

# AIG Guaranteed Issue Whole Life E-Application

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

1. American General Life Insurance Company is the insurance company issuing the product
2. The product is Guaranteed Issue Whole Life Insurance
3. The eligible age range for the coverage is 50-85 years of age
4. The Maximum Total Amount of GIWL Coverage is \$25K in total GIWL coverage with American General
5. The Primary Insured and Owner must always be the same person at time of application and cannot be Power of Attorney

## Part 1: Coverage Information

Gender:  Male  Female      Date of Birth: \_\_\_\_\_

Target Budget: (optional): \_\_\_\_\_      Frequency: \_\_\_\_\_

Coverage Amount: \_\_\_\_\_      State: \_\_\_\_\_

## Part 2: Consent & Commitment

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

1. Death benefit in first 2 years is:
  - o If death occurs from natural causes, the death benefit will be 110% of the actual premium paid less any outstanding loan amounts.
  - o If an accidental death occurs, the death benefit will be the face amount of the policy less any outstanding loan amounts
  - o If a death is by suicide, the death benefit will be premiums paid less any outstanding loan amounts
2. Coverage begins after payment is collected and processed
3. 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

## Part 3: 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:** \_\_\_\_\_ **M.I. :** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Gender:**  Male  Female **Date of Birth:** \_\_\_\_\_ **Birth Country:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Primary Phone #:** \_\_\_\_\_ **Secondary Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

(Required for Credit Card payments and eSignature)

**Do you want to designate someone other than yourself to receive notification of the notice of lapse or cancellation?**

Yes       No

## Part 4: Beneficiary Information

### First Beneficiary

**First Name:** \_\_\_\_\_ **M.I. :** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Percentage Share:** \_\_\_\_\_

### Second Beneficiary

**First Name:** \_\_\_\_\_ **M.I. :** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Percentage Share:** \_\_\_\_\_

## Part 4: Payment Information

### Payment Frequency

Monthly       Quarterly       Semi-Annual       Annual

**Amount:** \_\_\_\_\_

### 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

For Credit Card

**Credit Card Name Holder:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Expiration Month/Year:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

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For Bank Draft

**Financial Institution Name:** \_\_\_\_\_

**Account #:** \_\_\_\_\_ **Routing #:** \_\_\_\_\_

**Account Type:**  Checking       Savings

## Part 4: 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  
Great. here are the disclosures you will receive by email:

#### A Patriot Act Disclosure

- I can read the disclosures to you now, which will add 5-10 minutes to the application process  
Ok, this will take a few minutes, here are the disclosures for your state:

#### A Patriot Act Disclosure

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](http://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.

## Part 5: Client Consent & Signature

### Electronic Signature

Have your client sign electronically using DocuSign now.

- esign Documents via Email

Client E-mail Address: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_