American General Life Insurance Company
P O Box 305355
Nashville, TN 37230-5355

POLICY LOAN APPLICATION

COMPANY CODE #	POLICY NUMBER	NAME OF INSURED	TELEPHONE	LOCAL OFFICE	AGENCY #

OWNER'S ADDRESS-STREET AND NUMBER | CITY | STATE | ZIP CODE | EMAIL ADDRESS

I. POLICY LOAN APPLICATION

IT IS UNDERSTOOD AND AGREED THAT, I (we), the undersigned, assign the Policy to the Company as security for the repayment of a Policy Loan (and any unpaid interest thereon), and apply for a loan in such amount as will retire any previous loans, pay all interest as provided in the Policy and provide the following amount:

☐ Maximum Loan Available **INCLUDING** any dividend values (if applicable)
NOTE Dividends are not subject to withdrawal if included in loan.

☐ Maximum Loan Available **EXCLUDING** any dividend values (if applicable)

☐ Net Loan of $ _____ , or any amount available, if less.
(Minimum cash loan is $10.00)

LOAN REPAYMENT

☐ Send me repayment reminders of $_____ beginning _____ , _____ . (Note: Minimum notice $10.00 per month)

☐ Monthly ☐ Quarterly ☐ Semi-Annually

Repayments of this loan in amounts of not less than ten dollars ($10.00) may be made at any time while the Policy is in force.

II. INCOME TAX WITHHOLDING ELECTION

If no election is made, or if withholding is required by law notwithstanding your election(s), applicable taxes will be withheld in accordance with federal and state law.

Federal Election – If your payments of estimated tax are inadequate and sufficient amount of tax is not withheld from any distribution, penalties may be imposed under the estimated tax payment rules.

☐ I elect **not** to have federal income tax withheld from the taxable portion of my distribution check.

☐ I elect to have federal income tax withheld from the taxable portion of my distribution check, reducing the indicated amount by the amount withheld.

☐ Amount to be deducted _____ or ☐ Percentage to be deducted _____ .

State Election – State laws may require additional documentation in order to opt out of state income tax withholding or to designate an amount to be withheld. Contact your appropriate state taxing authority for more information.

☐ I elect **not** to have state income tax withheld from the taxable portion of my distribution check.

☐ I elect to have state income tax withheld from the taxable portion of my distribution check, reducing the indicated amount by the amount withheld.

☐ Amount to be deducted _____ or ☐ Percentage to be deducted _____ .

III. REPRESENTATION

I (We) represent to the Company that no Bankruptcy or insolvency proceedings have been instituted by or against me (us), that no party (other than the Company) has a claim against the Policy, and that no assignment of the Policy, other than previous assignments recorded by the Company, is now in effect.

CERTIFICATION: Under penalty of perjury, I certify that:

1. **The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and**
2. **I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**
3. **I am a U.S. citizen or other U.S. person (as defined in the instructions to IRS Form W-9), and**
4. **The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**

Certification Instructions. – You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

If you were a minor when this policy was issued, please submit a copy of your Driver's License with the application.

_____
Witness (Non-Related)

_____
Witness (Non-Related)

Date _____ , _____

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

_____
Signature of Insured — Social Security Number or Tax ID

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

_____
Signature of Owner — Social Security Number or Tax ID

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

_____
Other Required Signature — Social Security Number or Tax ID

_____
Local Office Approval (refer to BP 9438)

For Office Use Only

Verified ☐ Yes ☐ No

_____ Initial

_____ Date

Local Office Stamp

*Failure to furnish TIN. --- If you fail to furnish your correct taxpayer identification number (TIN) to a requestor, you are subject to a penalty of $50 for each such failure unless such failure is due to reasonable cause and not to willful neglect.

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