

New Business Good Order Checklist

To assist you in successfully completing your paperwork and to help ensure your submission is received in good order, please review this checklist.

Obtaining Forms

You can obtain all forms on corebridgefinancial.com. Log on with your unique ID and password (*if you don't have one, register online*).

- 1 On the main page, click the Forms & Materials link.
- 2 Go to *New Business Forms* and Select *Product Line* and *Product Name*. Use the filters on the left panel to narrow your search by *Item Type* and *State*.

<p>Verify that agent has proper license and all applicable training has been completed.</p>	<p>Training required:</p> <ul style="list-style-type: none"> • Product • State, if applicable. • Anti-Money Laundering (AML), if applicable
<p>Fill out the Application.</p>	<p>Make sure all data below is complete:</p> <ul style="list-style-type: none"> • Personal information – Date of birth, Solicitation state, SSN, Address (City/State/Zip). • Contract Type. • Living Benefit – if elected, check that either single life or joint life is chosen. • Owner's and Agent's Signatures – Dates must be the same or prior to application date. • Replacement questions – ensure answers to questions in Acknowledgment and Signature sections for Owner and Agent are complete and not conflicting with each other.
<p>Review and sign Owner Acknowledgment (OA).</p>	<ul style="list-style-type: none"> • Make sure you and the contract owner(s) complete and sign the OA. • Remove the signed Attestation from the OA and be sure to leave the Disclosure Statement with your client.
<p>Complete the Definition of Replacement form.</p>	<p>This form is in the NY Regulation 60 booklet (<i>form UAE5235NYI for the Two-Step process or form UAE5235NY1SI for the One-Step process</i>).</p> <ul style="list-style-type: none"> ➤ Check with your back office to determine whether you should follow the One-Step or Two-Step Reg 60 process. <p>On the Definition of Replacement form were any questions answered with a 'Yes' reply?</p> <ul style="list-style-type: none"> ➤ If so, be sure to complete Regulation 60 paperwork, which is a New York requirement.
<p>Will Corebridge Financial conduct suitability?</p>	<p>Client Profile must be completed: A1005CP or A1005CPT if a Trust.</p> <ul style="list-style-type: none"> ➤ Ensure that the explanation provides client- and policy-specific details that support the factors that contributed to the basis of recommendation..
<p>Is the annuity being funded by an exchange, transfer, or rollover?</p>	<p>Complete Request for Transfer of Assets: A2500RLI.</p> <p>Make sure all data below is complete and correct:</p> <ul style="list-style-type: none"> • Surrendering company policy number and company information. • Transfer Type. • Policy Owner's signature. • Submit original set of transfer paperwork if required by surrendering carrier. • If the policy is to be transferred upon a maturity date, confirm if the Letter of Acceptance (LOA) should be sent prior to or after the maturity date. (<i>List exact date</i>).

Additional forms may be required

Is the Owner a trust?	Complete Certification of Trust: A2239COTI .
Is the Owner a Corporation (<i>an incorporated company or tax-exempt entity</i>)?	Complete Certification of Trust: A2239COTI . ➤ Corporate Resolution and proof of filing for Articles of Incorporation with the state or county are required.
Is the Owner a Tax-Exempt entity (<i>a charity or non-profit organization</i>)?	Complete Certification of Trust: A2239COTI . ➤ Copy of IRS Certificate of Determination is required.
Is the Owner a Governmental entity (<i>a state, municipality or government agency ex. Police or fire Dept</i>)?	Complete Certification of Trust: A2239COTI . ➤ Proof of existence is required.
Is the policy being purchased with Power of Attorney?	Complete Affidavit to Affirm Power of Attorney: A4010POSI .
Does the premium exceed \$1 million?	Complete Large Case Exception Worksheet: A1030 .

Submitting new business

Make check payable to USL.

If you currently submit annuity business through a broker/dealer agency or other processing center, please continue to do so. They will have all the casework sent to the correct location. If you send casework directly to USL, refer to the addresses in the Application masthead.

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

FOR AGENT USE ONLY. NOT FOR CONSUMER DISTRIBUTION

New Business Email Inquiries: annuityservicecenter@corebridgefinancial.com

New Business Email: annuityservice@corebridgefinancial.com

Annuity Service Center Phone Number: 888-438-6933 Option 1

New Business Fax Number: 713-620-3829

Required Section

In order to ensure accurate processing, please fill out this form completely and submit with the annuity application.

Name of Owner _____ DOB _____ SSN/Tax ID _____

Owner's Email Address is required (if none exists, enter NA) _____

Name of Annuitant _____

Agent Information

REQUIRED	
<p>➔ If a NEW ADDRESS, check this box <input type="checkbox"/></p> <p>X _____ Agent/Broker Signature</p> <p>_____ Agent Name (print)</p> <p>_____ Agent Number (write "pending" if applicable)</p> <p>_____ Agent SSN (if agent number is pending)</p> <p>_____ Agent NPN (required)</p> <p>_____ Agency/Broker Dealer (optional)</p> <p>_____ IMO/BGA Firm (required)</p> <p>_____ IMO/BGA email address for case updates/missing documents (if applicable)</p> <p>_____ IMO/BGA phone number for case updates</p> <p>_____ Agent e-mail Address</p> <p>_____ Agent Street Address (for contract mailing)</p> <p>_____ Agent City, State, Zip</p> <p>_____ Agent Phone Number</p>	<p>1. Are you a Registered Representative? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Does your firm require a suitability review for (Index, Fixed) Annuities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Are commissions paid through your firm for (Index, Fixed) Annuities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Split Case <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete the following sections.)</p> <p>Percent to Primary Agent ____% PLUS Percent to 2nd Agent ____%</p> <p>PLUS Percent to Others ____% = TOTAL PERCENT 100%</p> <p>X _____ Second Agent Signature</p> <p>X _____ Second Agent Name (print)</p> <p>_____ Agent Number</p> <p>_____ Agency Name/Number</p> <p>_____ Agent SSN (if agent number is pending)</p> <p>_____ Agent NPN (required)</p>




SPECIAL INSTRUCTIONS

Please insert any additional information of who to contact at the IMO or agent's back office regarding New Business, Licensing, Commissions, Suitability, Post Issuance, Contract Set up, etc. that would help Corebridge Financial Internal team process this case timely.

Application Booklet

Good Order Checklist for Application and Owner Acknowledgment and Disclosure Statement Attestation

3 Steps to Expedite Your Annuity Business

1	Are all “Required Response” (→) sections of the Application completed?		Any missing or conflicting information in Sections 1, 2, 3, 4, 5, 6 and 7 will cause delays.
2	Have the contract owner(s) and agent(s) completed, signed, and dated all of the required Application acknowledgments and signatures?		If Sections 9 and 10 are not completed, signed, and dated, it will cause delays.
3	Have the contract owner(s) and agent(s) completed and signed the Owner Acknowledgment and Disclosure Statement Attestation?		If the Owner Acknowledgment and Disclosure Statement Attestation is not signed, dated, and submitted with the Application, it will cause delays.

Reminder: Along with the Application, submit the signed Owner Acknowledgment and Disclosure Statement Attestation, but leave the Owner Acknowledgment and Disclosure Statement with your client.

**Individual Deferred
Fixed Annuity Application**

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

Regular Mail
with checks:
US Life
PO Box 100357
Pasadena CA 91189-0357

Overnight Mail
with checks:
JPM Chase-USL 100357
2710 Media Center Dr
Building #6 Ste 120
Los Angeles CA 90065-1750

Address mail to:
Annuity Service Center

without checks:
US Life
PO Box 2708
Amarillo TX 79105-2708

without checks:
US Life
1050 N Western St
Amarillo TX 79106-7011

**Phone: 888-438-6933
Fax: 818-615-1541**

The ➔ indicates a required response. **Print or type.**

Instructions: Consult with your licensed agent to determine if your elections are appropriate for you. Your licensed agent can provide further information about elections, including availability and maximum issue age.

➔ 1 Product Selection

(Solicitation state indicates the state in which this application is signed. Product availability may vary by distributor.)

Product name Assured Edge Income Builder NY *(Living Benefit)*
 Corebridge Pathway Choice Focus NY *(No Living Benefit)*

Solicitation state NY

➔ 2 Owner(s) Information *(Select one of the following Owner Types and complete this section in its entirety.)*

Owner Type:

- Natural Person(s)
 - Trust/Trust Date _____
 - Custodian
 - Other _____
- Non-naturally owned contracts that are accepted include Corporate, Municipal, or Tax-Exempt. Contact the Annuity Service Center prior to submitting this application to confirm if any other Owner Type will be accepted.

Owner Name _____ Male Female
Address _____ City _____ State _____ Zip _____
Birth Date _____ SSN/TIN _____ Phone _____ Email _____

Joint Owner *(if applicable)* Name _____ Male Female
Address _____ City _____ State _____ Zip _____
Relationship to Owner _____ Birth Date _____ SSN _____ Phone _____

➔ 3 Annuitant(s) Information *(Complete only if different from Owner.)*

Annuitant Name _____ Male Female
Address _____ City _____ State _____ Zip _____
Relationship to Owner _____ Birth Date _____ SSN _____ Phone _____
Email _____

Joint Annuitant *(if applicable)* Name _____ Male Female
Address _____ City _____ State _____ Zip _____
Relationship to Owner _____ Birth Date _____ SSN _____ Phone _____

➔4 Beneficiary Information

- For a single owner contract, if the beneficiary type is not selected below, the beneficiary(ies) named below will be designated as “primary.”
- Joint owners (*Joint Annuitants, if contract is [non-naturally owned]*) shall be each other’s sole primary beneficiary and any other beneficiary listed below will be designated as “contingent.”
- Multiple beneficiaries will share the death benefit equally, unless otherwise specified; percentages must total 100%.
- For living benefit with two covered persons (*joint lives*) arrangements, the two covered persons must be each other’s spouse and sole primary beneficiary.
- For non-naturally owned contracts, if no beneficiary is listed below, the beneficiary will default to the owner listed on this application.
- If the owner is a trust, the trust must be designated as the sole primary beneficiary.

1. Beneficiary Name _____ Primary Contingent
 Address _____ City _____ State ____ Zip _____
 Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone _____
 Birth/Trust Date _____ Email _____ Male Female

2. Beneficiary Name _____ Primary Contingent
 Address _____ City _____ State ____ Zip _____
 Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone _____
 Birth/Trust Date _____ Email _____ Male Female

3. Beneficiary Name _____ Primary Contingent
 Address _____ City _____ State ____ Zip _____
 Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone _____
 Birth/Trust Date _____ Email _____ Male Female

Check this box if providing additional beneficiaries on a separate sheet signed by the owner.

➔5 Contract Type and Source of Funds

Premium Amount \$ _____ (*Minimum premium: \$25,000; all premiums must be received within 60 days of contract issue.*)
 The premium will be allocated as directed by you in Section 7.

Contract Type (<i>new product</i>) Select one Contract Type below.	Source of Funds Indicate source of funds and amount of initial investment below.
<input type="checkbox"/> Non-qualified <input type="checkbox"/> IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> SEP IRA	<input type="checkbox"/> Amount enclosed \$ _____ <input type="checkbox"/> 1035 Exchange <input type="checkbox"/> Transfer <input type="checkbox"/> Rollover \$ _____ <input type="checkbox"/> IRA Contribution/IRA Tax Year _____ \$ _____ <input type="checkbox"/> Funds coming direct \$ _____ <input type="checkbox"/> Other _____ \$ _____

6 Benefit Elections *(Available on Assured Edge Income Builder NY only)*

Assured Edge Income Builder NY includes a guaranteed lifetime withdrawal benefit rider. You must check one box below for the covered person(s).

Covered person(s) are the owner(s) *(or annuitant(s) if non-natural owner)* named on the first page of this application. If selecting two covered persons and only one owner *(or annuitant if non-natural owner)* is named on the first page of this application, the second covered person is the spousal beneficiary named under Section 4.

You must select the number of covered person(s) by checking one box below.

