

# Guaranteed Issue Whole Life Insurance

(GIWL)



# Who needs GIWL?

**81%**

**PAYING**

for burial/ final expenses is the **top reason** for owning life insurance.\*

**41**

**MILLION**

consumers say they need life insurance, but do not have it.\*

**50**

**MILLION**

Americans intend to buy life insurance with long-term care.\*



\* Insurance Barometer Study, 2020

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# Reasons to buy GIWL

- Client prefers not to take a medical exam
- Desire for permanent protection – i.e., won't go away in 10, 15, or 20 years
- Client doesn't want to burden others with final expenses
- An additional, easy to get, modest legacy for loved ones
- Client living on fixed income who requires non fluctuating payments



# GIWL competitive product

## Guaranteed issue, no medical questions

- Face Amounts  
\$5,000 - \$25,000
- Ages  
50-80 (ALB)

## Graded Death Benefit Whole Life

- **Years 1-2**  
110% of premiums paid
- **Years 3**  
Full Face Amount
- **Accidental Death**  
Full Face Amount

## Attractive Chronic Illness Acceleration

Benefit at no additional cost\*

- Returns 100% of premiums paid, up to 25% of Face Amount
- No waiting period
- One-time lump sum payment when insured becomes chronically ill (2 out of 6 ADLs)

## Terminal Illness Benefit Included\*

- 50% of Death Benefit within 24-month life expectancy or less



\*Riders not available in all states

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# Maximum payment age

- Premiums will be required to be paid to the maximum age shown in the chart to the right.
- Maximum payment age varies by age, gender, and face amount.

ISSUE AGE	MALE		FEMALE	
	Death benefit equal to or below \$15,000	Death benefit equal to or higher than \$15,001	Death benefit equal to or below \$15,000	Death benefit equal to or higher than \$15,001
	MAXIMUM PAYMENT AGE		MAXIMUM PAYMENT AGE	
50	80	81	90	90
51	81	81	90	90
52	81	81	90	89
53	82	80	90	89
54	82	80	90	88
55	83	80	90	88
56	83	81	90	88
57	83	81	90	88
58	84	81	90	88
59	84	82	90	88
60	85	83	90	89
61	84	82	90	88
62	84	82	90	88
63	84	82	90	88
64	84	82	90	88
65	84	82	90	88
66	84	83	90	88
67	85	83	90	88
68	85	84	90	89
69	86	84	90	89
70	86	85	90	89
71	86	85	90	89
72	86	85	90	88
73	86	85	90	88
74	86	85	90	88
75	87	86	90	89
76	86	85	89	88
77	86	86	89	88
78	87	87	89	88
79	88	88	89	88
80	89	89	89	89



Premiums paid may exceed amount of coverage. For an estimate of the year the premiums may exceed the amount of coverage, divide the face amount by annual premium.

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# GIWL product requirements

## Product Requirements

- Insured must be Owner
- Payor can be different than Insured
- Social Security number will be required
- Only one policy per Owner/Insured in a twelve-month period
- Insured can get no more than \$25k total in GI insurance from American General Life Insurance
- No replacement or conversion into this product allowed
- Payment options include bank draft, credit card, and social security debit card
- Payment date can be scheduled to match policy effective date on bank draft only





# GIWL chargeback rules

- Lapse and surrenders (year 1 only)
  - **Months 1-6:** 25%
  - **Months 7-12:** N/A
- Death (years 1-2)
  - **Year 1:** 100%
  - **Year 2:** 50%



# GIWL competitive product analysis

As of February 5, 2021

	American General	Americo	Gerber	John Hancock	Mutual of Omaha	New York Life
<b>Product Name</b>	Guaranteed Issue Whole Life	Eagle Guaranteed	Guaranteed Life Insurance	Final Expense	Whole Life Guaranteed	Easy Acceptance Life Insurance
<b>Coverage Available</b>	\$5,000 to \$25,000	\$5,000 to \$10,000	\$5,000 to \$25,000	\$2,000 to \$20,000	\$5,000 to \$25,000	\$2,500 to \$25,000
<b>Issue Ages</b>	50 to 80	50 to 80	50 to 80	55 to 80	40 to 85	50 to 80
<b>Graded Benefit Coverage</b>	110% of premiums paid, first two years	Year 1 - ROP plus 5% Year 2 - ROP plus 10% Year 3 - 75% of the face amount	Premiums paid plus 10% interest compounded annually, first two years	110% of premiums paid, first two years	110% of premiums paid, first two years	125% of premiums paid, first two years
<b>Chronic Illness Benefit</b>	<ul style="list-style-type: none"> <li>Premiums paid are returned up to 25% of face</li> <li>No waiting period</li> </ul>	-----	-----	-----	-----	-----
<b>Terminal Illness Benefit</b>	50% of death benefit with 24-month life expectancy	-----	-----	-----	-----	50% of death benefit with 12-month life expectancy



Carriers mentioned in the presentation are peer group competitors of AGL. Every attempt has been made to verify the accuracy of competitor information. Product and rates are subject to change at any time.

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# GIWL competitive pricing – monthly premiums

As of February 5, 2021

**\$10,000 face amount**

	Age	AGL	Americo		Gerber		John Hancock		Mutual of Omaha		New York Life	
Male	55	\$61	\$113	-85%	\$58	6%	\$73	-19%	\$49	21%	\$64	-4%
	65	\$91	\$158	-74%	\$85	6%	\$105	-16%	\$71	22%	\$85	6%
	75	\$150	\$303	-102%	\$140	7%	\$175	-17%	\$127	15%	\$115	23%
Female	55	\$47	\$88	-88%	\$44	5%	\$50	-7%	\$36	23%	\$50	-7%
	65	\$66	\$122	-84%	\$63	6%	\$74	-11%	\$55	18%	\$69	-4%
	75	\$116	\$215	-86%	\$108	7%	\$129	-11%	\$100	14%	\$96	17%

**\$15,000 face amount**

	Age	AGL	Americo		Gerber		John Hancock		Mutual of Omaha		New York Life	
Male	55	\$91	---	---	\$86	5%	\$108	-19%	\$72	21%	\$95	-4%
	65	\$135	---	---	\$127	6%	\$156	-16%	\$106	21%	\$126	7%
	75	\$223	---	---	\$209	7%	\$261	-17%	\$189	15%	\$171	23%
Female	55	\$69	---	---	\$66	4%	\$74	-7%	\$54	22%	\$74	-7%
	65	\$99	---	---	\$93	5%	\$110	-11%	\$81	18%	\$102	-3%
	75	\$173	---	---	\$162	6%	\$192	-11%	\$150	13%	\$143	17%

**\$20,000 face amount**

	Age	AGL	Americo		Gerber		John Hancock		Mutual of Omaha		New York Life	
Male	55	\$135	---	---	\$115	15%	\$144	-6%	\$96	29%	\$126	7%
	65	\$199	---	---	\$169	15%	\$208	-4%	\$142	29%	\$168	16%
	75	\$328	---	---	\$278	15%	\$375	-14%	\$252	23%	\$228	30%
Female	55	\$103	---	---	\$88	15%	\$98	5%	\$71	31%	\$99	4%
	65	\$146	---	---	\$124	15%	\$146	0%	\$108	26%	\$136	7%
	75	\$254	---	---	\$215	15%	\$256	-1%	\$199	22%	\$190	25%

