

American General
Life Companies**Accidental Death and Dismemberment
Coverage Request Form****American General Life Insurance Company** Houston, TX**Coverage Information**

- ☒ Amount for Primary Insured \$ 100,000.00
- ☐ Spouse coverage, if requested, will be 50% of the Primary Insured's Coverage.
- ☐ Child coverage, if requested, will be 20% of the Primary Insured's Coverage.

Premium Frequency and Method of PaymentPremium Frequency: ☐ Annual ☐ Semi-annual ☐ Quarterly ☒ MonthlyMethod of Payment: ☒ Bank Draft (Complete Bank Draft Authorization)
☐ Credit Card
☐ Other (Please explain) _____Periodic Premium: \$ 17.33**Personal Information****Primary Proposed Insured**Name (last) James (first) Sandra (middle) _____Address 5555 Dailey StCity Batchelor State LA ZIP 70715E-Mail Address JamesSandra@24hourmail.netDate of Birth 09/22/1971 Sex: ☐ Male ☒ Female Age 44Social Security # 439-17-5159 Contact Phone (225) 2402151U.S. Citizen ☒ Yes ☐ No; If no, do you have a valid Social Security card and number? ☐ Yes ☐ No**Insured Spouse (if requesting spouse rider)**

Name (last) _____ (first) _____ (middle) _____

Date of Birth _____ Sex: ☐ Male ☐ Female Age _____

Social Security # _____

U.S. Citizen ☐ Yes ☐ No; If no, do you have a valid Social Security card and number? ☐ Yes ☐ No

Beneficiary Information

Beneficiary 1:	Name (last) <u>Estate</u>	(first) <u>Estate</u>
	Relationship <u>Estate</u>	% Share <u>100</u>
Beneficiary 2:	Name (last) _____	(first) _____
	Relationship _____	% Share _____
Beneficiary 3:	Name (last) _____	(first) _____
	Relationship _____	% Share _____
Beneficiary 4:	Name (last) _____	(first) _____
	Relationship _____	% Share _____
Beneficiary 5:	Name (last) _____	(first) _____
	Relationship _____	% Share _____
Beneficiary 6:	Name (last) _____	(first) _____
	Relationship _____	% Share _____
Beneficiary 7:	Name (last) _____	(first) _____
	Relationship _____	% Share _____
Beneficiary 8:	Name (last) _____	(first) _____
	Relationship _____	% Share _____
Beneficiary 9:	Name (last) _____	(first) _____
	Relationship _____	% Share _____
Beneficiary 10:	Name (last) _____	(first) _____
	Relationship _____	% Share _____

Your insurance will not begin until the policy is issued and American General Life Insurance Company has received Your first premium in full.
All statements and answers are complete and true to the best of Your knowledge and belief.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Printed Name of Agent Sean McCloskey

Agent Number 4U46A Date 3/22/2016

BANK DRAFT AUTHORIZATION☒ **American General Life
Insurance Company,
Houston, TX**☐ **The United States Life Insurance Company
in the City of New York,
New York, NY**

The company checked above ("Company") will withdraw the premiums from the specified account. "You", "your", "I", and "me" refer to the bank account Owner whose name appears below.

How Automatic Bank Draft Works: Automatic bank draft is a debit service that offers a convenient way to pay insurance premiums. The Company will collect the insurance premiums from your bank account electronically – you do not need to write checks or mail in any payments. Premium withdrawals will appear on your bank statement, and your statements will be your receipts for payment of your premium.

Automatic Bank Draft Agreement

I hereby authorize and request the Company 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 insurance policy, and to continue to initiate such debits in the event of a conversion, renewal, or other change to any such contract(s). I hereby agree to indemnify and hold the Company harmless from any loss, claim, or liability of any kind by reason or dishonor of any debit.

I 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 nonforfeiture provision. I acknowledge 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.

I agree that this authorization may be terminated by me or the Company at any time and for any reason by providing written notice of such termination to the nonterminating party and may be terminated by the Company immediately if any debit is not honored by the Depository named for any reason.