- One Covered Person *(Single Life)* or
 Two Covered Persons *(Joint Lives)*

Two covered persons must be each other's spouse and sole primary beneficiary. You must complete the primary beneficiary information for your spouse including the SSN and date of birth in Section 4.

7 Initial Interest Guarantee Term and Optional Programs

A selection must be made below for this application to be in good order. Refer to the Owner Acknowledgment and/or your licensed agent for additional details. Choose only one based on the product elected above.

7(a). Initial Interest Guarantee Term:

Assured Edge Income Builder NY *(Living Benefit)*:

- 7-Year Initial Interest Guarantee Term with Market Value Adjustment (MVA)

Corebridge Pathway Choice Focus NY:

- 3-Year Initial Interest Guarantee Term
 4-Year Initial Interest Guarantee Term
 5-Year Initial Interest Guarantee Term
 7-Year Initial Interest Guarantee Term

7(b). Return of Premium Guarantee *(Elect one if applying for the Corebridge Pathway Choice Focus NY; Skip section 7b if applying for Assured Edge Income Builder NY):*

A selection must be made below for this application to be in good order. Refer to the Owner Acknowledgment and/or your licensed agent for additional details. Choose only one based on the product elected above.

- I elect no Return of Premium Guarantee
 I elect the Return of Premium Guarantee that begins on the contract issue date

7(c). Electronic Delivery Authorization

By selecting "Yes" below, I consent to electronic delivery by the company, when available, of all documents and notices applicable to my contract including but not limited to:

- Account documents *(periodic statements and confirmations)*;
- Contract Forms *(annuity contract and applicable endorsements and riders, if permitted by state law)*;
- Tax Forms; and
- Annuity related correspondence *(privacy notice and other notices to customers) as permitted by law.*

I confirm that I have access to a computer with the hardware and software necessary *(Adobe Acrobat®, Internet access, and an active email account)* to receive this information electronically—by email or by email notice of a document's availability on the company website. I confirm that I have the ability to retrieve and retain electronic communications that are subject to this consent. I understand that:

- There is no charge for electronic delivery, although I may incur the costs of Internet access and computer usage.
- I must notify the company promptly when my email address changes.
- I may always request a paper copy of this information at any time for no charge, even though I consent to electronic delivery, or if I decide to revoke my consent.
- The company is not required to deliver this information electronically and may discontinue electronic delivery in whole or part at any time. Not all contract documentation and notifications may be currently available in electronic format.
- For jointly owned contracts, both owners are consenting that the primary owner will receive information electronically. *(Only the primary owner will receive email notices.)*
- This consent is effective until further notice by the company or until I revoke it.

7 Initial Interest Guarantee Term and Optional Programs *(continued)*

Call 1-800-445-7862 if you would like to revoke your consent, wish to receive a paper copy of any of the above information via U.S. mail, or need to update your email address indicated below.

- Yes, I provide my consent as described above.
- No, I do not provide my consent for electronic delivery.

*Email address: _____

*Custodially owned contracts: Please provide the annuitant's email address. Other non-natural owners (*such as trusts*): Provide the email address of the authorizing signatory.

8 Disclosures

USA PATRIOT ACT (This notice is printed in compliance with Section 326 of the USA Patriot Act)

IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE POLICY OR ANNUITY CONTRACT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify, and record information that identifies each person who opens an account, including an application for an insurance policy or annuity contract. What this means for you: When you apply for an insurance policy or annuity contract, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

9 Acknowledgments and Signature(s)

9(a). Replacement

- Yes** **No** Do you have any existing life insurance or annuity contracts? (***Must check either Yes or No.***)
- Yes** **No** Is the purchase of this annuity intended to replace, terminate, or change the value of any existing life insurance policies or annuity contracts? (***Must check either Yes or No.***)

Provide the replacement information on the required forms, which can be obtained from your licensed agent and include them with this application.

9(b). Acknowledgments of Owner(s)

I represent that all statements and information provided herein are true and complete to the best of my belief and knowledge. I understand that the application will be attached to and made a part of the annuity Contract. By signing below, I declare the following:

- I have consulted with my licensed agent and received and read the applicable product disclosure in the Owner Acknowledgment and Disclosure Statement and any other related materials such as illustrations, which describe various product features, including but not limited to: (a) withdrawals; (b) withdrawal charges; (c) withdrawal charge schedule; (d) early withdrawal tax penalty; (e) start of an income plan; (f) guaranteed lifetime withdrawal benefit; and (g) market value adjustment.
- I have received a *Buyer's Guide for Deferred Annuities*.
- If a market value adjustment feature is applicable to this selected annuity, I understand that during the initial interest guarantee term, any amount partially or totally withdrawn or annuitized prior to the maturity date may be subject to a market value adjustment. The adjustment may increase or decrease the amounts payable under the contract. I understand that: (a) if interest rates rise after the contract date, the market value adjustment will generally decrease the amount withdrawn; and (b) if interest rates fall after the contract date, the market value adjustment will generally increase the amount withdrawn.
- I understand and acknowledge that The United States Life Insurance Company in the City of New York does not offer legal or tax advice and I have had the opportunity to seek such advice from the proper sources before purchasing this annuity.
- If I am funding a tax-qualified retirement plan with this annuity, I understand that (1) there may be more robust insurance benefits offered in other annuities and (2) the annuity does not provide any additional tax deferral treatment beyond that which I already have under my plan.
- If I am funding a tax-qualified retirement plan with this annuity, I understand that the living benefit, if elected, may have limited usefulness with my contract because partial withdrawal(s) taken to satisfy the required minimum distributions prior to the activation date might result in a proportional reduction in the guaranteed lifetime income amount or an inability to exercise the benefit altogether. If I plan to activate withdrawals of the guaranteed lifetime income amount after my required minimum distributions beginning date under the contract, I will consider whether the benefit is appropriate for my circumstances. I will consult my tax advisor.
- My answers are representations and not warranties, and are true and correct to the best of my knowledge and belief.

9 Acknowledgments and Signature(s) *(continued)*

9(c). Signatures

Owner's signature _____	Date _____
Joint Owner's signature <i>(if applicable)</i> _____	Date _____

10 Licensed Agent Information and Signature(s)

10(a). Replacement

- Yes** **No** Do you have reason to believe that the owner has any existing life insurance or annuity contracts?
- Yes** **No** Do you have reason to believe that any existing life insurance or annuity contract has been *(or will be)* replaced, surrendered, withdrawn from, loaned against, changed, or otherwise reduced in value in connection with this transaction, assuming that the Contract applied for will be issued?

10(b). Acknowledgments of Licensed Agent

I certify that the application was signed and dated by the owner after all answers and information were recorded herein; and I have truly and accurately recorded on this form all of the information provided by the owner. Further, by signing below, I certify:

- I have instructed the owner to answer the questions in Section 9(a) appropriately. I am providing the replacement information on the required forms, and including them with this application, when applicable.
- I have delivered a *Buyer's Guide for Deferred Annuities* to the owner.
- I have reviewed the owner's financial situation and needs, including the financial resources used for the funding of the contract and the owner's financial time horizon, including duration of existing liabilities and obligations, and have determined that the owner has the financial ability to meet the financial commitments under the contract.
- It is my reasonable belief that based on the information the owner provided and based on all the circumstances known to me at the time the recommendation was made, the annuity being applied for, based on my recommendation, meets the owner(s)' insurance needs and/or financial objectives.
- I have informed the owner of various features of the product and potential consequences of the sales transaction, both advantages and disadvantages, and the basis of the recommendation. I represent that I have delivered the appropriate product disclosures and other related materials such as the compensation information regarding the manner in which I am compensated for the sale and servicing of this product, and have used only current, carrier-approved sales material.
- My recommendation was made with the care, skill, prudence and diligence that a prudent person acting in a like capacity and familiar with such matters would use under the circumstances prevailing.
- I understand that I must act in the best interest of the owner. I only considered the interests of the owner when making the recommendation to purchase this annuity. I may receive a commission from, or have another financial interest in, the recommended transaction. However, my recommendation is based solely on the owner's financial interests.
- I have verified the identity of the owner and annuitant, if the owner is non-natural, by reviewing a government-issued photo identification and any other required documentation.

10(c). Licensed Agent Information

1. Licensed Agent's Signature _____ SSN *(1st 5 digits only)* _____

Licensed Agent's Name (please print) _____

Address _____ City _____ State ____ Zip _____

Phone _____ Licensed Agent ID Number _____ Email _____

Firm Name _____

10 Licensed Agent Information and Signature(s) *(continued)*

2. Licensed Agent's Signature _____ SSN *(1st 5 digits only)* _____

Licensed Agent's Name (please print) _____

Address _____ City _____ State ____ Zip _____

Phone _____ Licensed Agent ID Number _____ Email _____

Commission Option *(complete for Assured Edge Builder NY only)*

Option 1 *(Up Front)* Option 2 *(Up Front and Trail)* Option 3 *(Up Front and Trail)* Option 4 *(Up Front and Trail)*

If more than one agent, please indicate applicable percentages *(must total 100%)*:

Licensed Agent 1 _____ Licensed Agent 2 _____

Note: If there are more than two licensed agents, include the information required above, including applicable percentages *(must total 100%)* among all licensed agents, on a separate document for the remaining licensed agent(s) and submit with this application.

New York available Product Notice

The list below shows all currently offered individual deferred fixed annuity products offered in the state of New York. The products listed below may offer features such as different withdrawal charge schedules, guaranteed lifetime withdrawal benefit, return of premium guarantee, issue ages, market value adjustments and/or penalty free withdrawals. See below for a brief a description of features that differ between the products.

	Assured Edge Income Builder NY	Corebridge Pathway Choice Focus NY
Withdrawal Charge Schedule ¹	7-years: 7, 6, 5, 4, 3, 2, 1, 0%	3-Year: 7, 6, 5, 0% 4-Year: 7, 6, 5, 4, 0% 5-Year: 7, 6, 5, 4, 3, 0% 7-Year: 7, 6, 5, 4, 3, 2, 1, 0%
Guaranteed Lifetime Withdrawal Benefit (GLWB) ²	Automatically included	N/A
Return of Premium Guarantee ³	N/A	Optional
Minimum and Maximum Contract Issue Ages ⁴	50 to 80	18 to 85 <i>(7-year Withdrawal Charge Schedule)</i> 18 to 90 <i>(3, 4 and 5-Year Withdrawal Charge Schedules)</i>
Market Value Adjustment (MVA) ⁵	5-Year Term	N/A
Penalty Free Withdrawal ⁶	Beginning in Contract Year 1	After Contract Year 1

¹Withdrawal Charge Schedule

The Withdrawal Charge Schedule is the length of time you have to wait before you can withdraw your money from an annuity without a charge. A charge is imposed by the insurance company to withdrawals made in excess of specified penalty free amounts, or full contract surrenders, during the time in which the annuity is still subject to the Withdrawal Charge Schedule.

²GLWB

Assured Edge Income Builder NY includes a Guaranteed Lifetime Withdrawal Benefit rider, also referred to as GLWB rider. This benefit is designed to provide a guaranteed level of future income for life, even if your contract value goes to zero. The GLWB rider is not optional and is included as part of your contract.

³Return of Premium Guarantee

Corebridge Pathway Choice Focus NY offers a Return of Premium Guarantee that, if chosen, provides that your value at cancellation will be equal to or greater than your premium(s) paid less any previous net withdrawals of interest or premium (gross withdrawals adjusted for any applicable withdrawal charges). If not chosen, then withdrawals made during the Withdrawal Charge Schedule could result in you receiving less than the premium(s) paid.

⁴Contract Issue Ages

Minimum and maximum issue ages, which are based on the Owner and Annuitant, and determine whether the product is available for purchase. If contract is jointly owned, issue age restrictions apply to both Owners.

⁵MVA

An adjustment applied to certain withdrawals during the first five contract years that can increase or decrease any amount withdrawn. The adjustment is based on changes in an external index referenced in your contract since the contract issued date.