Green %s indicate where AGL is cheaper; red more expensive



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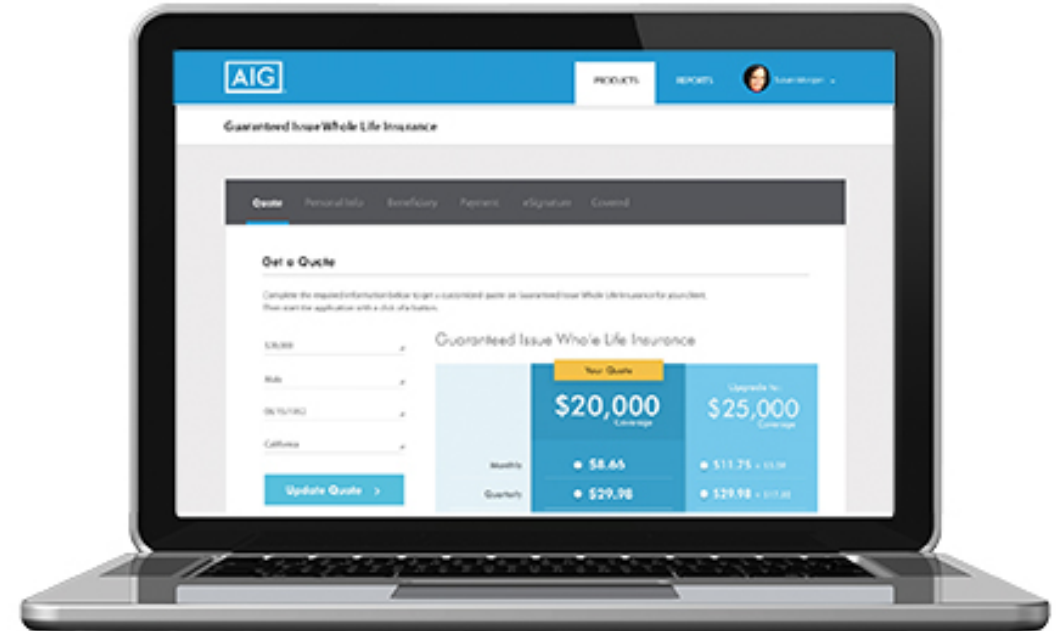
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# GIWL technology platform

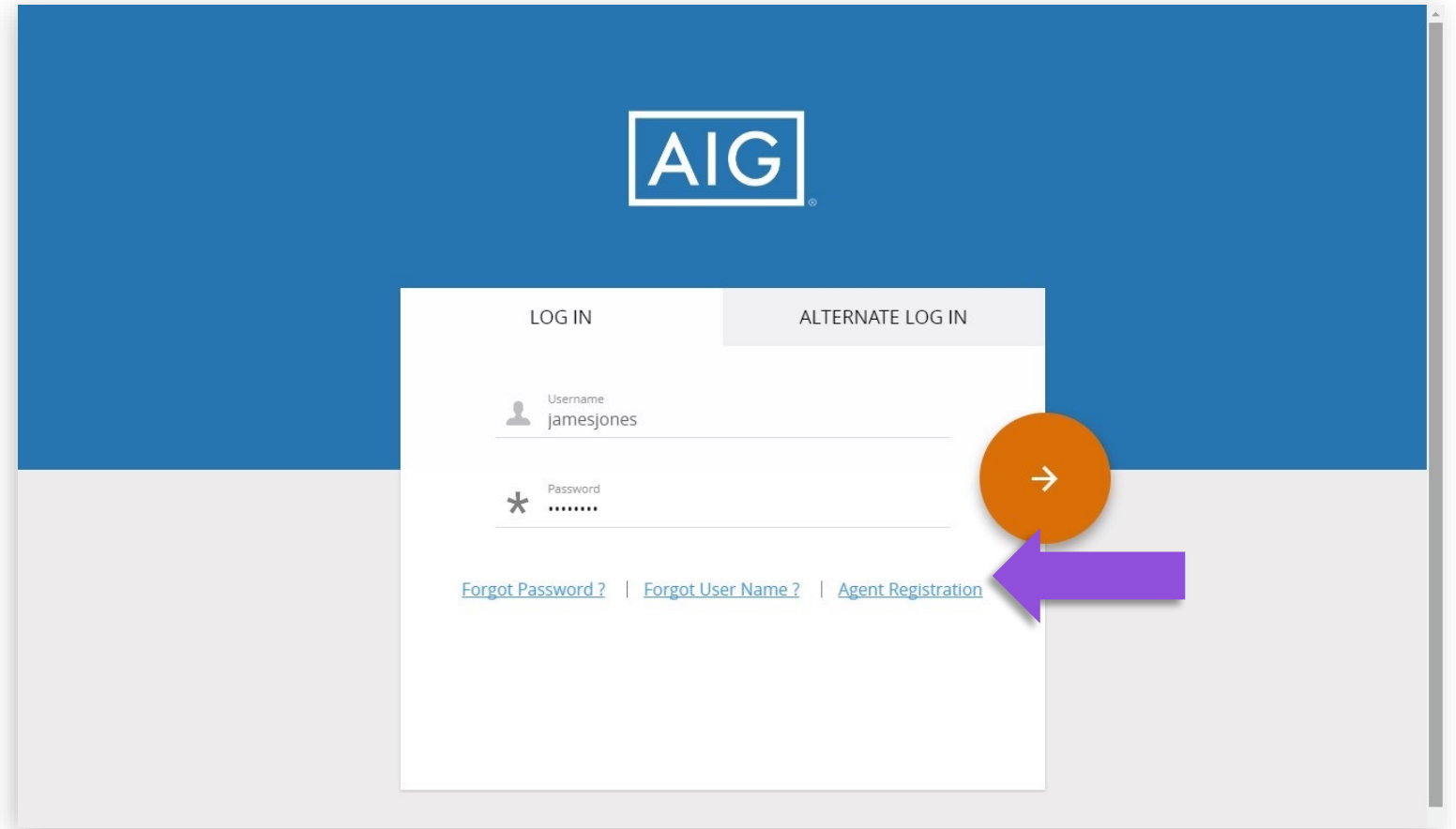
## Strategy and Process

Designed to enable a simple, straight-through electronic sales and application process

- Easy to use, responsive design – works on tablet and mobile devices
- Provides simple quoting with upsell suggestions
- Includes all forms, disclosures, etc., needed at point of sale
- Validates all information is correctly completed – no incomplete applications
- Validates payment information in real time helping agents maximize productivity



# Self registration – one time process



The screenshot shows the AIG login interface. At the top center is the AIG logo. Below it are two tabs: "LOG IN" and "ALTERNATE LOG IN". The "LOG IN" tab is active. Underneath, there are two input fields: "Username" with the value "jamesjones" and "Password" with masked characters. Below the password field is a blue arrow button. At the bottom of the form, there are three links: "Forgot Password?", "Forgot User Name?", and "Agent Registration". A purple arrow points to the "Agent Registration" link, and an orange circle with a white arrow points to the blue arrow button.

# Self registration – one time process

New User Registration

First Name: Test      Last Name: Agent

Date of Birth: 06/15/1972      Phone Number: 615-749-1172

Email Address: test.agent@test.com

**✘ New User Registration**

- The agent code you entered cannot be verified. Please enter a valid agent code.

OK

Cancel      **Create** ←



# Log in

AIG

LOG IN | ALTERNATE LOG IN

Username  
jamesjones

Password  
\*\*\*\*\*

[Forgot Password?](#) | [Forgot User Name?](#) | [Agent Registration](#)







# Alternate log in

AIG

LOG IN ALTERNATE LOG IN


Do you need to register or cannot remember your credentials?  
Enter the information below and we can help you get started.

Last Name

Date of Birth


Last 4 Digits of your SSN

# Landing page

Support Quote Forms Magilan Raja ▾

Welcome to GIWL B2B Application

### Saved Applications - Magilan Raja

Get Quote

Select a client name below to continue the application for Guaranteed Issue Whole Life Insurance, or click the "Get Quote" button to start a new quote and application.

Filter 

Please enter search keyword. Search results will be shown in below grid in few seconds automatically

CLIENT NAME	COVERAGE	PREMIUM	STARTED (CST)	LAST ACTIVITY (CST)	DAYS OPEN	STATUS	ACTION
Kasi Chinna	\$10,000	\$ 62.21 per month	7/14/2020	7/14/2020 - 1:49 AM	1	In Progress	⊗
Srini Vasani	\$5,000	\$ 27.59 per month	7/7/2020	7/7/2020 - 12:44 PM	8	Pending Submission ▲	⊗
Srini Vasani	\$5,000	\$ 27.59 per month	7/7/2020	7/7/2020 - 11:49 AM	8	Pending Submission ▲	⊗



# Hassle-free Whole Life Insurance coverage

Guaranteed Issue Whole Life insurance from American General Life Insurance Company is a simple and affordable life insurance policy designed to help cover expenses like medical bills, credit card debt or funeral costs, and can help protect your loved ones from future financial burdens.