This 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.

Financial Institution Name Regions BankFinancial Institution Address 300 Hospital Rd City, State New Roads, LA ZIP 70760Routing Number Account Number Type of Account: ☒ Checking ☐ Savings Credit Union: ☐ yes ☒ noName of Primary Proposed Insured Sandra James Premium Amount \$ 17.32Frequency: ☐ Annual ☐ Semi-annual ☐ Quarterly ☒ MonthlyPreferred Withdrawal Date (1st-28th) _____ **Please debit my account for all outstanding premiums due.**Print Bank Account Owner(s) Name Sandra JamesSignature(s) of Bank Account Owner(s) ☒ **Please attach voided check or deposit slip.**

Additional Payment Information

03/22/2016

American General
Life Companies**Recurring Credit Card Authorization Form**
Form to be used for the collection of
Recurring Credit Card information on authorized plans.

Please read this authorization carefully and complete all requested items.

Policy Number: YMCE226973

Name of Proposed Insured: Sandra James

Proposed Policy Owner: Sandra James

E-mail Address: JamesSandra@24hourmail.net

(Note: A valid e-mail address is necessary in order for us to notify you of your recurring credit card set up, charges, and declines. Without a valid e-mail address, we will not be able to set up your recurring credit card request at this time. Should you not have an e-mail address we will need to ask that you select a different method of payment.)

Cardholder Name (exactly as it appears on the card): _____

Cardholder Billing Address: _____

Credit Card Number: _____ Expiration Date: _____

Card Type: ☐ American Express® ☐ MasterCard® ☐ Visa®

Premium Amount: _____

Payment frequency of ongoing premium payments:

☐ Annual ☐ Semi-annual ☐ Quarterly ☐ Monthly

Additional Payment Information

By signing below, I, _____, authorize American General Life Insurance Company or The United States Life Insurance Company in the City of New York (the "Company") or its representative to charge my debit/credit card for the amount indicated above on a recurring basis as premiums become due.

I understand and agree that this transaction is subject to the acceptance by, and the terms and conditions of, the credit card company/bank indicated. I also understand this Authorization is not a part of the policy/contract of insurance, and that if premiums are not paid within the applicable grace period, the coverage will lapse. I further understand and agree that the Company shall incur no liability if the bank/credit card company dishonors any amount charged under this Authorization. I also agree that this Authorization may be terminated at any time and for any reason by either myself or the Company upon notice to the other party. Upon termination of this Authorization, the Company will bill me directly for any premium amount due.

I understand that I will be provided with confirmation of the recurring charge amount ; however, the initial charge to my account will include all currently due and past due premiums.

Signature of Authorized Person on Account:

X signcredit

Date: 3/22/2016

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RZD eZign Audit Trail

Document Unique ID: 80088749-063a-40ee-89c0-1a03b3ac3a69

Document Signed: 3/22/2016 7:13:47 PM

Document Pages: 4

Audit Pages: 3

Document Originator

Agency: E Broker Center Inc.

Agent Name: Sean McCloskey

Agent Email: info@allinsurancecenter.cor

Agent Phone: 888-290-9060

Agent Numbers: 4U46A

Document Signer

Primary Insured: Sandra James

Signature: **Sandra James**

Signer Location: 97.93.171.178

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

On occasion, E Broker Center Inc. (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Below the terms and conditions are described for providing to you such notices and disclosures electronically through the RZD, Inc. (RZD eZign) electronic signing system. Read the information below and if you can access this information electronically to your satisfaction and agree to the terms and conditions, please confirm your agreement by clicking the 'I agree' check box on Step 3 of the online enrollment process.

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the RZD eZign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

Required hardware and software

Operating Systems: Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X

Browsers: Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)

PDF Reader: Acrobat® or similar software may be required to view and print PDF files

Screen Resolution: 800 x 600 minimum

Enabled Security Settings: Allow per session cookies

** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or

electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

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- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
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