⁶Penalty Free Withdrawal

The Owner may take multiple penalty-free withdrawals annually, not exceeding the penalty free withdrawal amount (as listed in your contract). The penalty free withdrawal amount equals a percentage of the previous anniversary Contract Value. If withdrawals exceed the penalty free withdrawal amount in a contract year, withdrawal charges and any applicable MVA will apply to the excess amount.

If you have further questions, please contact us or USL as listed below:

United States Life Insurance Company in the City of New York
2727-A Allen Parkway
Houston, TX 77019-7100
800-445-7862 • www.corebridgefinancial.com

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Client Profile Form

Instructions:

- Complete this form if the contract owner is an individual or a revocable trust.
- This form should be completed using the contract owner's information. If the contract owner is a revocable trust, use the trust grantor's information.
- If the contract owner is a non-natural entity or an irrevocable trust, complete Client Profile Form A1005CPT.
- Corrections or updates to information on this form must be initialed by the Owner.
- This form must be completed, signed, and dated to consider your application.

Any questions that are not complete will cause a delay in processing. All responses must be legible.

If any information provided changes before the contract is issued, you must provide notice to AGL/US Life. A change in information may require an explanation and further review. You may be asked to verify the accuracy of the information on this form. **Please be aware AGL/US Life may decline to issue an annuity contract based on the suitability information provided on this form.**

Section I – Owner Information

1a) Owner Name		1b) Owner Date of Birth	
2a) Joint Owner Name		2b) Joint Owner Date of Birth	
3) What is your experience level with financial, insurance, or investment products? (<i>check one</i>) <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive			
4) What is your risk tolerance with respect to the purchase of <u>this annuity</u> ? (<i>check one</i>) <input type="checkbox"/> Conservative <i>I prefer little to no market risk.</i> <input type="checkbox"/> Moderate <i>I am willing to accept some market risk to achieve higher returns.</i> <input type="checkbox"/> Aggressive <i>I am willing to accept maximum market risk to achieve maximum returns.</i>		5) What are your financial objectives and intended use for <u>this annuity</u> ? (<i>check all that apply</i>) <input type="checkbox"/> Safety of Principal <input type="checkbox"/> Tax deferral <input type="checkbox"/> Asset growth <input type="checkbox"/> Income <input type="checkbox"/> Estate planning <input type="checkbox"/> Death benefit <input type="checkbox"/> Other: _____	
6) When do you anticipate taking withdrawals/income/distributions from this annuity? (<i>check one</i>) <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> Longer than 10 years <input type="checkbox"/> None Anticipated			
7) How do you anticipate taking withdrawals/income/distributions from this annuity? (<i>check all that apply</i>) <input type="checkbox"/> Living benefit lifetime income withdrawals <input type="checkbox"/> Required Minimum Distributions (RMDs) <input type="checkbox"/> Contractual penalty free withdrawals <input type="checkbox"/> 72(t)/(q) distributions <input type="checkbox"/> Lump sum transfer/surrender <input type="checkbox"/> Annuitization <input type="checkbox"/> None anticipated			
8) Product Time Horizon: What is your anticipated holding period for this annuity? (<i>check one</i>) <input type="checkbox"/> I anticipate holding this annuity less than 3 years <input type="checkbox"/> I anticipate holding this annuity 3-7 years <input type="checkbox"/> I anticipate holding this annuity 7-10 years <input type="checkbox"/> I anticipate holding this annuity longer than 10 years			
9) Do you anticipate taking any withdrawals or surrendering the annuity prior to age 59 ½, when premature distribution penalties from the Internal Revenue Service (IRS) may apply? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Owner has attained age 59 ½ or older) (If yes , please explain) _____			
10) Do you anticipate accessing <u>more than</u> the penalty-free amount during the annuity's surrender charge period? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Single Premium Immediate Annuity (SPIA), or Deferred Income Annuity (DIA)) (If yes , please explain) _____			
11) Do you have any existing life insurance or annuity contracts that were sold to you by the same agent that has recommended this sale? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section II – Financial Information

<p>12) What is your total <u>annual</u> household gross income?</p> <p style="text-align: center;">\$ _____ (annual amount)</p>	<p>13) What are your approximate <u>annual</u> household living expenses (include housing, transportation, insurance, food, healthcare, taxes, etc.)?</p> <p style="text-align: center;">\$ _____ (annual amount)</p>																																							
<p>14) What is/are the source(s) of your household income? (check all that apply)</p> <p> <input type="checkbox"/> Employment/self employment <input type="checkbox"/> Social Security <input type="checkbox"/> Pension/retirement benefits <input type="checkbox"/> Annuity <input type="checkbox"/> Investments <input type="checkbox"/> Reverse Mortgage <input type="checkbox"/> Property/rental income <input type="checkbox"/> Other _____ </p>	<p>15) What is your federal income tax bracket? (check one)</p> <p> <input type="checkbox"/> Less than 12% <input type="checkbox"/> 12%-24% <input type="checkbox"/> Greater than 24% </p>																																							
<p>16) After the purchase of this annuity, do you have sufficient cash or other sources of income available for emergencies?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																								
<p>17) Source of funds: Please complete both a and b below.</p> <p>a. Please indicate the type of account(s) that will be used to fund this annuity: (check all that apply)</p> <p> <input type="checkbox"/> Advisory/Brokerage Account <input type="checkbox"/> Employer Retirement Plan (401(k), 403(b), Pension, etc.) <input type="checkbox"/> Money Market Account/Funds <input type="checkbox"/> Annuity (complete Page 3) <input type="checkbox"/> Gift/Inheritance <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Cash/Checking/Savings <input type="checkbox"/> Life Insurance <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Certificate of Deposit (CD) <input type="checkbox"/> Loan <input type="checkbox"/> Other: _____ </p> <p>b. Have any of the sources indicated above been held for less than 13 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																								
<p>18) If you indicated Life Insurance or Annuity in Question 17, have you had any other life insurance or annuity surrender(s), exchange(s) or replacement(s) within the past 60 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable (Life Insurance or Annuity not indicated in Question 17)</p>																																								
<p>19) Complete the Asset Inventory below: After the purchase of this annuity, provide the total value for each asset type below for the household. <u>Do not</u> include assets for your dependents. All asset(s) below left blank will be assumed to have a value of \$0.</p> <p>Expected Premium Amount for this Annuity: _____ (Exclude this amount from the grid below)</p> <p>Other Annuities Pending Issue (AGL/US Life or other): _____ (Exclude this amount from the grid below)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Asset Types</th> <th style="width:20%;">Qualified Asset Total</th> <th style="width:20%;">Non-Qualified Asset Total</th> </tr> </thead> <tbody> <tr> <td>a. Cash/Checking/Savings</td> <td>a. \$ _____</td> <td>a. \$ _____</td> </tr> <tr> <td>b. Money Market Accounts/Funds</td> <td>b. \$ _____</td> <td>b. \$ _____</td> </tr> <tr> <td>c. Stocks/Bonds</td> <td>c. \$ _____</td> <td>c. \$ _____</td> </tr> <tr> <td>d. Certificate of Deposit (CD)</td> <td>d. \$ _____</td> <td>d. \$ _____</td> </tr> <tr> <td>e. Mutual Funds (exclude Class B funds subject to deferred sales charges)</td> <td>e. \$ _____</td> <td>e. \$ _____</td> </tr> <tr> <td>f. Class B Mutual Funds (subject to deferred sales charges)</td> <td>f. \$ _____</td> <td>f. \$ _____</td> </tr> <tr> <td>g. Annuities subject to surrender penalties</td> <td>g. \$ _____</td> <td>g. \$ _____</td> </tr> <tr> <td>h. Annuities not subject to surrender penalties</td> <td>h. \$ _____</td> <td>h. \$ _____</td> </tr> <tr> <td>i. Life Insurance Cash Value</td> <td>i. \$ _____</td> <td>i. \$ _____</td> </tr> <tr> <td>j. Other Qualified Plans (401(k), 403(b), 457, Pension, IRAs, etc.)</td> <td>j. \$ _____</td> <td>j. \$ <u>N/A</u></td> </tr> <tr> <td>k. Real Estate Equity (excluding Primary Residence)</td> <td>k. \$ <u>N/A</u></td> <td>k. \$ _____</td> </tr> <tr> <td>l. Other: _____</td> <td>l. \$ _____</td> <td>l. \$ _____</td> </tr> </tbody> </table>		Asset Types	Qualified Asset Total	Non-Qualified Asset Total	a. Cash/Checking/Savings	a. \$ _____	a. \$ _____	b. Money Market Accounts/Funds	b. \$ _____	b. \$ _____	c. Stocks/Bonds	c. \$ _____	c. \$ _____	d. Certificate of Deposit (CD)	d. \$ _____	d. \$ _____	e. Mutual Funds (exclude Class B funds subject to deferred sales charges)	e. \$ _____	e. \$ _____	f. Class B Mutual Funds (subject to deferred sales charges)	f. \$ _____	f. \$ _____	g. Annuities subject to surrender penalties	g. \$ _____	g. \$ _____	h. Annuities not subject to surrender penalties	h. \$ _____	h. \$ _____	i. Life Insurance Cash Value	i. \$ _____	i. \$ _____	j. Other Qualified Plans (401(k), 403(b), 457, Pension, IRAs, etc.)	j. \$ _____	j. \$ <u>N/A</u>	k. Real Estate Equity (excluding Primary Residence)	k. \$ <u>N/A</u>	k. \$ _____	l. Other: _____	l. \$ _____	l. \$ _____
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<p>20) Will the purchase of this annuity prevent you from meeting any financial liabilities and/or obligations (including mortgage loans, auto loans, credit card debt, insurance premiums, etc.)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If yes, please explain) _____</p>																																								
<p>21) Are you purchasing this annuity in order to qualify, 'spend down' or become eligible for any needs-based governmental benefit program, such as Medicaid or a veteran's benefit (exclude Social Security and Medicare)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If yes, please explain) _____</p>																																								
<p>22) Do you expect significant changes in your financial situation or needs, annual income, existing assets, liquidity needs, liquid net worth or tax status during the surrender charge period?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If yes, please indicate whether any of the financial information provided above will be impacted.) _____</p>																																								

Section III – Replacement Information

COMPLETE TABLE IF THIS IS AN ANNUITY-TO-ANNUITY REPLACEMENT ONLY

Complete this section in its entirety. If the requested information below is unknown, contact your existing annuity company. If information is not applicable, fill in "Not Applicable" or "N/A".

If replacing more than one contract, completely fill in the information for each replacement. If replacing more than two contracts, complete additional charts. The Owner(s) and Agent(s) should sign and date the additional paperwork.

If purchasing a SPIA or DIA product, include an income or annuitization quote for the existing contract.

Be aware that Corebridge Financial may request additional documentation to support the details below.