With Guaranteed Issue Whole Life insurance, if you're age 50-80, you can't be turned down for health reasons, and you can receive permanent life insurance without having to qualify for coverage based on your health. The benefits from this guaranteed issue whole life insurance can lend a helping hand for your loved ones during a difficult time.





# Hassle-free Whole Life Insurance coverage

- Guaranteed Acceptance
- No Medical Exam
- Up to \$25,000 in Coverage
- Living Benefits are included – at NO EXTRA COST  
(Subject to state approval)
  - Chronic Illness
  - Terminal Illness
- Guaranteed level premiums paid may exceed amount of coverage. For an estimate of the year the premiums may exceed the amount of coverage, divide the face amount by the annual premium.
- Required premium payments stop at or before age 90.
- Developed for ages 50-80.



# GIWL quote process

AIG Support Quote Forms James Jones

## Guaranteed Issue Whole Life Insurance

Quote Personal Info Beneficiary Payment Consent Complete

### Get a Quote

Complete the required information below to get a customized quote on Guaranteed Issue Whole Life Insurance for your client. Then start the application with a click of a button.

Gender  
Male

Date of Birth  
08/05/1966

Frequency (optional)  
Target Budget (optional) Monthly

Coverage Amount  
\$20,000

State  
Tennessee

DNIS

Complete the information given here to get your quote for Guaranteed Issue Whole Life Insurance.

GET A QUOTE >



# GIWL quote process

### Get a Quote

Complete the required information below to get a customized quote on Guaranteed Issue Whole Life Insurance for your client. Then start the application with a click of a button.

Gender  
Male


Date of Birth  
08/05/1966

Frequency (optional)  
Target Budget (optional) Monthly

Coverage Amount  
\$20,000

State  
Tennessee

[UPDATE QUOTE >](#)

 Policies issued by American General Life Insurance Company

### Guaranteed Issue Whole Life Insurance (Limited Pay)

**Quote**

	Quote	Upgrade to:
	<b>\$20,000</b> Coverage	<b>\$25,000</b> Coverage
Monthly	● \$117.78	● \$146.72
Quarterly	● \$353.05	● \$439.81
Semi-Annual	● \$706.10	● \$879.63
Annually	● \$1,412.20	● \$1,759.25
	Premiums Stop at Age: 82	Premiums Stop at Age: 82

[START APPLICATION >](#)



\*Not an actual case and is a hypothetical representation for illustrative purposes only.

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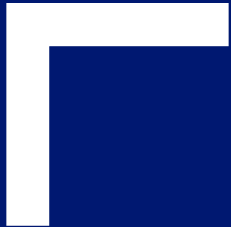


# Application process options


There are two ways to complete an application:

- Paper Forms
  - Can be printed out, filled out by hand and faxed into AIG
- Electronic Order Entry
  - Filled out online with instant submission and, in most cases, instant processing





# PAPER Application Process



# Download application packet

Select state to display state specific forms

Tennessee



Transmittal Form (75.1 KB)



(75.1 KB)



Application for Guaranteed Issue Whole Life Insurance Graded Death Benefit (73.8 KB)



(73.8 KB)



Summary and Disclosure Notice for Terminal Illness (21.5 KB)



(21.5 KB)



Patriot Act Disclosure (86.3 KB)



(86.3 KB)



Credit Card Authorization (70.5 KB)



(70.5 KB)



Bank Draft Authorization (66.2 KB)



(66.2 KB)



DOWNLOAD APPLICATION PACKET



# Application packet

Fax Completed New Business App Packet and Transmittal Form to 1-855-612-9959

Guarantee Issue Whole Life

**Fax Completed New Business App Packet and Transmittal Form to 1-855-612-9959**

GUARANTEE ISSUE WHOLE LIFE - NEW APPLICATION

Policy Number \_\_\_\_\_ Applicant Name \_\_\_\_\_ DOB \_\_\_\_\_  
Agency Number \_\_\_\_\_ Agency Name AmeriLife

## GUARANTEE ISSUE WHOLE LIFE - NEW APPLICATION

### FORMS CHECKLIST - Always submit unless otherwise indicated

- Transmittal Form
- Application
- Patriot Act Disclosure Leave with applicant
- Summary and Disclosure Notice for Accelerated Death Leave with applicant
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

PAYMENT OPTIONS - Submit one of the following forms:

- Credit Card Auth
- Bank Draft Auth



# GIWL paper application



## Application for Issuance

American General Life Insurance Company, 2727-A A  
A member of American International Group, Inc. (AIG)

### PART 1: TELL US ABOUT YOURSELF

First Name \_\_\_\_\_ Middle \_\_\_\_\_  
Home Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Place of Birth (State/Country) \_\_\_\_\_  
Primary Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Gender:  Male  Female Social Security Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_

All prescription Distribution P is

Are you a United States citizen or do you have Permanent Legal Resident (Green Card) status? .....

### PART 2: TELL US ABOUT THE COVERAGE YOU ARE REQUESTING

What amount of insurance are you applying for?  
Amount of Life Insurance: \$ \_\_\_\_\_ (from \$5,000-\$ \_\_\_\_\_)  
Do you have any existing annuity or life insurance or have any applica \_\_\_\_\_  
Company or any other company? .....

Will the life insurance policy being applied for replace or change any annuity or life insurance cov \_\_\_\_\_  
or pending? .....

If "Yes", please complete: Company Name \_\_\_\_\_  
Face Amount \_\_\_\_\_ Month/Year Issued \_\_\_\_\_

Beneficiary Designation: Who do you want the insurance proceeds to \_\_\_\_\_  
will be divided equally unless you indicate a share.)

Beneficiary #1 \_\_\_\_\_  
Beneficiary Name (please print) \_\_\_\_\_ Relationship \_\_\_\_\_

Beneficiary #2 \_\_\_\_\_  
Beneficiary Name (please print) \_\_\_\_\_ Relationship to You \_\_\_\_\_

No = I  
- Do not s

Yes =  
- Do not

### PART 3: HOW WILL YOU PAY FOR COVERAGE?

How often do you want to pay?  
 Annually  Semi-annually  Quarterly  Monthly

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

Bank Draft (Complete Bank Draft Authorization)  
 Credit Card (Complete Credit Card Authorization)  
 Bill me directly (Monthly premium frequency not available with this payment method)  
 Other (please explain) \_\_\_\_\_

Who will pay for your coverage?  
(Complete only if the person paying for this policy is someone other than you)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
Home Street Address \_\_\_\_\_ Gender:  Male  Female  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Relationship to You \_\_\_\_\_

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

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

Any person who knowingly presents a \_\_\_\_\_ a criminal offense and  
subject to penalties under state law.

