawrence E Sain

sain532@gmail.com

Security Level:

.Email

ID: 2989c644-5cc1-4cbf-809a-bbfbdb0c4422b

9/3/2021 9:22:09 PM

DocuSigned by:



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Signature Adoption: Pre-selected Style

Using IP Address: 155.186.189.126

Sent: 9/3/2021 9:22:08 PM

Viewed: 9/3/2021 9:22:15 PM

Signed: 9/3/2021 9:22:26 PM

Electronic Record and Signature Disclosure:

Accepted: 9/3/2021 9:22:15 PM

ID: 6eda8ee6-d63c-41ce-b7a2-d10e3eb37d01

In Person Signer Events**Signature****Timestamp****Editor Delivery Events****Status****Timestamp****Agent Delivery Events****Status****Timestamp****Intermediary Delivery Events****Status****Timestamp****Certified Delivery Events****Status****Timestamp****Carbon Copy Events****Status****Timestamp****Witness Events****Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent

Hashed/Encrypted

9/3/2021 9:22:08 PM

Certified Delivered

Security Checked

9/3/2021 9:22:15 PM

Signing Complete

Security Checked

9/3/2021 9:22:26 PM

Completed

Security Checked

9/3/2021 9:22:26 PM

Payment Events**Status****Timestamps****Electronic Record and Signature Disclosure**

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How to contact AIG GIWL:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

AIG Direct Customer Service:

(888) 517-9797

Monday - Friday

7:00 am to 5:00 pm (PST)

To advise AIG GIWL of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you may call us at 1-800-231-3655 and inform us of your previous e-mail address and your new e-mail address. We do not require any other information from you to change your email address.

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you may call us at 1-800-231-3655 and inform us of your full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

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Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

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