Existing Annuity Contract Information		Existing Contract #1	Existing Contract #2
a.	Company Name		
b.	Product Name		
c.	Contract Number		
d.	Annuity Type (<i>Fixed, Index, Variable or Registered Index-Linked</i>)		
e.	Contract Issue Date		
f.	Current Contract/Accumulation Value	\$ _____	\$ _____
g.	Death Benefit Value	\$ _____	\$ _____
h.	Actual or Estimated Amount Being Transferred to AGL or US Life (Gross)	\$ _____	\$ _____
i.	Will a Surrender Charge or Penalty be assessed on Amount Being Transferred? <i>If yes, what is the Surrender Charge or Penalty amount?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: \$ _____
j.	Will there be a bonus recapture as a result of the transfer? <i>If yes, what amount will be recaptured?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: \$ _____
k.	Will a Market Value Adjustment (MVA) be applied to this transfer? <i>If yes, what is the estimated MVA amount that will be added (+) to or subtracted (-) from the amount being transferred.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: \$ _____
l.	Other Transactional Costs Assessed on the Amount Being Transferred (processing fees, etc.)	\$ _____	\$ _____
m.	Living Benefit or Income Rider? (<i>Guaranteed Lifetime Withdrawal Benefit (GLWB), Guaranteed Minimum Withdrawal Benefit (GMWB), Guaranteed Minimum Income Benefit (GMIB), etc.</i>) <i>If yes, complete the following questions regarding the existing contract:</i> i. What is the guaranteed annual income today? ii. What is the benefit base amount? iii. Has the Owner activated their living benefit rider? iv. Does the Living Benefit or Income Rider cover single or joint lives? v. Does the existing Living Benefit or Income Rider have opportunities for increasing the income amount in the future? vi. If the existing Living Benefit or Income Rider has opportunities for increasing the income amount, are those increases guaranteed?	<input type="checkbox"/> Yes <input type="checkbox"/> No i. \$ _____ ii. \$ _____ iii. <input type="checkbox"/> Yes <input type="checkbox"/> No iv. <input type="checkbox"/> Single <input type="checkbox"/> Joint v. <input type="checkbox"/> Yes <input type="checkbox"/> No vi. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No i. \$ _____ ii. \$ _____ iii. <input type="checkbox"/> Yes <input type="checkbox"/> No iv. <input type="checkbox"/> Single <input type="checkbox"/> Joint v. <input type="checkbox"/> Yes <input type="checkbox"/> No vi. <input type="checkbox"/> Yes <input type="checkbox"/> No
n.	Fixed Account Interest Rates, if applicable	Current: _____% Minimum: _____%	Current: _____% Minimum: _____%
o.	Same selling agent on existing contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section IV – Agent Acknowledgement and Disclosures

<p>23) Did you inform the Owner about the applicable features and the potential consequences of the sales transaction, both favorable and unfavorable, including but not limited to the following?</p> <ul style="list-style-type: none"> • Surrender period and surrender charge • Index crediting features • Availability of cash value • Riders and rider fees • Investment advisory fees • Non-guaranteed elements • Policy exclusion or restrictions • Limitations on interest returns • Potential charges for and features of riders • Guaranteed interest rates • Potential tax implications associated with various transactions • Any differences in fee-based and commission-based versions of the policy 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>24) If this purchase will result in a replacement of an existing life insurance policy or annuity contract, have you determined that the replacement will result in a substantial benefit to the Owner over the life of the new product, especially considering the following?</p> <ul style="list-style-type: none"> • Increases or decreases in premium or fees • Changes in coverage duration • Changes to death benefit • Changes to income amount • Potential surrender charges • Commencement of new surrender period • Addition or loss of existing benefits (such as death, living and/or other contractual benefits) • Be subject to increased fees, investment advisory fees, premium loads or charges for riders and similar product enhancements 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <i>(Not a Replacement)</i>
<p>25) Before recommending this annuity, did you disclose to the Owner the limitations, if any, you have on the types of financial products you can offer?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>26) Did you provide appropriate compensation disclosures to the Owner, as applicable?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>27) Did you utilize financial analysis software, an annuity product evaluation tool, or an illustration to assist with your recommendation?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>28) Will the Owner experience a <u>loss or reduction in features or benefits</u>, other than reduction in liquidity, upon the issuance of the new annuity?</p> <p><input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Not Applicable (Not a Replacement)</p> <p><i>*If yes, indicate whether any of the following would apply:</i></p> <p><input type="checkbox"/> Loss of higher Guaranteed Interest Rates (Fixed Account, Guaranteed Minimum (GMIR), Current Rate, etc.)</p> <p><input type="checkbox"/> Reduction in guaranteed income at issue</p> <p><input type="checkbox"/> Forfeiting Living Benefit/Living Benefit Base Value</p> <p><input type="checkbox"/> Reduction in Death Benefit/Death Benefit Base Value</p> <p><input type="checkbox"/> Loss of other riders (waiver riders, etc.)</p> <p>If the Owner will experience any losses above, please describe: _____</p>	
<p>29) Basis of Recommendation: I am recommending the purchase of this annuity product for the reasons indicated below. <i>(check all that apply)</i></p> <p>Reasons related to Owner's objectives and intended use of the annuity:</p> <p><input type="checkbox"/> Growth potential / asset growth <input type="checkbox"/> Safety of principal / reduce market risk <input type="checkbox"/> Tax deferred growth</p> <p><input type="checkbox"/> Simplifying Owner portfolio <input type="checkbox"/> Range of index crediting options <input type="checkbox"/> Guaranteed rate of return</p> <p><input type="checkbox"/> Income guarantee/income potential <input type="checkbox"/> Lifetime income payments <input type="checkbox"/> Death benefit/estate planning</p> <p>Reasons related to Replacement:</p> <p><input type="checkbox"/> Higher interest rate / index crediting opportunity <input type="checkbox"/> Greater <u>guaranteed</u> income <input type="checkbox"/> Greater income <u>potential</u></p> <p><input type="checkbox"/> Reduce market risk <input type="checkbox"/> Lower/no fees <input type="checkbox"/> Greater death benefit</p> <p>Other comments or details supporting the recommendation (please describe): _____</p> <p>_____</p> <p>_____</p>	
<p>By signing this form, I acknowledge the following:</p> <ul style="list-style-type: none"> • To the best of my knowledge and belief, the information on the form is true, complete, and was obtained prior to the purchase of the annuity. • My recommendation was made with the care, skill, and diligence that a person acting in a like capacity and familiar with such matters would use under the prevailing circumstances, if required under relevant state law. • In my professional opinion, the recommended annuity is suitable, and where required under applicable state regulations, in the Owner's best interest. • My recommendation was not influenced by any compensation or incentives I would receive as a result of this annuity sale. • Upon request, I will provide AGL/US Life with supporting documentation regarding the basis of my recommendation as well as any applicable disclosures provided to the Owner. 	
Agent's Signature	Date
Broker/Dealer, Firm, or Affiliation Name	

Section V – Owner Acknowledgement and Disclosures

30) Has your agent informed you about the applicable features of the annuity, as well as any advantages and disadvantages of the recommendation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31) If this purchase will result in a replacement of an existing life insurance policy or annuity contract, has your agent explained the advantages and disadvantages of replacing the existing product(s) with this annuity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Not a Replacement)
32) Do you understand and are you willing to accept the “non-guaranteed” elements that may apply to the annuity you are purchasing? <i>Note: For a description of any “non-guaranteed” elements that may apply to your annuity, please refer to the Owner Acknowledgement and Disclosure document for the annuity being purchased.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete the following questions for SPIA or DIA products only	
33) Are you selecting the “Lifetime Income Only” payout option? <i>Note: If yes, no further income payment will be made, and this contract will terminate at the death of the Annuitant(s).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
34) Are you aware that the income annuity being purchased permanently converts your premium to a guaranteed stream of payments and your access to the premium used to purchase the annuity will be restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>AGL/US Life requires that your licensed agent determines whether the purchase of an annuity is consistent with your financial needs and objectives. AGL/US Life relies on the information presented on this form to validate whether the annuity purchase is suitable for you.</p> <p>For New Jersey residents only: The sale and suitability of annuities is regulated by the Department of Banking and Insurance. You may obtain assistance by visiting the Department’s website at https://www.nj.gov/dobi/index.html or by contacting (609) 292-7272 or (800) 446-7467.</p> <p>By signing this form, I acknowledge the following:</p> <ul style="list-style-type: none"> • To the best of my knowledge and belief, the information I provided to my agent and shown throughout this Client Profile Form is true, complete, and was obtained prior to my signature below and the purchase of this annuity. • I understand that my failure to provide true and complete information may affect the ability of my agent and AGL/US Life to determine the suitability of the product being applied for and may limit the protection provided by regulations regarding suitability of the annuity being purchased. • If I am purchasing this annuity contract for a Traditional or Roth IRA, I understand that a Traditional IRA already provides tax deferral or that a Roth IRA, subject to certain restrictions, provides tax-free accumulation and that such deferral will NOT be enhanced by this annuity contract. I understand that I should consult my tax advisor if I have any questions about tax savings and the purchase of this annuity. • I believe the annuity being applied for is suitable and in my best interest according to my financial needs and objectives. • I was provided the basis of the recommendation from my agent. • For Fixed Index Annuities and Fixed Annuities Only: I understand that withdrawals of contract values during the surrender charge period will be subject to a surrender charge if they exceed penalty-free withdrawal amounts. 	
Owner’s Signature	Date
Joint Owner’s Signature	Date (If applicable)

Prohibited Transaction Exemption (PTE) 84-24 Disclosure and Acknowledgement Form

Copies of this Form are to be retained by the contract owner and agent and should **not** be submitted with the application to the insurance company.

This disclosure and acknowledgement form ("*Form*") provides important information for you to consider prior to making the purchase of an annuity or other insurance product ("*Contract*") issued by American General Life Insurance Company or The United States Life Insurance Company in the City of New York, collectively the "Insurance Company" with funds from an IRA or other retirement plan subject to the Employment Retirement Security Act of 1974 (*ERISA*), as amended. The information provided in this Form is intended to satisfy the requirements and conditions of U.S. Department of Labor Prohibited Transaction Exemption 84-24 (*PTE 84-24*).

This Form describes:

- The nature of the relationship between the agent and the insurance company
- The sales commission the agent will receive in connection with your purchase of this Contract
- Certain charges and fees that may be imposed in connection with the purchase, holding, exchange, termination, or sale of the Contract

Name of Agent _____

Name of Proposed IRA Owner _____

Product Name ("*the Contract*") _____

Insurance Company (*select one*)

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

Relationship of the Agent to the Insurance Company

The Agent can only sell annuity and insurance products which his/her license allows, and which are issued by an insurance company with whom they are authorized to sell. The Agent from whom you are purchasing this annuity Contract is independent of the issuing Insurance Company listed above and is under no contractual obligation to recommend or offer the above Insurance Company's annuity or insurance products. The Agent is licensed and appointed with a number of insurance companies and may recommend annuity contracts that are issued by the Insurance Company listed above, as well as other insurance companies. The Agent may not waive or modify any terms of the Contract.

Commissions Paid by the Insurance Company to the Agent

The Insurance Company will pay sales commissions to the Agent when you purchase this Contract. The commissions are paid by the Insurance Company and one hundred percent of your premium payment(s) will be credited to your Contract. If you purchase the Contract, the Insurance Company will pay the Agent a commission as follows:

_____ % of the gross annual premium received by the Insurance Company during the first year of the Contract; and

_____ % of the account value paid starting in year two (*if applicable*)

Charges

The Contract may include certain charges, fees, discounts, penalties, or adjustments imposed by the Insurance Company as the issuer of the Contract. These may include surrender charges, bonus recapture provisions, market value adjustments, or fees for optional annuity contract features available through a rider to the Contract. The charges and provisions applicable to this Contract are described in detail in the annuity disclosure statement also known as the Owners Acknowledgement that has been provided to you and signed by you in connection with your application to purchase this Contract. It is important that you understand the charges that may be imposed under the Contract you are purchasing. Please ask the Agent if you have any questions or would like additional information.

Acknowledgement of Disclosure/Approval

I acknowledge receipt of the information contained in this Form (*including the Agent's relationship to the issuing Insurance Company, the commission the Agent will receive in connection with the purchase of the Contract, and the charges and fees associated with this Contract*) and the annuity disclosure statement known as the Owner Acknowledgement referenced above. I acknowledge that I received this information prior to the purchase of the Contract. I approve the purchase of the Contract for funding contributions to the IRA. I understand that this Form is not a contract and does not create any enforceable obligations between me and the Agent, any applicable insurance agency, the Insurance Company, or any other party.

Applicant Signature

Date

Agent Certification/Acknowledgement

I certify and acknowledge that I have provided to the applicant all disclosures required in this Form and have satisfied the requirements of PTE 84-24. I certify that I have provided a copy of this Form to the applicant and have retained a copy for my records.