No = Ineligible  
- Do not send to AIG

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

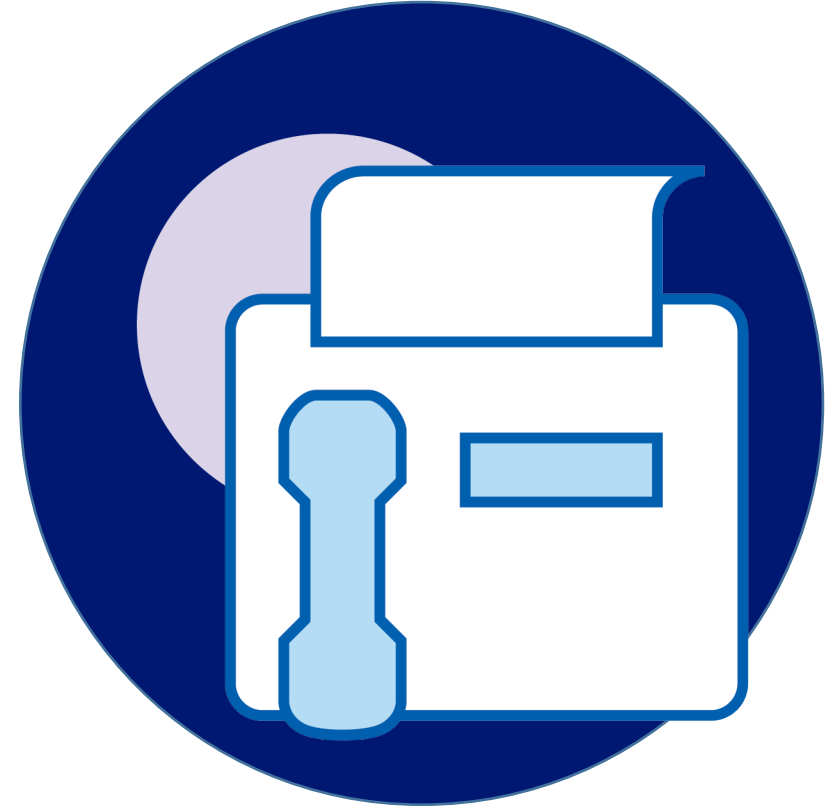
Signature of Proposed Insured \_\_\_\_\_ Date \_\_\_\_\_

James Jones  
4Q79Y  
8/26/2016 12:45:42 PM



# Fax process flow

- Get Quote
- Download Forms
- Complete Forms with Applicant
- Prescreen forms for completeness and product eligibility
- Fax prescreened forms with GIWL Transmittal Form to AG
- Upon receipt at AG
  - Forms will be reviewed for completeness
  - Policy will be data entered and issued
- Get Paid



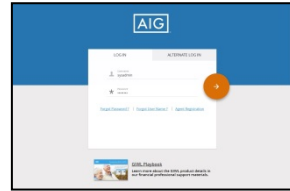


# ONLINE Application Process

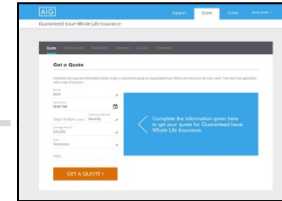


# Electronic process flow

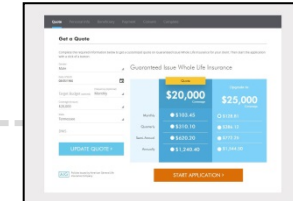
1 Agent Login



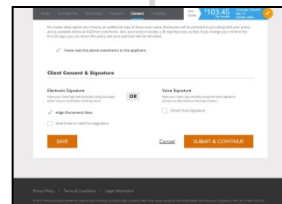
2 Prepare Quote



3 Obtain Quote



4 Fill Out Application



5 Download Completed Application Copy



## Get Paid!



# GIWL online application process

Welcome to GIWL B2B Application

### Saved Applications - Magilan Raja

[Get Quote](#)

Select a client name below to continue the application for Guaranteed Issue Whole Life Insurance, or click the "Get Quote" button to start a new quote and application.

Search Client Name  10 Filter

Please enter search keyword. Search results will be shown in below grid in few seconds automatically

CLIENT NAME	COVERAGE	PREMIUM	STARTED (CST)	LAST ACTIVITY (CST)	DAYS OPEN	STATUS	ACTION
Kasi Chinna	\$10,000	\$ 62.21 per month	7/14/2020	7/14/2020 - 1:49 AM	1	In Progress	⊗
Srini Vasani	\$5,000	\$ 27.59 per month	7/7/2020	7/7/2020 - 12:44 PM	8	Pending Submission ⚠	⊗
Srini Vasani	\$5,000	\$ 27.59 per month	7/7/2020	7/7/2020 - 11:49 AM	8	Pending Submission ⚠	⊗



# GIWL online application process

**AIG** Support Quote Forms James Jones

Guaranteed Issue Whole Life Insurance

Quote Personal Info Beneficiary Payment Consent Complete

### Get a Quote

Complete the required information below to get a customized quote on Guaranteed Issue Whole Life Insurance for your client. Then start the application with a click of a button.

Gender  
Male

Date of Birth  
08/05/1966

Target Budget (optional) Frequency (optional)  
Monthly

Coverage Amount  
\$20,000

State  
Tennessee

DNIS

Complete the information given here to get your quote for Guaranteed Issue Whole Life Insurance.

**GET A QUOTE >**



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# GIWL online application process

### Get a Quote

Complete the required information below to get a customized quote on Guaranteed Issue Whole Life Insurance for your client. Then start the application with a click of a button.

Gender  
Male

Date of Birth  
08/05/1966

Target Budget (optional) Frequency (optional)  
Monthly

Coverage Amount  
\$20,000

State  
Tennessee

**UPDATE QUOTE >**

**Guaranteed Issue Whole Life Insurance  
(Limited Pay)**

	Quote	Upgrade to:
	<b>\$20,000</b> Coverage	<b>\$25,000</b> Coverage
Monthly	● \$117.78	● \$146.72
Quarterly	● \$353.05	● \$439.81
Semi-Annual	● \$706.10	● \$879.63
Annually	● \$1,412.20	● \$1,759.25
	Premiums Stop at Age: 82	Premiums Stop at Age: 82

**START APPLICATION >**

AIG Policies issued by American General Life Insurance Company



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# GIWL online application process

## Consent & Commitment

The client must understand the following and meet the product requirements:

1. Death benefit in first 2 years is:
  - If death occurs from natural causes, the death benefit will be 110% of the actual premium paid less any outstanding loan amounts.
  - If an accidental death occurs, the death benefit will be the face amount of the policy less any outstanding loan amounts
  - If a death is by suicide, the death benefit will be premiums paid less any outstanding loan amounts
2. Existence, no-premium cost nature, and terms of Chronic Illness and Terminal Illness Accelerated Death Benefit Riders
  - Chronic Illness Accelerated Death Benefit Rider: This returns all of the premiums paid, up to 50% of the policy's ultimate face amount, and is triggered when the insured is certified by a Licensed Health Care Practitioner as being unable to perform at least 2 of the 6 "activities of daily living" (bathing, continence, dressing, eating, toileting, transferring) or is diagnosed with a severe cognitive impairment like Alzheimer's or dementia.
  - Terminal Illness Accelerated Death Benefit Rider: If you choose to accelerate your policy's death benefit, this provides an accelerated death benefit of 50% of the applicable death benefit, less the sum of any outstanding loans and accrued loan interest and less an administrative fee at the time of acceleration if the insured is certified by a physician as having a terminal illness.
3. Coverage begins after payment is collected and processed
4. Like all insurance policies there are certain exclusions, conditions, and limitations and clients should review their policies carefully

 I acknowledge client understands and meets requirements

CONTINUE

Stop at or

f Attorney

TINUE

# Personal information



Quote **Personal Info** Beneficiary Payment Consent Complete

Your Quote **\$128.81** Per month Coverage: \$25,000 Age: 51 Gender: Male

### Personal Information

Do you have any existing annuity or life insurance or have any application pending for such coverage with this Company or any other company?

Yes  No

Will the life insurance policy being applied for replace or change any annuity or life insurance coverage in force or pending?

Yes  No

Are you a United States Citizen or do you have Permanent Legal Resident (Green Card) status?

Yes  No

First Name Test	Middle Initial	Last Name Client
Gender Male		Date of Birth 08/05/1966
Place of Birth Country UNITED STATES OF AMERICA		Place of Birth State Tennessee
Street Address 123 Test St		Apt, Suite, Unit, etc. (Optional)
City Brentwood		State Tennessee
		Zip Code 37027
Primary Phone Number 615-555-5555		Secondary Phone Number





# Beneficiary information

## Beneficiary Information

---

### Beneficiary

First Name

Spouse

Middle Initial

Last Name

Client

Relationship

Wife



Add Another Beneficiary



# Payment information

### Payment Information

Payment Frequency  
Monthly

\$146.72 per month

Schedule your first payment (optional)  
Please Note: Your policy is not active until receipt of the initial payment and you receive your policy.

Schedule Date

Will the Payor be the same as the Primary Insured?

