



Annuity Exception Worksheet

American General Life Insurance Company
A subsidiary of American International Group, Inc. (AIG)

P. O. Box 3018 • Houston, TX 77253-3018 • 888-438-6933, option 3

Requestor's Name	Phone Number	Date
Contract No. <i>(if known)</i> :	Reason for Exception (mark one): <input type="checkbox"/> Issue Age Exception <input type="checkbox"/> Premium Amount Exception <input type="checkbox"/> Rate Exception <input type="checkbox"/> Other: _____	

AGENT INFORMATION:

Agent/Broker Name	Agency/IMO	Agent Number
Agent Phone Number	Agent Email Address	Agency Number

If Agent is not currently appointed with AIG American General, has appointment paperwork been submitted?
 Yes No Date of Submission: _____

PROPOSED CONTRACT INFORMATION:

Product Name/Term	Premium Amount \$	State of Issue	Tax Status <input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified
Payout Option (for SPIAs)	Maximum Premium <i>(specified for this product)</i> \$	Payment Mode (for SPIAs) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Ann <input type="checkbox"/> Annual	Maximum Issue Age <i>(specified for this product)</i>

PARTIES TO THE CONTRACT:

Contract Owner Name(s)*	Contract Owner(s) Date of Birth**
Annuitant Name(s)	Annuitant(s) Date of Birth**
Purchaser/Payor Name	Payee Name(s)

**if the contract will be owned by a corporation, please attach a copy of the corporate resolution.*

*** if the client is over age 80, our new business team will contact the client directly to ensure that he or she fully understands the features of the chosen product.*

- What is the relationship of the Payor, Annuitant and Payee (if other than owner) to the Contract Owner?: _____
- Are there any conditions which would affect the life expectancy of the Owner/Annuitant? Are there any pre-existing conditions to be aware of?: _____
- Is having the full value of the annuity available in the event of death extremely important to the Owner/Annuitant and/or his family? Yes No
- Does the Owner/Annuitant currently own or has he applied for life insurance through an AIG Company? Yes No
 If yes, Application /Issue Date: _____ Rating: _____ Face Amount: \$ _____
 Policy No.: _____
- Has the Owner/Annuitant previously been considered for an impaired risk immediate annuity? Yes No
 If yes, Date: _____ File No.: _____
- Has an annuity with an AIG Company been issued for the Owner/Annuitant? Yes No