Agent Signature

Date

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

Mailing Address: Annuity Service Center • P.O. Box 15570 • Amarillo, TX 79105-5570

Overnight Mailing Address: Annuity Service Center • 1050 N. Western Street • Amarillo, TX 79106-7011

Replacement Procedures for Firms Using Disclosure Statement after Application Process

For every application for a The United States Life Insurance Company in the City of New York (“US Life”) annuity:

- Complete the **Definition of Replacement** with the applicant to determine whether the transaction will involve replacement of an existing life insurance or annuity contract. Both you and the applicant must sign and date the **Definition of Replacement**, with a copy to be provided to the client.
 - If all questions are answered NO, the transaction does not involve a replacement and no additional replacement forms need to be completed. Submit the signed application and **Definition of Replacement** to US Life. You do not need to proceed with the steps below.
 - If any question is answered YES, a replacement has occurred or is likely to occur. Please proceed with the following steps.
- Obtain a list of all policies to be replaced from your client and include this information on US Life’s **Agent’s Request for Disclosure Information and Contract Owner’s Authorization** form. Obtain owner’s signature on the form.
- Have the applicant read and sign the Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts. Leave a signed copy with the applicant at the time of application.
- Submit an original copy of each of the following forms to US Life at the mailing address above:
 - **Definition of Replacement**
 - **Important Notice Regarding Replacement or Change of Life Insurance Policies or Annuity Contracts**
 - **Agent’s Request for Disclosure Statement Information and Contract Owner’s Authorization**
 - If you used Sales Material, provide a list of such material on **New York Regulation 60 List of Sales Proposals and Materials**
 - US Life Annuity Application (which includes a list of all policies being replaced)
 - Applicable transfer/exchange request form
 - Any other forms required by your agency or broker/dealer
- If the surrendering insurer does not provide the Disclosure Information to US Life within 20 days, we will contact you to obtain good faith approximations consistent with Regulation 60. US Life will send you a **Disclosure Statement** completed with hypothetical values.
- After the value information is returned to you by US Life on the **Disclosure Statement**, complete the Agent’s Statement section and sign the **Disclosure Statement**, and return the copy to US Life. Please keep the disclosure information provided to you by the replaced insurer and by US Life for your records. US Life will retain a copy as well. The completed Disclosure Statement signed by the agent must be received by the USL Home Office before the policy can be issued for delivery.
- Upon receipt of in good order Disclosure Statement, US Life will request transfer.
 - If Disclosure Statement is not in good order, the transfer and Letter of Acceptance will not be sent until deemed good order
- Copy of signed Disclosure Statement will be included in policy provided to policy owner.

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DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK

DEFINITION OF REPLACEMENT

IN ORDER TO DETERMINE WHETHER YOU ARE REPLACING OR OTHERWISE CHANGING THE STATUS OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS, AND IN ORDER TO RECEIVE THE VALUABLE INFORMATION NECESSARY TO MAKE A CAREFUL COMPARISON IF YOU ARE CONTEMPLATING REPLACEMENT, THE AGENT OR BROKER IS REQUIRED TO ASK YOU THE FOLLOWING QUESTIONS AND EXPLAIN ANY ITEMS THAT YOU DO NOT UNDERSTAND.

AS PART OF YOUR PURCHASE OF A NEW LIFE INSURANCE POLICY OR A NEW ANNUITY CONTRACT, HAS EXISTING COVERAGE BEEN, OR IS IT LIKELY TO BE:

(1) LAPSED, SURRENDERED, PARTIALLY SURRENDERED, FORFEITED, ASSIGNED TO THE INSURER REPLACING THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, OR OTHERWISE TERMINATED?
YES ____ NO ____

(2) CHANGED OR MODIFIED INTO PAID-UP INSURANCE; CONTINUED AS EXTENDED TERM INSURANCE OR UNDER ANOTHER FORM OF NON-FORFEITURE BENEFIT; OR OTHERWISE REDUCED IN VALUE BY THE USE OF NON-FORFEITURE BENEFITS, DIVIDEND ACCUMULATIONS, DIVIDEND CASH VALUES OR OTHER CASH VALUES?
YES ____ NO ____

(3) CHANGED OR MODIFIED SO AS TO EFFECT A REDUCTION EITHER IN THE AMOUNT OF THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT OR IN THE PERIOD OF TIME THE EXISTING LIFE INSURANCE OR ANNUITY BENEFIT WILL CONTINUE IN FORCE?
YES ____ NO ____

(4) REISSUED WITH A REDUCTION IN AMOUNT SUCH THAT ANY CASH VALUES ARE RELEASED, INCLUDING ALL TRANSACTIONS WHEREIN AN AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE RELEASED ON ONE OR MORE OF THE EXISTING POLICIES?
YES ____ NO ____

(5) ASSIGNED AS COLLATERAL FOR A LOAN OR MADE SUBJECT TO BORROWING OR WITHDRAWAL OF ANY PORTION OF THE LOAN VALUE, INCLUDING ALL TRANSACTIONS WHEREIN ANY AMOUNT OF DIVIDEND ACCUMULATIONS OR PAID-UP ADDITIONS IS TO BE BORROWED OR WITHDRAWN ON ONE OR MORE EXISTING POLICIES?
YES ____ NO ____

(6) CONTINUED WITH A STOPPAGE OF PREMIUM PAYMENTS OR REDUCTION IN THE AMOUNT OF PREMIUM PAID?
YES ____ NO ____

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, A REPLACEMENT AS DEFINED BY NEW YORK INSURANCE REGULATION 60 HAS OCCURRED OR IS LIKELY TO OCCUR AND YOUR AGENT OR BROKER IS REQUIRED TO PROVIDE YOU WITH THE **IMPORTANT** NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. YOU WILL ALSO RECEIVE A COMPLETED DISCLOSURE STATEMENT NO LATER THAN THE TIME YOUR NEW POLICY OR NEW CONTRACT IS DELIVERED.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant: _____

TO THE BEST OF MY KNOWLEDGE, A REPLACEMENT IS INVOLVED IN THIS TRANSACTION: YES ____ NO ____

Date: _____ Signature of Agent or Broker: _____

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Overnight Mailing Address: Annuity Service Center • 1050 N. Western Street • Amarillo, TX 79106-7011

Agent's Request for Disclosure Statement Information and Contract Owner's Authorization

A. INSTRUCTIONS

1. **DO NOT USE HIGHLIGHTER.**
2. Please print or type.
3. Applicant's and agent's signatures required on this form.
4. Send completed form to replacing insurer.

B. EXISTING CONTRACT INFORMATION

EXISTING CONTRACT/CONTRACT NUMBER _____ NAME OF EXISTING INSURER _____

ADDRESS OF EXISTING INSURER _____

CITY _____ STATE _____ ZIP CODE _____

C. APPLICANT INFORMATION

NAME OF APPLICANT _____ SOCIAL SECURITY NUMBER OR TAX ID NUMBER _____

NAME OF JOINT APPLICANT *(if applicable)* _____ SOCIAL SECURITY NUMBER *(if applicable)* _____

TELEPHONE NUMBER _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

D. PROPOSED US LIFE CONTRACT

PRODUCT NAME _____

Non Qualified or Qualified
 Full or Partial Amount \$ _____

(Partial 1035 Exchanges may be subject to pre-sale approval)

Living Benefit Election Yes or No

Single Covered Person Joint Covered Person

LIVING BENEFIT NAME _____

DEATH BENEFIT NAME _____

E. AGENT OR BROKER REQUEST FOR INFORMATION NECESSARY TO COMPLETE DISCLOSURE STATEMENT As the agent on the proposed replacement contract, I hereby request the information necessary to complete the Department of Financial Services of the State of New York Disclosure Statement, for the above-referenced contract. Please send the information to me at the following address:

AGENT OR BROKER NAME

BROKER-DEALER FIRM NAME

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

NEW YORK LICENSE NUMBER

AGENT OR BROKER SIGNATURE

DATE

F. APPLICANT'S AUTHORIZATION TO RELEASE

INFORMATION NECESSARY TO COMPLETE DISCLOSURE

I may replace the above contract with a new **annuity** contract. Please accept this signed form as my **STATEMENT** authorization for you to release the information necessary to complete the required Disclosure Statement for the above -referenced contract. Please mail the information to: 1) the agent identified above; 2) the agent of record on my existing contract (*if different than the agent listed above*); 3) The United States Life Insurance Company in the City of New York, the proposed replacing insurer, whose mailing address is listed at the top of this form.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF JOINT APPLICANT (*if applicable*)

DATE

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

Mailing Address: Annuity Service Center • P.O. Box 15570 • Amarillo, TX 79105-5570

Overnight Mailing Address: Annuity Service Center • 1050 N. Western Street • Amarillo, TX 79106-7011

New York Regulation 60 List of Sales Proposals and Materials

A. Instructions

1. Please print or type.
2. Please complete the entire form and submit with the application package.

B. Applicant Information

Applicant's Name *(please print)* _____

Joint Applicant's Name *(if applicable, please print)* _____

C. Sales Materials

The following U.S. Life sales materials were used in the sale: *(Please list the applicable product sales piece, form number and revision date. You do not need to submit copies of the sales material produced by U.S. Life.)*

<u>Sales Piece</u>	<u>Form Number</u>	<u>Revision Date</u>

Copies of the sales material used in the sale of the proposed annuity contract will be provided to the existing insurer upon request.

D. Agent's Signature

Agent or Broker Name *(please print)* _____

New York License Number _____

Agent or Broker Signature _____

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

Mailing Address: Annuity Service Center • P.O. Box 15570 • Amarillo, TX 79105-5570

Overnight Mailing Address: Annuity Service Center • 1050 N. Western Street • Amarillo, TX 79106-7011

DEPARTMENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK
IMPORTANT NOTICE REGARDING REPLACEMENT OR CHANGE OF LIFE INSURANCE POLICIES
OR ANNUITY CONTRACTS

THIS NOTICE IS FOR YOUR BENEFIT AND REQUIRED BY 11 NYCRR PART 51 (INSURANCE REGULATION 60)

YOU ARE CONTEMPLATING THE PURCHASE OF A LIFE INSURANCE POLICY OR ANNUITY CONTRACT IN CONNECTION WITH THE SURRENDER, LAPSE OR CHANGE OF EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS. THE AGENT OR BROKER IS REQUIRED TO GIVE YOU THIS NOTICE. A SIGNED DISCLOSURE STATEMENT WILL ALSO BE PROVIDED TO YOU CONTAINING THE SUMMARY RESULT COMPARISON FOR THE NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT AND ANY LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO BE CHANGED THAT SETS FORTH THE FACTS OF THE TRANSACTION AND ITS ADVANTAGES AND DISADVANTAGES TO YOU. YOUR DECISION COULD BE A GOOD ONE – OR A MISTAKE – SO MAKE SURE YOU UNDERSTAND THE FACTS. YOU SHOULD:

1. CAREFULLY STUDY THE DISCLOSURE STATEMENT, WHICH INCLUDES A SUMMARY RESULT COMPARISON, UNTIL YOU ARE SURE YOU UNDERSTAND FULLY THE EFFECT OF THE TRANSACTION. **THE DISCLOSURE STATEMENT IS REQUIRED TO BE PROVIDED TO YOU NO LATER THAN UPON DELIVERY OF THE POLICY OR CONTRACT.**
2. ASK THE COMPANY, AGENT OR BROKER FROM WHOM YOU BOUGHT YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS TO REVIEW WITH YOU THE TRANSACTION. YOU MAY BE ABLE TO EFFECT THE CHANGES YOU DESIRE MORE ADVANTAGEOUSLY WITH THEM.
3. CONSULT YOUR TAX ADVISOR. THERE MAY BE UNFAVORABLE TAX IMPLICATIONS ASSOCIATED WITH THE CONTEMPLATED CHANGES TO YOUR EXISTING LIFE INSURANCE POLICIES OR ANNUITY CONTRACTS.