Yes  No

### Payment Method

Credit Card Bank Draft

First Name  
Test

Middle Initial

Last Name  
Client

Routing Number  
314074269

Account Number  
123456789

Bank Name  
USAA, FSB

### Account Type

Checking Saving



# Payment information

Quote Personal Info Beneficiary **Payment** Consent Complete

Your Quote **\$48.92** Per month Coverage: \$6,000 Age: 64 Gender: Male

### Payment Method

Credit Card Bank Draft

**Note**  
The banking account information cannot be validated, please review and verify the following information (1 of 3 tries):

- Name on account is accurate (including hyphenation)
- Address for payor matches bank records
- Routing and account numbers are not reversed
- SSN matches account or joint account owner
- Individual accounts only (no business accounts)
- Date of birth matches account or joint account owner

Name on Account  
John Smith

Account Type

Checking Saving

Routing Number **x**

Account Number **x**

Bank Name

### Disclaimers & Disclosures

**You must read the following statements to the customer at this time:**

In order to comply with your state's insurance laws, there are disclosures I need to make available to you. Here are your options for reviewing these disclosures:

You can review them online at [aig.com/lifelegal](http://aig.com/lifelegal)

Great, here are disclosures you will find on the web site:

- A Patriot Act Disclosure

I can email them to you now at the email address you provided in the application

I can read the disclosures to you now, which will add 5-10 minutes to the application process



# Payment information

Quote Personal Info Beneficiary **Payment** Consent Complete

Your Quote **\$48.92** Per month Coverage: \$6,000 Age: 64 Gender: Male

### Payment Method

Credit Card  Bank Draft

**Note:** You have exceeded the allowable number of attempts to enter accurate banking account information. Due to security concerns, you are not allowed to enter any more banking payments for this application, you must enter credit card payment details to continue.

Name on Credit Card \_\_\_\_\_ CVV Number \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Month \_\_\_\_\_ Expiration Year \_\_\_\_\_

Same as Primary Insured Person's Address

Street Address \_\_\_\_\_ Apt, Suite, Unit, etc. (Optional) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Disclaimers & Disclosures

**You must read the following statements to the customer at this time:**

In order to comply with your state's insurance laws, there are disclosures I need to make available to you. Here are your options for reviewing these disclosures:

You can review them online at [aig.com/lifelegal](http://aig.com/lifelegal)





# Payment information

Quote Personal Info Beneficiary **Payment** Consent Complete

Your Quote **\$48.92** Per month Coverage: \$6,000 Age: 64 Gender: Male

### Payment Method

Credit Card Bank Draft

**⊗ Note**

You have exceeded the allowable number of attempts to enter accurate banking account information. Due to security concerns, you are not allowed to enter any more banking payments for this application, you must enter Credit Card payment details to continue.

### Disclaimers & Disclosures

**You must read the following statements to the customer at this time:**

In order to comply with your state's insurance laws, there are disclosures I need to make available to you. Here are your options for reviewing these disclosures:

- You can review them online at [aig.com/lifelegal](http://aig.com/lifelegal)
  - Great, here are disclosures you will find on the web site:
    - A Patriot Act Disclosure
- I can email them to you now at the email address you provided in the application
- I can read the disclosures to you now, which will add 5-10 minutes to the application process

No matter what option you choose, an additional copy of these exact same disclosures will be provided to you along with your policy -



# Payment information

Will the Payor be the same as the Primary Insured?

Yes  No

**Alternate Payor Information**

Same as Primary Insured Person's Address

First Name	Middle Initial	Last Name
Street Address	Apt, Suite, Unit, etc. (Optional)	
City	State	Zip Code
Email Address	Gender	
Date of Birth	Relationship to Insured	
Social Security Number		

Is the Premium Payor a United States citizen or does the Premium Payor have Permanent Legal Resident (Green Card) status?

Yes  No



# Disclaimers & disclosures

## Disclaimers & Disclosures

**You must read the following statements to the customer at this time:**

In order to comply with your state's insurance laws, there are disclosures I need to make available to you. Here are your options for reviewing these disclosures:

You can review them online at [aig.com/lifelegal](https://aig.com/lifelegal)

Great. here are disclosures you will find on the web site:

- A Patriot Act Disclosure
- Disclosures regarding the accelerated death benefit riders that we discussed earlier. If you access one of these riders, it will affect your policy values

I can email them to you now at the email address you provided in the application

I can read the disclosures to you now, which will add 5-10 minutes to the application process

No matter what option you choose, an additional copy of these exact same disclosures will be provided to you along with your policy - and is available online at [AIGDirect.com/forms](https://AIGDirect.com/forms). Also, your policy includes a 30 day free look, so that, if you change your mind in the first 30 days, you can return the policy and your premium will be refunded.

I have read the above statements to the applicant.

# Saving the application

## Client Consent & Signature

---

### Electronic Signature

Have your client sign electronically using DocuSign - either now or send them a link by email.

eSign Documents Now

eSign Documents via Email

**OR**

### Voice Signature

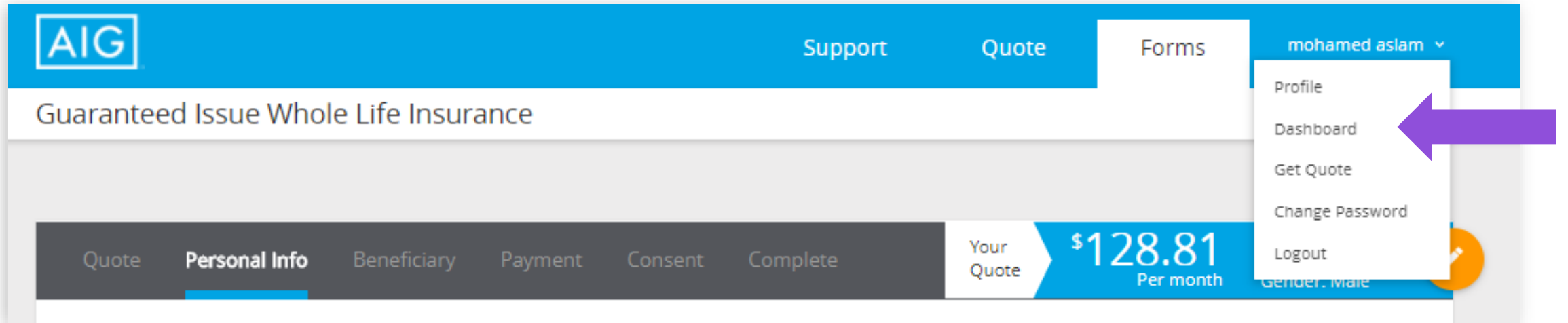
Have your client sign verbally using the voice signature process as described on the next screens.

Obtain Voice Signature

[SAVE](#) | [CANCEL](#) [SUBMIT & CONTINUE](#)



# Saving the application



The screenshot displays the AIG website interface for a 'Guaranteed Issue Whole Life Insurance' application. The top navigation bar includes the AIG logo, 'Support', 'Quote', and 'Forms' tabs. A user profile dropdown menu is open for 'mohamed aslam', listing options: Profile, Dashboard, Get Quote, Change Password, and Logout. A purple arrow points to the 'Dashboard' option. Below the navigation, a progress bar shows steps: Quote, Personal Info (active), Beneficiary, Payment, Consent, and Complete. A quote summary shows 'Your Quote' as '\$128.81 Per month'. The user's gender is listed as 'Male'.



# Saving the application

## Saved Applications - mohamed aslam

Get Quote

Select a client name below to continue the application for Guaranteed Issue Whole Life Insurance, or click the "Get Quote" button to start a new quote and application.

Search Client Name  10 Filter: Open Applications

Please enter search keyword. Search results will be shown in below grid in few seconds automatically

CLIENT NAME	COVERAGE	PREMIUM	STARTED (CST)	LAST ACTIVITY (CST)	DAYS OPEN	STATUS
Test Client	\$25,000	\$ 128.81 per month	4/25/2018	4/25/2018 - 1:23 PM	0	Pending Signature
Test Client	\$25,000	\$ 128.81 per month	4/25/2018	4/25/2018 - 11:01 AM	0	Pending Signature

Showing 1 to 2 of 2 entries



eSign  
Documents  
Now



# eSign documents now

## Client Consent & Signature

### Electronic Signature

Have your client sign electronically using DocuSign - either now or send them a link by email.

eSign Documents Now

eSign Documents via Email

SAVE

OR

### Voice Signature

Have your client sign verbally using the voice signature process as described on the next screens.