As a general rule, it is often not advantageous to drop or change existing coverage in favor of new coverage, whether issued by the same or a different insurance company. Some of the reasons it may be disadvantageous are:

1. The amount of the annual premium under an existing life insurance policy may be lower than that called for by a new life insurance policy having the same or similar benefits. Any replacement of the same type of policy will normally be at a higher premium rate based upon the insured's then attained age.
2. Since the initial costs of a life insurance policy are charged against the cash value increases in the earlier life insurance policy years, the replacement of an old life insurance policy by a new one results in the policyholder sustaining the burden of these costs twice. Annuity contracts usually contain provision for surrender charges, therefore a replacement involving annuity contracts may result in the imposition of surrender charges.
3. The incontestable and suicide clauses begin anew in a new life insurance policy. This could result in a claim being denied under the new life insurance policy that would have been paid under the life insurance policy that was replaced.
4. An existing life insurance policy or annuity contract often has more favorable provisions than a new life insurance policy or annuity contract in areas such as loan interest rate, settlement options, disability benefits and tax treatment.

5. There may have been changes in your health since the purchase of the existing coverage.
6. The insurance company with which you have existing coverage can often make a desired change on terms that would be more favorable than if you replaced existing coverage with new coverage.

YOU HAVE THE RIGHT, WITHIN 60 DAYS FROM THE DATE OF DELIVERY OF A NEW LIFE INSURANCE POLICY OR ANNUITY CONTRACT, TO RETURN IT TO THE INSURER AND RECEIVE AN UNCONDITIONAL FULL REFUND OF ALL PREMIUMS OR CONSIDERATIONS PAID ON IT, OR IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, A PAYMENT OF THE CASH SURRENDER BENEFITS PROVIDED UNDER THE POLICY OR CONTRACT, PLUS THE AMOUNT OF ALL FEES AND OTHER CHARGES DEDUCTED FROM GROSS CONSIDERATIONS OR IMPOSED UNDER THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT, AND MAY HAVE THE RIGHT TO REINSTATE OR RESTORE ANY LIFE INSURANCE POLICIES AND ANNUITY CONTRACTS THAT WERE SURRENDERED, LAPSED OR CHANGED IN THE TRANSACTION TO THEIR FORMER STATUS TO THE EXTENT POSSIBLE AND IN ACCORDANCE WITH THE INSURER'S PUBLISHED REINSTATEMENT RULES TO THE EXTENT SUCH RULES ARE NOT INCONSISTENT WITH THE PROVISIONS OF 11 NYCRR PART 51 (INSURANCE REGULATION 60).

IMPORTANT: THIS RIGHT SHOULD NOT BE VIEWED AS REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT TO THE SAME CONDITION AS IF IT HAD NEVER BEEN REPLACED. THERE MAY BE CONSEQUENCES IN REINSTATING OR RESTORING YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT, INCLUDING BUT NOT LIMITED TO:

- THE RIGHT TO REINSTATE OR RESTORE YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT APPLIES ONLY TO COMPANIES SUBJECT TO NEW YORK INSURANCE LAWS;
- YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT IS SUBJECT TO YOUR SPECIFIC COMPANY'S REINSTATEMENT RULES, WHICH MAY VARY FROM COMPANY TO COMPANY. THESE RULES MAY REQUIRE PAYMENT OF BOTH PREMIUM AND INTEREST; HOWEVER, YOU WILL NOT BE SUBJECT TO EVIDENCE OF INSURABILITY, OR A NEW CONTESTABLE OR SUICIDE PERIOD;
- YOU MAY NOT RECEIVE THE INTEREST OR INVESTMENT PERFORMANCE DURING THE PERIOD THE LIFE INSURANCE POLICY OR ANNUITY CONTRACT WAS REPLACED; AND
- THERE MAY BE UNFAVORABLE FEDERAL INCOME TAX CONSEQUENCES AS A RESULT OF THE REINSTATEMENT OF YOUR LIFE INSURANCE POLICY OR ANNUITY CONTRACT.

IMPORTANT: IN THE CASE OF A VARIABLE OR MARKET VALUE ADJUSTMENT POLICY OR CONTRACT, THE VALUE OF THE POLICY OR CONTRACT MAY INCREASE OR DECREASE DURING THE 60 DAY PERIOD DEPENDING ON THE PERFORMANCE OF THE UNDERLYING INVESTMENTS, WHICH MAY AFFECT THE VALUE OF THE REFUND YOU RECEIVE.

I HEREBY ACKNOWLEDGE THAT I READ THE ABOVE "IMPORTANT NOTICE" AND HAVE RECEIVED A COPY OF SAME.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Applicant: _____

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

Annuity Service Center: P.O. Box 2708, Amarillo, TX 79105-2708; Telephone: 888-438-6933

Please sign and return the Owner Acknowledgment and Disclosure Statement Attestation at the end of this document along with your application and associated documents for this fixed annuity.

What is the purpose of this document?

We want you to fully understand the benefits, costs and risks associated with this fixed annuity before you buy it. **You should read this document carefully.** It provides a summary of the key elements of the fixed annuity. Please carefully consider whether the purchase of the Corebridge Pathway Choice Focus NY fixed annuity helps meet your needs and goals, and is appropriate for your financial situation. Then, when you receive your contract package from us, carefully read the contract and all its riders and endorsements. These documents have complete details about how the contract works.

What is Corebridge Pathway Choice Focus NY?

Corebridge Pathway Choice Focus NY is a tax-deferred modified single premium fixed annuity (Product or fixed annuity) from The United States Life Insurance Company in the City of New York (we, the company or USL).

This fixed annuity has withdrawal charges during a three-, four-, five- or seven-year withdrawal charge period that apply to withdrawals that exceed the penalty-free withdrawal amounts. **Withdrawals made during the withdrawal charge period could result in you receiving an amount that is less than the premium paid.**

Annuities are long-term vehicles designed for retirement savings and income. Details about the withdrawal charges, and other contract features are found later in this document.

Initial interest rates may be higher for contracts funded with higher premium amounts.

The Insurance Company

The United States Life Insurance Company in the City of New York offers a wide variety of retirement and financial products, including life insurance and annuities. This annuity contract is backed by the claims-paying ability of USL, the issuing company. The company's address is:

The United States Life Insurance Company in the City of New York
175 Water Street
New York, New York 10038
800-445-7862 • corebridgefinancial.com

Not a deposit | Not insured by any federal government agency | May lose value | No bank or credit union guarantee | Not FDIC/NCUA/NCUSIF insured

Interest Crediting Guarantees and Contract Value

What is my initial interest guarantee term and how is interest credited after the guarantee term?

The initial interest rate credited to your contract is guaranteed for the length of the initial interest guarantee term that you elect, which can be 3, 4, 5 or 7 years (the guarantee term). Initial interest rates may be higher for contracts funded with higher premium amounts. You can obtain initial interest rates for the initial term from your financial professional, but your actual initial interest rate will be determined when your contract is issued and will be shown on your contract Data Page. After the guarantee term expires, the company will declare an annual interest rate upon each contract anniversary, and this rate will never be lower than the minimum guaranteed interest rate as defined in your contract. Factors that influence the annual declared rate include, but are not limited to, the level of US treasury rates, credit spreads on corporate bonds and other fixed income instruments, company asset-liability matching strategies, the length of the contract withdrawal charge period and the number of years since your contract was issued.

To achieve the applicable effective annual interest rate, the value at the beginning of each contract year must be left in the annuity for a full year without any withdrawals. Interest is credited daily on a compound basis to achieve the annual declared rate.

How is my contract value calculated?

When you first purchase your contract, the contract value equals your premiums. Any additional premiums received within the first 60 days will increase the contract value. Interest is credited to your contract value daily on a compound basis. If you take a withdrawal during the withdrawal charge period, we subtract the withdrawal amount, along with any withdrawal charges that apply, from your contract value.

Withdrawals and Income

Can I take withdrawals from my contract?

Yes. You can access your money at any time through withdrawals under the contract or through annuitization (see “When can I begin an income plan?” below).

Withdrawals under the contract can be taken at any time (minimum \$250 per withdrawal), or you can setup a systematic withdrawal program to receive regular, scheduled amounts (minimum of \$100 per withdrawal). The minimum remaining contract value after any withdrawal must be \$2,000. Here are the types of withdrawals you can make that are free of withdrawal charges (penalty-free withdrawals):

- **10% penalty-free withdrawals under the contract**— after the first contract year, you are allowed to withdraw up to 10% of the contract value as of the preceding contract anniversary without a withdrawal charge. You may not carry over any amount not taken to the next contract year.
- **Penalty-Free withdrawals of Required Minimum Distributions (RMDs)**—you may take withdrawals of RMDs without a withdrawal charge so long as they are less than or equal to the amount we calculate for you with respect to this contract or taken under the company’s automated systematic RMD program.

The penalty-free withdrawals described above will reduce your contract value, withdrawal value and death benefit. All other withdrawals taken during the withdrawal charge period (other than penalty-free withdrawals) will be subject to withdrawal charges. Taxable withdrawals taken prior to age 59½ may be subject to a 10% early withdrawal federal tax penalty.

What charges and adjustments might apply to withdrawals?

Withdrawal charge

When you take money out of your contract during the initial interest guarantee term you have elected (i.e., 3, 4, 5 or 7 contract years), a charge may be assessed against the amount of the withdrawal. The charge applies to amounts withdrawn that exceed any penalty-free withdrawals. The percentage charged against the withdrawal amount depends on how long you've had the contract. There is no withdrawal charge after the withdrawal charge period ends. Here is the withdrawal charge schedule:

Withdrawal Charge Schedule

3-Year Term Withdrawal Charge Schedule								
Contract Year	1	2	3	4				
Withdrawal Charge	7%	6%	5%	0%				
4-Year Term Withdrawal Charge Schedule								
Contract Year	1	2	3	4	5			
Withdrawal Charge	7%	6%	5%	4%	0%			
5-Year Term Withdrawal Charge Schedule								
Contract Year	1	2	3	4	5	6		
Withdrawal Charge	7%	6%	5%	4%	3%	0%		
7-Year Term Withdrawal Charge Schedule								
Contract Year	1	2	3	4	5	6	7	8
Withdrawal Charge	7%	6%	5%	4%	3%	2%	1%	0%

What is the impact of withdrawal charges on IRS mandated Required Minimum Distributions (RMDs)?

If you purchase your annuity under a tax-qualified retirement plan (e.g., an IRA), the Internal Revenue Code (IRC) directs that a minimum amount of retirement income be taken each year beginning in the year the owner attains Required Minimum Distribution age (*RMD Age*). The RMD Age varies according to birthdate as follows: generally, income must begin by April 1 of the year after the owner reaches 70½ (*if you were born before July 1, 1949*); or age 72 (*if you were born after June 30, 1949 and before January 1, 1951*); or age 73 (*if you were born January 1, 1951 or later*) unless RMD requirements are being satisfied elsewhere. Note that for those born January 1, 1951 or later, the RMD Age will increase to age 75 after December 31, 2032. The annual RMD amount must generally be taken by December 31 each year. The company is not responsible for the satisfaction of RMDs. These payments are known as Required Minimum Distributions or RMDs.

For such qualified contracts:

- Withdrawal charges will not apply to RMD amounts that are based solely on your contract (i.e., not in combination with other IRAs or qualified plans), which are less than or equal to the amount calculated by the company or taken under the company's automated systematic RMD program, including in the first contract year.
- The minimum withdrawal amount of \$250 outlined above does not apply to RMDs.
- RMD amounts do count as part of the 10% penalty-free withdrawal amount, thereby reducing or possibly eliminating the ability to take other penalty-free withdrawals within a contract year.
- Failure to satisfy RMD requirements may result in a tax penalty. You should consult your tax advisor for more information.
- If you are transferring your annuity from another company and have already reached your RMD age, you should take the current tax year's RMD prior to the transfer, since we do not have access to information from the other company needed to calculate your current year's RMD.

What will I receive if I want to withdraw all my money (surrender the contract)?

If chosen, your contract may provide a return of premium guarantee that allows you to cancel it at any time and receive the greater of:

- a. Your premium(s) minus any previous withdrawals; or
- b. Your withdrawal value which is equal to the contract value less applicable withdrawal charges during the withdrawal charge period.