Obtain Voice Signature

SUBMIT & CONTINUE



# eSign documents now

## Confirmation

You must read the follow statement to the customer at this time:

And finally, I need to confirm that:

1. To the best of your knowledge and belief, all statements on your application for life insurance are true and complete
2. You understand that no insurance will take effect until your policy is delivered to you and the first full premium due is paid
3. You have not previously applied for this product in the last 12 months
4. You understand that the combined amount of all American General Life Insurance Company Guaranteed Issue Whole Life Insurance benefits on your life cannot exceed \$25,000

Your policy will be [mailed or emailed] to you. You may also access your policy online. You may need to check your Spam or junk email folder for the link. You can also make changes to your policy online, such as an address or beneficiary change.

Do you agree with these statements and apply for this coverage?

**(Must get affirmative "Yes")**

 **I have read the above statements to the applicant.**

**CONTINUE**



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Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures.

**CONTINUE** **OTHER ACTIONS ▾**

999 3rd Ave, Suite 1700 - Seattle, WA 98104 - (206) 219-0200  
www.aig.com

**AIG** Application for Individual Issue Whole Life Graded Insurance Benefit

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

**PART 1: TELL US ABOUT YOURSELF**

First Name Test Middle Initial \_\_\_\_\_ Last Name Client

Home Street Address 123 Test St

City Brentwood State TN Zip 37027

Date of Birth 08/05/1966 Place of Birth (State/Country) USA

Primary Phone 615-555-5555 Alternate Phone \_\_\_\_\_

Gender:  Male  Female Social Security Number \*\*\*-\*\*-3333

E-mail Address test.client@aig.com

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

**PART 2: TELL US ABOUT THE COVERAGE YOU ARE REQUESTING**

What amount of insurance are you applying for?

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

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

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

If "Yes", please complete: Company Name \_\_\_\_\_

Face Amount \_\_\_\_\_ Month/Year Issued \_\_\_\_\_

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

Beneficiary #	Beneficiary Name (please print)	Relationship to You	%Share
Beneficiary #1	<u>Spouse Client</u>	<u>Wife</u>	<u>100</u>
	Beneficiary Name (please print)	Relationship to You	%Share
Beneficiary #2	_____	_____	_____
	Beneficiary Name (please print)	Relationship to You	%Share

**PART 3: HOW WILL YOU PAY FOR COVERAGE?**

How often do you want to pay?

Annually  Semi-annually  Quarterly  Monthly

Your premium amount for the payment frequency selected above is: \$ 128.81

How will you pay? (Check one)

Bank Draft (Complete Bank Draft Authorization)

Credit Card (Complete Credit Card Authorization)



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www.docuSign.com

**AIG**

**Application for Individual Guaranteed Issue Whole Life Insurance Graded Death Benefit**

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

**PART 1: TELL US ABOUT YOURSELF**

First Name Test Middle Initial \_\_\_\_\_ Last Name Client  
Home Street Address 123 Test St  
City Brentwood State TN Zip 37027  
Date of Birth 08/05/1966 Place of Birth (State/Country) USA  
Primary Phone 615-555-5555 Alternate Phone \_\_\_\_\_  
Gender:  Male  Female Social Security Number \*\*\*-\*\*-3333  
E-mail Address test.client@aig.com

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

**PART 2: TELL US ABOUT THE COVERAGE YOU ARE REQUESTING**

What amount of insurance are you applying for?  
Amount of Life Insurance: \$ 25,000 (from \$5,000-\$25,000)  
Do you have any existing annuity or life insurance or have any application pending for such coverage with this Company or any other company?  Yes  No  
Will the life insurance policy being applied for replace or change any annuity or life insurance coverage in force or pending?  Yes  No  
If "Yes", please complete: Company Name \_\_\_\_\_  
Face Amount \_\_\_\_\_ Month/Year Issued \_\_\_\_\_  
Beneficiary Designation: Who do you want the insurance proceeds to go to? (If more than one beneficiary is designated, proceeds will be divided equally unless you indicate a share.)

Beneficiary #1	<u>Spouse Client</u>	<u>Wife</u>	<u>100</u>
	Beneficiary Name (please print)	Relationship to You	%Share
Beneficiary #2	_____	_____	_____
	Beneficiary Name (please print)	Relationship to You	%Share

**PART 3: HOW WILL YOU PAY FOR COVERAGE?**

How often do you want to pay?  
 Annually  Semi-annually  Quarterly  Monthly  
Your premium amount for the payment frequency selected above is: \$ 128.81  
How will you pay? [Check one]



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www.docusign.com

Who will pay for your coverage?  
(Complete only if the person paying for this policy is someone other than you)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Home Street Address \_\_\_\_\_ Gender:  Male  Female

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to You \_\_\_\_\_

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

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

---


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


---


**I agree that:**

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

---

Signature of Proposed Insured  \_\_\_\_\_ Date 04/25/2018





# eSign documents now

### Adopt Your Signature


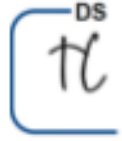
Confirm your name, initials, and signature.

\* Required

Full Name\*  Initials\*

**SELECT STYLE**    DRAW

PREVIEW [Change Style](#)

DocuSigned by:    
F5D112B1C0F3420...

By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

**ADOPT AND SIGN**    CANCEL



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[www.docusign.com](http://www.docusign.com)


**AGREEMENT:**

I (we) hereby authorize and request the Company or its representative to initiate electronic or other commercially accepted-type debits against the indicated bank account in the depository institution named ("Depository") for the payment of premiums and other indicated charges due on the contract(s) listed, and to continue to initiate such debits in the event of a conversion, renewal, or other change to any such contract(s). I (we) hereby agree to indemnify and hold the Company harmless from any loss, claim, or liability of any kind by reason of dishonor of any debit or otherwise related to this authorization.

I (we) understand that this Authorization will not affect the terms of the contract(s), other than the mode of payment, and that if premiums are not paid within the applicable grace period, the contract(s) will terminate, subject to any applicable non-forfeiture provision. I acknowledge that notice of premiums due shall be waived and that the debit appearing on my bank statement shall constitute my receipt of payment, but no payment is deemed made until the Company receives actual payment in its Service Center.

I (we) authorize the Company to obtain information and/or reports from a consumer reporting agency or other company(ies) in order to verify, validate and/or authenticate the information and answers presented on this form. Any information gathered may be disclosed to any person or entity required to receive such information by law or as I may further consent.

I (we) agree that this Authorization may be terminated by me or the Company at any time and for any reason by providing thirty (30) days' written notice of such termination to the non-terminating party and may be terminated by the Company immediately if any debit is not honored by the Depository named for any reason. This request must be dated and all required signatures must be written in ink, using full legal names. This request must be dated and signed by the Bank Account Owner(s) as his/her name appears on bank records for the account provided on this authorization.

<b>Sign</b> 	<b>Bank Account Owner</b>	<b>Signature of Bank Account Owner, if joint account</b>
X	<input type="text"/>	<input type="text"/>
Date	04/25/2018	Date

Please attach voided check for checking account draft or deposit slip for savings account draft.

**NEXT**





# eSign documents now

Done! Select Finish to send the completed document.

**FINISH**    **OTHER ACTIONS ▾**

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www.docuSign.com

**AGREEMENT:**

I (we) hereby authorize and request the Company or its representative to initiate electronic or other commercially accepted-type debits against the indicated bank account in the depository institution named ("Depository") for the payment of premiums and other indicated charges due on the contract(s) listed, and to continue to initiate such debits in the event of a conversion, renewal, or other change to any such contract(s). I (we) hereby agree to indemnify and hold the Company harmless from any loss, claim, or liability of any kind by reason of dishonor of any debit or otherwise related to this authorization.


I (we) understand that this Authorization will not affect the terms of the contract(s), other than the mode of payment, and that if premiums are not paid within the applicable grace period, the contract(s) will terminate, subject to any applicable non-forfeiture provision. I acknowledge that notice of premiums due shall be waived and that the debit appearing on my bank statement shall constitute my receipt of payment, but no payment is deemed made until the Company receives actual payment in its Service Center.

I (we) authorize the Company to obtain information and/or reports from a consumer reporting agency or other company(ies) in order to verify, validate and/or authenticate the information and answers presented on this form. Any information gathered may be disclosed to any person or entity required to receive such information by law or as I may further consent.

I (we) agree that this Authorization may be terminated by me or the Company at any time and for any reason by providing thirty (30) days' written notice of such termination to the non-terminating party and may be terminated by the Company immediately if any debit is not honored by the Depository named for any reason. This request must be dated and signed by the Bank Account Owner(s) as his/her name appears on bank records for the account provided on this authorization.

<p><b>Signature of Bank Account Owner</b></p> <div style="border: 1px solid black; padding: 5px;"><p><small>Digitally signed by</small> <i>Test Client</i> <small>X FSD112B10DF3420...</small></p></div> <p>Date <u>04/25/2018</u></p>	<p><b>Signature of Bank Account Owner, if joint account</b></p> <div style="border: 1px solid black; padding: 5px;"><p><small>X</small></p></div> <p>Date _____</p>
--	---

Please attach voided check for checking account draft or deposit slip for savings account draft.





# eSign documents now

Quote Personal Info Beneficiary Payment Consent **Complete**

## Application Complete New Quote

---

### Guaranteed Issue Whole Life

Policy Number: 6180007082

Date of Application: 04/25/2018 13:09:09 CST (-6:00)

Name of the Issuer: American General Life Insurance Company

- ↓ [Download](#) a PDF version of the completed application.
- ↓ [Download](#) a PDF version of the Patriot Act Disclosure.
- ↓ [Download](#) a PDF version of the Summary and Disclosure Notice for Accelerated Death Benefits.







eSign  
Documents  
via Email



# eSign documents via email

**Client Consent & Signature**

---

**Electronic Signature**  
Have your client sign electronically using DocuSign - either now or send them a link by email.

eSign Documents Now


**esign Documents via Email**

**OR**

**Voice Signature**  
Have your client sign verbally using the voice signature process as described on the next screens.

Obtain Voice Signature

**SAVE**      Cancel      **SUBMIT & CONTINUE**



# eSign documents via email

## eSignature Confirmation

You have chosen to send the completed application to your client to sign electronically via DocuSign. The application will be delivered by email to your client at the address below.



After your client has completed the electronic signature, the application will be automatically submitted to American General Life Insurance Company.

Insured Email Address

test.client@aig.com



Continue

Cancel

# eSign documents via email

## Client Consent & Signature

---

### Electronic Signature

Have your client sign electronically using DocuSign - either now or send them a link by email.

eSign Documents Now

**esign Documents via Email**  
Insured: test.client@aig.com  
[\(Edit\)](#)

**SAVE**

**OR**

### Voice Signature

Have your client sign verbally using the voice signature process as described on the next screens.

Obtain Voice Signature

Cancel

**SUBMIT & CONTINUE**



# eSign documents via email

## Confirmation

You must read the follow statement to the customer at this time:

And finally, I need to confirm that:

1. To the best of your knowledge and belief, all statements on your application for life insurance are true and complete
2. You understand that no insurance will take effect until your policy is delivered to you and the first full premium due is paid
3. You have not previously applied for this product in the last 12 months
4. You understand that the combined amount of all American General Life Insurance Company Guaranteed Issue Whole Life Insurance benefits on your life cannot exceed \$25,000

Your policy will be [mailed or emailed] to you. You may also access your policy online. You may need to check your Spam or junk email folder for the link. You can also make changes to your policy online, such as an address or beneficiary change.

Do you agree with these statements and apply for this coverage?

**(Must get affirmative "Yes")**



**I have read the above statements to the applicant.**



**CONTINUE**



# eSign documents via email

Quote Personal Info Beneficiary Payment Consent **Complete**

## Sent Out for eSignature - What's Next?

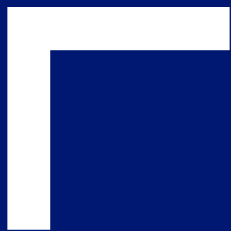
The application has been sent via email to your client for electronic signature with DocuSign. You can track the progress of the application on the Dashboard:

- Pending eSignature** - This status indicates that the application is still with the client and has not yet been signed electronically.
- Pending Submission** - This status indicates that there was an issue with the eSignature submission process.

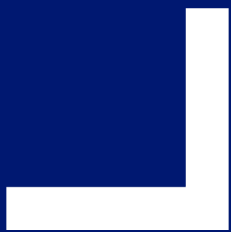
You can find the status for all your applications on your custom dashboard - simply click the "View my Dashboard" button below.

LAST ACTIVITY (CST)	DAYS OPEN	STATUS
8/12/2016 - 7:55 AM	90	<a href="#">In Progress</a>
8/12/2016 - 12:00 PM	115	<span>1</span> <a href="#">Pending eSignature</a>
7/21/2016 - 9:35 AM	58	<a href="#">Pending eSignature</a>
6/15/2016 - 7:51 AM	90	<span>2</span> <a href="#">Pending Submission</a> ▲
7/21/2016 - 9:35 AM	81	<a href="#">Pending Submission</a> ▲
8/12/2016 - 12:00 PM		Complete
7/21/2016 - 9:35 AM		Complete
7/13/2016 - 9:06 AM		Complete
7/09/2016 - 8:16 AM		Complete

[View My Dashboard](#)



# Online Application Process Voice Signature



# Obtain voice signature

## Client Consent & Signature

### Electronic Signature

Have your client sign electronically using DocuSign - either now or send them a link by email.

eSign Documents Now

eSign Documents via Email

SAVE

OR

### Voice Signature

Have your client sign verbally using the voice signature process as described on the next screens.

Obtain Voice Signature

Cancel

SUBMIT & CONTINUE





# Obtain voice signature

## Confirmation

You must read the follow statement to the customer at this time:

And finally, I need to confirm that:

1. To the best of your knowledge and belief, all statements on your application for life insurance are true and complete
2. You understand that no insurance will take effect until your policy is delivered to you and the first full premium due is paid
3. You have not previously applied for this product in the last 12 months
4. You understand that the combined amount of all American General Life Insurance Company Guaranteed Issue Whole Life Insurance benefits on your life cannot exceed \$25,000

Your policy will be [mailed or emailed] to you. You may also access your policy online. You may need to check your Spam or junk email folder for the link. You can also make changes to your policy online, such as an address or beneficiary change.

Do you agree with these statements and apply for this coverage?

**(Must get affirmative "Yes")**

**I have read the above statements to the applicant.**



**CONTINUE**



# Obtain voice signature

## Voice Signature

You must read the following statement to the customer at this time:

Now in order to complete your application for guaranteed issue whole life insurance, I need to do a voice signature authorization that will take the place of your written signature. Do I have your consent to move forward with obtaining your voice signature?

**(Must get affirmative "Yes")**

I have read the above statements to the applicant.



**CONTINUE**

# Obtain voice signature

## Voice Signature

You must read the following statement to the customer at this time:

As a reminder, we're on a recorded line so let me reiterate the type of insurance policy we're activating for you.

Like any other insurance plan, this coverage comes with exclusions, conditions, and limitations. As we discussed, should you pass away due to natural, non-accidental causes AFTER the first 2 years of having your policy, then the full Death Benefit Amount less any outstanding loan amount is paid. Should you pass away during the first 2 policy years as the result of an accident, the Death Benefit Amount less any outstanding loan amount is paid. If death occurs by suicide, the death benefit will be the premiums paid less any outstanding loan amount. When you receive your policy, please review it thoroughly for a full description of the policy provisions and contact me if you have any questions.

Now as I mentioned before, for a \$25,000.00 policy the premium would be \$128.81 on a monthly basis. Just to confirm...you're applying for \$25,000.00, and you understand this policy has certain exclusions, conditions, and limitations as previously explained to you. Right?