If you do not elect the optional Return of Premium Guarantee, withdrawals made during the withdrawal charge period could result in your receiving less than the premium(s) paid. Finally, note that you likely will receive a lower interest rate if you elect the Return of Premium Guarantee than what you would have received if you did not elect it.

When can I begin an income plan?

You may begin an income plan (also known as annuitizing the contract or annuitization) after the first 13 months but no later than the contract's maturity date. The maturity date is the owner's or, if jointly owned, the older owner's 95th birthday. The amount that is used to determine your income payments is your contract value on the date the income plan begins.

An income plan permanently converts the contract value into a stream of payments. The payments take place over a specific amount of time you choose, with options that guarantee payments for life. Once you begin your income plan, you will not have any further access to your contract value. You or your designated payee will receive your money only via the annuity payments. Annuitization is available at no additional cost on all annuity contracts we offer.

You have five income plan options described fully in your contract:

- Single Life -- Lifetime Payments Guaranteed
- Joint and Survivor Life – Lifetime Payments Guaranteed
- Single Life --Lifetime with 120 or 240 Monthly Payments Guaranteed
- Joint and Survivor -- Lifetime with 120 or 240 Monthly Payments Guaranteed
- Fixed Payments for a Specified Period Certain between 5 and 30 years (at least 10 years if income plan begins within 5 years of issue).

Payments may be set up under one of these options or under another plan mutually agreeable to you and the company.

If I have a serious illness, can I access my money without withdrawal charges?

The following withdrawal charge waiver riders let you make withdrawals without being assessed the withdrawal charge when specific conditions are met. There is no additional charge for these riders. Details about utilizing the riders, including qualifying conditions and waiting periods, are set forth in the riders.

Extended Care Rider	The Owner must receive Extended Care for at least 90 consecutive days, beginning after the second contract Year. The rider terminates when the owner turns age 86.
Terminal Illness Rider	The owner must be initially diagnosed with a Terminal Illness after the contract issue date. Only one partial or full withdrawal is permitted.

Additional Information about the Contract

- The contract is designed to help people meet long-term financial goals and is available to people aged 90 and younger (or age 85, if the 7-year initial interest guarantee term is chosen).
- A transaction statement of your account will be provided annually.
- The company may change your contract from time to time to comply with federal or state laws and regulations. If changes are required, you will be notified about the changes in writing at your last known address.
- Interest guarantee terms and other features offered may vary depending on the selling firm/financial professional through which you purchase your contract. Please check with your financial advisor.
- **Right to Examine the contract (free look):** You may review your annuity contract for a specified number of days, following your purchase, as shown on page one of your contract. If you decide during that time that you do not want the contract, please contact our Annuity Service Center or your financial professional for a refund of your premium, less any withdrawals. Please see the Right to Examine provision on page one of your contract to learn more about your specific free look period.

What happens upon my death?

A death benefit is not subject to withdrawal charges. The lump sum death benefit will equal the contract value, which includes any interest up to the date we receive required documentation for the death claim in good order. For qualified contracts, death benefit options may be limited for non-spousal or other certain beneficiaries.

Can I own the contract along with someone else?

Yes. The company allows this contract to be owned by two people (jointly owned) if they are spouses (as determined for federal tax law purposes). The age of the older owner is used to determine the availability of most age-driven benefits. If your contract is jointly owned, the joint owner is the sole beneficiary. Joint annuitants, if any, when the owner is a non-natural person shall be each other's sole beneficiary, except when the owner is a charitable remainder trust. Any other beneficiary designation will be treated as a contingent beneficiary.

Other Information You Should Know

Commissions and Compensation to Financial Professionals and Selling Agencies

We pay commissions and other sales expenses and incentive compensation from our general assets and revenues, which include amounts we earn from fees and charges under the contracts. We set the rates and terms of an annuity contract, and these rates and terms reflect, in part, the compensation we pay to your financial professional and/or selling agency for the sale of the contract. The amount and type of commissions will vary depending on the agreements we have with a particular selling agency and/or financial professional and may be higher for financial professionals that sell a larger number of our contracts. Financial professionals may receive additional compensation or incentive compensation from us as a reward for things like achieving certain sales volume levels and other measures. **You should discuss with your financial professional how he or she is compensated for sales of a contract and/or any real or perceived conflicts of interest. You may wish to take such compensation into account when considering or evaluating any recommendation relating to this contract.**

Taxes

This discussion regarding the tax treatment of any annuity contract or retirement plan and program is intended for general purposes only. It is not tax advice, either general or individualized. The information provided here is generally based upon the company's understanding of current tax rules and interpretations. Tax laws are subject to change, and while many such changes will only apply going forward, you should recognize that a change could have retroactive effect as well. Neither United States Life Insurance Company in the City of New York nor its financial professionals or representatives, are authorized to give legal, tax or accounting advice. You should seek competent tax or legal advice, as you deem necessary or appropriate, regarding your own circumstances. The company does not guarantee the tax status or treatment of your annuity.

This modified single premium product may not be appropriate for use with contributory IRAs (IRA, Roth, SEP) if you plan to make ongoing contributions. Contracts in retirement plans and accounts such as IRAs, 401(k)s, 403(b)s, etc., are tax deferred regardless of whether or not they are funded with an annuity. If you are considering funding a tax-qualified retirement plan with an annuity, you should know that an annuity does not provide any additional tax-deferred treatment of interest beyond the treatment by the tax-qualified retirement plan itself. However, annuities do provide other features and benefits such as annuity income options and optional guaranteed benefits.

How Withdrawals Are Taxed

Annuities are tax-deferred, which means you or your beneficiary don't pay taxes on the interest credited until the money is paid to you or, in the case of a death benefit, to a beneficiary. If a non-natural person (e.g., a corporation, partnership, or other entity) is the owner of the deferred annuity, the annual growth is taxable unless the entity is acting as the financial professional of a natural person. When you receive a payout or take a withdrawal, you pay ordinary income taxes on the taxable amount, including any interest earned. If you take withdrawals before age 59½, a 10% federal early withdrawal tax penalty may apply. Effective January 1, 2013, certain contract owners may be subject to an additional net investment income tax (NIIT) on income received from non-qualified annuities. Distributions from certain retirement plans (such as traditional and Roth IRAs) are generally not subject to NIIT. You should consult your tax advisors regarding your specific situation.

If you **annuitize** your non-qualified contract, a portion of each annuity income payment will be considered, for tax purposes, to be a return of a portion of your premium, generally until you have received your entire premium. Any portion of each annuity income payment that is considered a return of your premium will not be taxable. Once the investment in the contract (or premium) is exhausted, all future payments will be fully taxable.

Generally, 100% of payments received, whether through withdrawals or annuitization, from a contract held within a retirement plan or account such as an IRA or 401(k) will be taxable. Amounts received from a contract held as a Roth IRA will generally not be taxable. Certain limitations may apply.

What You Will Be Attesting to on the Next Page

On the next page, you will be asked to sign, attesting to the statements below. We've provided the attestations here so you have record of them to keep with this Owner Acknowledgment and Disclosure Statement. Please ask your financial professional to complete the applicable blanks on this page as well as on the following page, which you will sign and which will be submitted to the insurance company with your application. Note: Your contract, when you receive it, will also have a record of your premium amount and any rates that apply.

You will be acknowledging and attesting to:

- 1) I (a) have read and understand the information contained in this document, (b) have received a copy of this Owner Acknowledgment and Disclosure Statement, and (c) have received a copy of an Annuity Buyer's Guide. I certify that my financial objectives and situation were assessed, and that this annuity is suitable for me;
- 2) I understand that, during the 3, 4, 5 or 7-year withdrawal charge period, the contract will be subject to withdrawal charges which may result in a partial loss of any interest credits earned previously;
- 3) I have discussed my financial situation, insurance needs and financial objectives with my financial professional listed herein and understand the terms of this annuity contract. I believe that this annuity is suitable and in my best interest according to such financial needs and objectives;
- 4) I understand that compensation may be paid to my financial professional in connection with the sale of this product;
- 5) I agree that this product meets my individual needs, and I do not knowingly have need of these funds except for those provided for within the time frames of the withdrawal charge period;
- 6) I had the contract and the basis for the recommendation explained to me by my financial professional, with opportunity to ask questions, and I make this purchase with a full understanding of the material features, benefits and terms of the contract; and
- 7) I understand that the company offers several different types of fixed annuity contracts to meet the diverse needs of applicants. I further understand that other contracts available may provide different features and benefits offered with different rates and/or charges. When working with my financial professional to determine the best product to meet my needs, I have considered among other things, whether the features and benefits of this annuity contract and the related rates and charges provide the most appropriate package to help me meet my retirement savings goal.

Your Financial Professional's Statement

Your financial professional will be attesting that:

I have provided accurate information to the owner(s) regarding this annuity. Based on the suitability information gathered by me, I have reasonable basis to believe that: (a) the owner(s) would benefit from the features of this annuity; (b) this annuity as a whole is in the best interest of the consumer and appropriately addresses the insurance needs and financial objectives of the consumer; and (c) if this is a replacement, the sale of the annuity is a reasonable product for the owner(s). In addition, if this Product was marketed to the owner(s) as an alternative to an investment product, I am appropriately licensed to discuss investment products.

Owner Acknowledgment and Disclosure Statement Attestation

Please make sure you and your financial professional attest to the respective statements below by **signing and dating this Attestation and returning it with your application**. You must retain the full Owner Acknowledgment and Disclosure Statement for your records.

By signing below, I acknowledge and attest that:

- 1) I (a) have read and understand the information contained in this document, (b) have received a copy of this Owner Acknowledgment and Disclosure Statement, and (c) have received a copy of an Annuity Buyer's Guide. I certify that my financial objectives and situation were assessed and that this annuity is suitable for me;
- 2) I understand that, during the 3, 4, 5 or 7-year withdrawal charge period, the contract will be subject to withdrawal charges which may result in a partial loss of any interest credits earned previously;
- 3) I have discussed my financial situation, insurance needs and financial objectives with my financial professional listed herein and understand the terms of this annuity contract. I believe that this annuity is suitable and in my best interest according to such financial needs and objectives;
- 4) I understand that compensation may be paid to my financial professional in connection with the sale of this product;
- 5) I agree that this product meets my individual needs, and I do not knowingly have need of these funds except for those provided for within the time frames of the withdrawal charge period;
- 6) I had the contract and the basis for the recommendation explained to me by my financial professional, with opportunity to ask questions, and I make this purchase with a full understanding of the material features, benefits and terms of the contract; and
- 7) I understand that the company offers several different types of fixed annuity contracts to meet the diverse needs of applicants. I further understand that other contracts available may provide different features and benefits offered with different rates and/or charges. When working with my financial professional to determine the best product to meet my needs, I have considered among other things, whether the features and benefits of this annuity contract and the related rates and charges provide the most appropriate package to help me meet my retirement savings goal.

Signed on _____
(date)

OWNER'S NAME (please print) _____

OWNER'S SIGNATURE X _____

JOINT OWNER'S NAME, IF ANY (please print) _____

JOINT OWNER'S SIGNATURE X _____

Financial Professional's Statement

I have provided accurate information to the owner(s) regarding this annuity. Based on the suitability information gathered by me, I have reasonable basis to believe that: (a) the owner(s) would benefit from the features of this annuity; (b) this annuity as a whole is in the best interest of the consumer and appropriately addresses the insurance needs and financial objectives of the consumer; and (c) if this is a replacement, the sale of the annuity is a reasonable product for the owner(s). In addition, if this Product was marketed to the owner(s) as an alternative to an investment product, I am appropriately licensed to discuss investment products.

FINANCIAL PROFESSIONAL'S NAME (please print)_____

FINANCIAL PROFESSIONAL'S SIGNATURE X_____

The United States Life Insurance Company in the City of New York (USL)

Mailing Address: Annuity Service Center PO Box 871 Amarillo TX 79105-0871
Overnight Mail: Annuity Service Center 1050 N Western St Amarillo TX 79106-7011

**State of New York
Compensation
Disclosure**

www.corebridgefinancial.com

Contract No. _____

The following disclosure is provided pursuant to Section 30.3 of New York Comp. Codes R. & Reg., tit. 11, Pt 30 (Regulation 194):

_____ (“the producer”) is an insurance producer licensed by the State of New York. Insurance producers are authorized by their license to confer with insurance purchasers about the benefits, terms and conditions of insurance contracts; to offer advice concerning the substantive benefits of particular insurance contracts; to sell insurance; and to obtain insurance for purchasers. The role of the producer in any particular transaction typically involves one or more of these activities.

Compensation will be paid to the producer, based on the insurance contract the producer sells. Depending on the insurer(s) and insurance contract(s) the purchaser selects, compensation will be paid by the insurer(s) selling the insurance contract or by another third party. Such compensation may vary depending on a number of factors, including the insurance contract(s) and the insurer(s) the purchaser selects. In some cases, other factors such as the volume of business a producer provides to an insurer or the profitability of insurance contracts a producer provides to an insurer also may affect compensation.

The insurance purchaser may obtain information about compensation expected to be received by the producer based in whole or in part on the sale of insurance to the purchaser, and (if applicable) compensation expected to be received based in whole or in part on any alternative quotes presented to the purchaser by the producer, by requesting such information from the producer.

Insurance Producer Name (*Print*) _____

Insurance Producer (*Signature*) _____ Date _____

I ACKNOWLEDGE THAT I RECEIVED THIS DISCLOSURE FORM.

Client Name (*Print*) _____

Client (*Signature*) _____ Date _____

**American General Life Insurance Company (AGL)
The United States Life Insurance Company in the City of New York (USL)**

Address mail to:

Annuity Service Center

Regular Mail

PO Box 2708
Amarillo TX 79105-2708

Overnight Mail

1050 N Western St
Amarillo TX 79106-7011

Phone: 800-242-4079

Fax: 713-620-3829

Website: corebridgefinancial.com

Email: annuityservice@corebridgefinancial.com

Request for Transfer of Assets

• 1035 Exchange • Transfer • Rollover • Transfer of Assets

Instructions and Important Information

1. Please complete sections 1-3.
2. Surrendering Company Account number is required in section 1.
3. Owner and Agent signatures are required in section 3.
4. A Replacement Form must be completed if required by your state.
5. Return this form to the Annuity Service Center at the email, mailing address, or fax number listed above.
6. Original (*wet signature, notary and/or medallion signature guarantee*) may be required by the Surrendering Company.

For Qualified Contracts only – If you are subject to a Required Minimum Distribution (RMD), please ensure your current year RMD is taken prior to initiating a direct transfer or rollover.

1 Surrendering Company Information (Current Contract information)

Surrendering Company Account Number (Required) _____

Surrendering Company Name (Required) _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Contract Owner(s) Name/Current Registration (Required) _____ SSN/ TIN _____

Joint Owner Name _____ SSN _____

Annuitant/Insured Name (if different from owner) _____

Please attach a copy of your current contract/account statement.

The contract is:

- Enclosed
- Lost or Destroyed – I certify that the contract is lost or destroyed.
In addition, I certify that the contract has not been assigned or pledged as collateral.

This contract is being transferred to:

- A new AGL or USL contract
- An existing AGL or USL contract:

Contract Number _____

Notes/Special Instructions (Indicate any special instructions below)

2 Transfer Details

Transfer Timing Check one:

- Transfer Immediately Transfer upon maturity/anniversary date of _____ (not to exceed 60 days)
Date

If requesting to transfer on a specific date Check one:

- Surrender charges will be incurred: before after the date listed above N/A

Transfer Amount Check one:

- FULL: Transfer/Rollover/1035 Exchange/Surrender/Liquidate all assets, approximately \$ _____
- PARTIAL: Transfer/Rollover/1035 Exchange/Liquidate assets in the amount of \$ _____

Note: Partial 1035 Exchanges from life insurance policies are not accepted.

2 Transfer Details *(continued)*

Transfer Type Please select one of the following options:

1. Nonqualified 1035 Exchange: from an annuity or life insurance policy(ies)

I hereby make a complete and absolute assignment (*endorsement for contracts that are not assignable*) and transfer all rights, title, interest, of every nature and character, in and to the above policy, to the insurance company indicated above in an exchange intended to qualify under Section 1035 of the Internal Revenue Code. I represent that the above policy is not subject to any pledge, assignment, levy, or legal proceeding. Upon receipt, the insurance company is directed to surrender the policy, and apply the value to an annuity contract for which I have submitted an application. I understand that by executing this assignment, I irrevocably waive all rights, claims, and demands under the above policy. I am aware of all penalties which may apply.

If this is a Partial 1035 Exchange, I understand that it is subject to Revenue Ruling 2003-76, which requires that the cost basis of the original contract be reduced pro rata by the amount of the transfer to the new contract. It is also subject to all current and future IRS guidance and regulations. I also understand that there may be tax and tax reporting consequences for any withdrawals, owner changes or annuitizations for less than a term of 10 years or life, taken after a partial exchange pursuant to Revenue Procedure 2011-38.

I understand American General Life Insurance Company, The United States Life Insurance Company in the City of New York or The Variable Annuity Life Insurance Company (*the "Company"*) is participating in this transaction at my specific request and as an accommodation to me and makes no representations or warranties and has no responsibility or liability for the validity of this transaction or its tax treatment under Section 1035 of the Internal Revenue Code or otherwise. I understand the Company does not provide tax or legal advice and recommends that I seek the advice of my tax or legal advisor before entering into this transaction.

I authorize the Company to rely upon the cost basis information provided by the surrendering company, but agree that the Company will assume no responsibility for determining or verifying cost basis. If cost basis is not provided, I acknowledge that more restrictive or less beneficial tax rules may apply to the amounts transferred.

2. Direct/Indirect Rollover of Qualified Account(s):

As participant of the plan indicated below, I am requesting a Qualified Rollover of all assets to the Company. The Company will not separately account for rollover amounts. Additionally, amounts rolled over between plans become subject to the new plan's provisions. **Please select one "From" and one "To" from the following options:**

Note not all combinations of "From" and "To" are allowed. Confirm allowance prior to your selection. Transfer request for Simple IRA opened for less than 2 years will be denied.

From:

- 401(a)
 401(k)
 Governmental 457(b) (*Please see your tax advisor for qualifications*)
 IRA
 SEP
 Simple IRA
 TSA
 Other _____ (*specify line of business and confirm availability with the Company*)

To:

- Roth IRA issue date _____
 SEP
 Traditional IRA
 Other _____
(specify line of business and confirm availability with the Company)

For distributions occurring after January 1, 2015, under federal tax rules individuals cannot make more than one non-taxable 60-day IRA rollover within any one-year period, even if the rollovers involve different IRAs. The one-rollover-per year limitation does not apply to a rollover to or from a qualified plan nor does it apply to IRA trustee-to-trustee transfers. IRA owners requesting a distribution for a rollover should be advised that they have the option to request a trustee-to-trustee transfer from one IRA to another IRA.

3. Transfers of Qualified Account(s) Please select one of the following options:

- IRA to IRA** **Roth IRA to Roth IRA** Original Roth issue date _____
(Not available for all Fixed Annuities. Please check with your back office for availability.)
 SEP to SEP

4. Other Non-Qualified Transfers (non-insurance/non-1035) Select one:

- Bank or Credit Union Account Mutual Fund Other _____

3 Signatures (required)

By executing this form, I certify and attest to the following:

- I understand that if funds are received by the Company after any eligibility period or condition(s) have expired, the Company will not be obligated to issue the contract as applied for. I further understand that the Company is not responsible for investment performance of the assets under this form while such assets are being transferred to the Company.
- I authorize the full or partial liquidation of my existing contract or account in accordance with the sections completed above. I understand that fees and charges may apply if the transfer is processed before the maturity/anniversary date of my existing contract or account.
- I have completed a new Application with the Company selected in section 1 for the issuance of an annuity contract in exchange for these assets.
- All statements I have made on this request for transfer of assets form are true to the best of my knowledge.

TAX CERTIFICATION (Substitute Form W-9) – Applicable to U.S. persons (including U.S. citizens and resident aliens). If you are not a U.S. person, you are required to submit the applicable IRS Form W-8 series (BEN, BEN-E, ECI, EXP or IMY).

Under penalties of perjury, I certify to the following:

1. That the taxpayer identification number listed on this form is my correct SSN/TIN and I am a U.S. Citizen or other U.S. person (including resident aliens).;
2. I further certify that I am exempt from and have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding. The Company is required to withhold income tax on any payments, which include interest and dividends when the owner is subject to backup withholding.; and
3. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Certification Instructions: You must cross out any statement in 1-3 that does not apply to you. For instructions on how to complete this certification, please see the General Instructions for the IRS Form W-9 on www.irs.gov. If you can complete a Form W-9 (Request for Taxpayer Identification Number) and you are a U.S. Citizen or U.S. resident alien, FATCA reporting may not apply to you. **Please consult your own tax advisor with any questions you may have regarding this certification.**

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

OWNER
MUST SIGN HERE _____ Date _____

Owner Trustee Plan administrator Custodian Power of attorney Other _____

JOINT OWNER OR
ADDITIONAL REQUIRED
TRUSTEE/SIGNER
MUST SIGN HERE _____ Date _____

Owner Trustee Plan administrator Custodian Power of attorney Other _____

Agent/Registered Representative Signature _____ Date _____

Signature Guarantee Box

888-438-6933

Regular Mail: Annuity Service Center, P.O. Box 2708, Amarillo, TX 79105-2708

Overnight Mail: Annuity Service Center, 1050 N. Western St., Amarillo, TX 79106-7011

Please complete the beneficiary information below. Please Print

If the beneficiary type (Primary or Contingent) is not selected, the beneficiary will be designated as "primary." Multiple beneficiaries will share the death benefit equally unless otherwise specified. For non-individually owned, custodially held IRAs and qualified plans, if no beneficiary is listed, the beneficiary will default to the Owner listed on the Application.

Beneficiary Name _____ Primary Contingent
Address _____
Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone (____) _____
Birth/Trust Date _____ Email _____

Beneficiary Name _____ Primary Contingent
Address _____
Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone (____) _____
Birth/Trust Date _____ Email _____

Beneficiary Name _____ Primary Contingent
Address _____
Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone (____) _____
Birth/Trust Date _____ Email _____

Beneficiary Name _____ Primary Contingent
Address _____
Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone (____) _____
Birth/Trust Date _____ Email _____

Beneficiary Name _____ Primary Contingent
Address _____
Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone (____) _____
Birth/Trust Date _____ Email _____

Beneficiary Name _____ Primary Contingent
Address _____
Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone (____) _____
Birth/Trust Date _____ Email _____

Beneficiary Name _____ Primary Contingent
Address _____
Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone (____) _____
Birth/Trust Date _____ Email _____

Additional Beneficiary Information

Beneficiary Name _____ Primary Contingent
Address _____
Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone (____) _____
Birth/Trust Date _____ Email _____

Beneficiary Name _____ Primary Contingent
Address _____
Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone (____) _____
Birth/Trust Date _____ Email _____

Beneficiary Name _____ Primary Contingent
Address _____
Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone (____) _____
Birth/Trust Date _____ Email _____

Beneficiary Name _____ Primary Contingent
Address _____
Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone (____) _____
Birth/Trust Date _____ Email _____

Beneficiary Name _____ Primary Contingent
Address _____
Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone (____) _____
Birth/Trust Date _____ Email _____

Beneficiary Name _____ Primary Contingent
Address _____
Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone (____) _____
Birth/Trust Date _____ Email _____

Additional beneficiaries listed on attached sheet.

Owner's Name _____

Owner's Signature _____ Date _____

Joint Owner's Name (if applicable) _____

Joint Owner's Signature (if applicable) _____ Date _____