**(Must get affirmative "Yes")**

You authorize American General Life Insurance Company to initiate preauthorized recurring electronic debits in the amount of \$128.81 on a monthly basis against USAA, FSB 123456789 for the payment of premiums due on the insurance policy on Test Client. The first draft on your account will align with the requested effective date selected. If the draft is dishonored by your bank for any reason, your coverage may lapse for nonpayment of premium and you will be notified by us in order to provide payment.

Do you agree?

**(Must get affirmative "Yes")**

Voice Signature Reference ID  
\_\_\_\_\_

I have read the above statements to the applicant.



CONTINUE



# Obtain voice signature

Quote Personal Info Beneficiary Payment Consent **Complete**

## Application Complete New Quote

---

### Guaranteed Issue Whole Life

Policy Number: 6180007084

Date of Application: 04/25/2018 13:35:04 CST (-6:00)

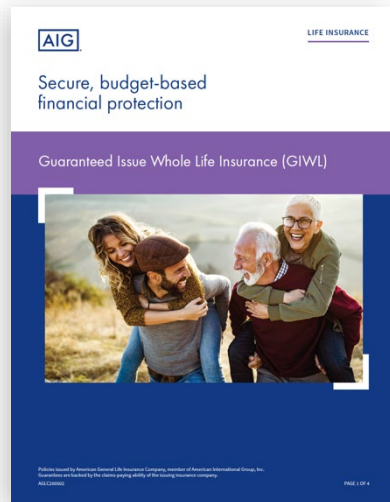
Name of the Issuer: American General Life Insurance Company

- ↓ [Download](#) a PDF version of the completed application.
- ↓ [Download](#) a PDF version of the Patriot Act Disclosure.
- ↓ [Download](#) a PDF version of the Summary and Disclosure Notice for Accelerated Death Benefits.

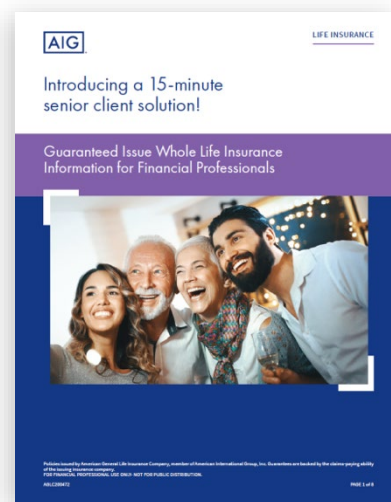
# Marketing material

GIWL Playbook: [www.aig.com/GIWLPlaybook](http://www.aig.com/GIWLPlaybook)

## Consumer Brochure



## Producer Guide



## Rate Calculator Max. Payment Age

**Guaranteed Issue Whole Life (GIWL) Rate Calculator**

Annual Premium Rate per \$1,000  
Open and include annual GSI policy fee

AGE	FACE AMOUNTS			
	\$100K	\$200K	\$300K	\$400K
50	\$48.50	\$97.00	\$145.50	\$194.00
55	\$50.00	\$100.00	\$150.00	\$200.00
60	\$52.00	\$104.00	\$156.00	\$208.00
65	\$54.00	\$108.00	\$162.00	\$216.00
70	\$56.00	\$112.00	\$168.00	\$224.00
75	\$58.00	\$116.00	\$174.00	\$232.00
80	\$60.00	\$120.00	\$180.00	\$240.00
85	\$62.00	\$124.00	\$186.00	\$248.00
90	\$64.00	\$128.00	\$192.00	\$256.00
95	\$66.00	\$132.00	\$198.00	\$264.00
100	\$68.00	\$136.00	\$204.00	\$272.00

**Model Factor**

Annual	1.000
Same Annual	0.900
Quarterly	0.250
Monthly	0.083

**Calculation Details**

- On premium that includes annual premium rate for rate, \$1,000 face amount, age 60, \$145.50
- Multiple by face amount and multiply by 100%: \$1,455.00 x 100% = \$1,455.00
- Round to nearest cent: \$1,455.00
- Rate of policy fee: \$1,455.00
- Monthly to appropriate model factor (in this case monthly): \$1,455.00 x 12 = \$17,460.00
- Round to nearest cent to obtain final model premium: \$17,460.00

## Agent Recruiting Flyer



FOR FINANCIAL PROFESSIONAL USE ONLY – NOT FOR PUBLIC DISTRIBUTION.

# State availability

Current as of September 11, 2020

## PRODUCT PORTFOLIO Issued by American General Life Insurance Company

## AVAILABLE IN THESE STATES

### Whole Life

**Guaranteed Issue Whole Life<sup>SM</sup> (GIWL) (Policy Form ICC20-20532, 20532)**

**All states except NY, and ME**

Chronic Illness Accelerated Death Benefit Rider (15200)

All states, except CA, DC, ME, NY

Terminal Illness Accelerated Death Benefit rider (15201)

All states, except CA, ME, NY

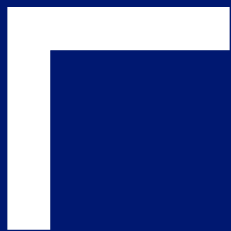




# Doing business in PA?

- If you are writing a case in PA and using the “Download—Fax in Process”:
- Need to have the cash value figures for the PA Disclosure Form
- Please use the following process:
  - Call 877-399-7747 option 1 to speak to a rep to get the figures
  - May also email the request to: [internal.lifesales@aglife.com](mailto:internal.lifesales@aglife.com)
  - Contact info is also listed on the GIWL website
- If you are utilizing the electronic application process the DOES NOT apply. The system will automatically generate the required numbers for you.





# QUESTIONS?

And thank you all for your time today.







# Important Consumer Disclosures Regarding Accelerated Benefit Riders

**An Accelerated Death Benefit Rider (ABR) is not a replacement for Long Term Care Insurance (LTCI). It is a life insurance benefit that gives you the option to accelerate some of the death benefit in the event the insured meets the criteria for a qualifying event described in the policy. The rider does not provide long-term care insurance subject to California insurance law, is not a California Partnership for Long-Term Care program policy. The policy is not a Medicare supplement.**

**ABRs and LTCI provide different types of benefits. An ABR allows the insured to access a portion of the life insurance policy's death benefit while living. ABR payments are unrestricted and may be used for any purpose. LTCI provides reimbursement for necessary care received due to the inability to perform activities of daily living or cognitive impairment. LTCI coverage may include reimbursement for the cost of a nursing home, assisted living, home health care, homemaker services, adult day care, hospice services or respite care for the primary caretaker and the benefits may be conditioned on certain requirements or meeting an elimination period or limited by type of service, the number of days or a maximum dollar limit. Some ABRs and all LTCI are conditioned upon the insured not being able to perform two or more of the activities of daily living or being cognitively impaired.**

This ABR pays proceeds that are intended to qualify for favorable tax treatment under section 101(g) of the Internal Revenue Code. The federal, state, or local tax consequences resulting from payment of an ABR will depend on the specific facts and circumstances, and consequently advice and guidance should be obtained from a personal tax advisor prior to the receipt of any payments. ABR payments may affect eligibility for, or amounts of, Medicaid or other benefits provided by federal, state, or local government. Death benefits and policy values, such as cash values, premium payments and cost of insurance charges if applicable, will be reduced if an ABR payment is made. ABR payments may be limited by the contract or by outstanding policy loans.

Policies issued by American General Life Insurance Company (AGL), Houston, TX. Policy Forms: ICC20-20532, 20532, 20532-5, and 20532-10. Rider Numbers: ICC15-15200, 15200, 15200-7, 15200-10, 15200-35, ICC15-15201, 15201, 15201-7, 15201-9, 15201-10, and 15201-35. Issuing company AGL is responsible for financial obligations of insurance products and is a member of American International Group, Inc. (AIG). Guarantees are backed by the claims-paying ability of the issuing insurance company. AGL does not solicit business in the state of New York. Products may not be available in all states and product features and rates may vary by state. © 2021 AIG. All rights reserved.

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