

Intake Form For AG

For agent use only.

Name	Last	First	MI	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street					
City		State	Zip		
Social Security Number		Country of Birth			
State of Birth	Birthdate		Age		
Home Phone () ()	Cell Phone () ()	Work Phone () ()			
Email:					
Would the signers (insured/owner) of this application like to electronically sign?					
Does the policy owner want the policy to be delivered electronically?					
Personal Income		Net Worth			
Household Income					
Mode of Premium Payment: <input type="checkbox"/> Annual <input type="checkbox"/> SA <input type="checkbox"/> Qtrly <input type="checkbox"/> PAC					
Rate Class Quoted: _____ Premium Quoted: _____					

Will the Primary Insured be the Owner?

Plan of Insurance

Rate Class Quoted:

Term Duration:

Face Amount:

Reason for Insurance:

Will the additional policies have a different owner? Yes No

Riders: WP ADB CTR Terminal Illness

Indicate Amount for Riders: \$ _____

Beneficiary Information

Name	Beneficiary Type	Share

Permission to Obtain Additional Information for Carrier

Can we contact the client directly if more information is required by the carrier? Yes No

Additional Insurance - Product 2

Product:

Rate Class Quoted:

Face Amount:

Riders - Product 2

Riders: WP ADB CTR Terminal Illness Other Riders:

Beneficiary Information - Product 2

Name	Beneficiary Type	Share

Existing Insurance

Do any of the Proposed Insureds have any existing annuity, life insurance, or disability insurance or have any application pending for such coverage with this Company or any other company?

Yes No

Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract?

Yes No

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract?

Yes No

Existing Insurance

Existing Insurance Information

Company Name	Policy Number	Replacement?

Reason for Replacement:

Sales Materials used. Attach any sales materials used. (List form number and brief description or name of sales materials used. If no sales materials were used, indicate "None")

Payment Info

Payment method: Direct Billing Bank Draft

Payment Frequency: Annual Quarterly Semi-Annual

Modal Premium:

Agent Attestation

By clicking the "I AGREE" checkbox below, I state the following:

Agent Attestations

* By checking the I AGREE checkbox below, I state the following:

(1) I am a duly licensed and appointed (if appointment is required) life insurance agent in the state in which the proposed insured was solicited and in the state in which the policy, if one is issued, will be delivered,

(2) the plan and amount of insurance identified is suitable in view of the owner's insurance needs and financial objectives,

(3) the information provided is complete, accurate and correctly recorded, and

(4) all required forms have been provided to the applicant.

*I authorize the American General Life Companies' fulfillment center representative to obtain such administrative information as may be necessary to complete any life insurance resulting from this lead submission, provided, however that any item of information or question from owner or proposed insured requiring the act or advice of a licensed life insurance agent will be referred to me for action before the application can be completed.

*I will personally review the application created from this data and administrative information provided by the proposed insured and contact him or her concerning any incomplete or inconsistent information and I will not deliver the policy unless I have completed my review and am satisfied that the policy, application and all attached papers, if any are complete and accurate.

*All forms required to be delivered at time of solicitation have been delivered and all other forms (including privacy notices, if necessary) required have been or will be provided to the applicant.

Agent Signature: _____ **I AGREE**



CLIENT GUIDE

Preparing for your telephone interview and exam

Thank you for your interest in our Life Insurance Solutions

Now that you've applied for a life insurance policy, we'll need a snapshot of your current health. The information we gather is used to determine if you have any health conditions that could affect your rate class.

Being well-prepared can help provide the smoothest experience and best possible outcome. This guide provides practical tips, and your financial professional is also available to answer questions.

What you can expect

Within 1 business day you will be contacted to begin your telephone interview to gather medical information. If you are unavailable or unable to talk, you will have the option of scheduling the interview at a time that is convenient for you.

Preparing for your telephone interview

Having the following information available will help you keep your interview as short as possible:

- Your Social Security Number (or Individual Taxpayer Identification Number) and driver's license number.
- Name, SSN (or TIN), birth date, address, telephone for each beneficiary.
- Financial information: Earned income, unearned income, total net worth including property.
- Existing life insurance policy information: Company name, policy number, issue date, face amount.
- Names, addresses and phone numbers of doctors, clinics and hospitals visited in the past 5 years.
- Names and dosages of all prescription and nonprescription medications you take.
- Medical tests: Name/type of test, date of test, result (if known).
- List of medical conditions or diagnoses including date of diagnosis, treatment, result of treatment and treating physician information.
- Health history of immediate family members including age (or age of death if deceased) and major medical diagnoses (e.g., cancer, heart disease, ALS, etc.).
- Information about hobbies/avocations (any type of racing, scuba diving, skydiving, hand-gliding, etc.). This includes number of hours performed in the last 12 months, number of hours expected in the next 12 months, certifications/licenses held, location of activity, and speed/depths attained.
- Information about aviation activities including type of aircraft flown, license(s) held, total hours flown solo, and total hours expected to fly in the next 12 months.

ESTIMATED TIME: 20-30 MINUTES



The paramedical exam

A trained medical technician will show you a photo ID confirming their employer. If you did not sign your application electronically by email using DocuSign, you will be provided with an application package to review and sign. Please note: If your policy type allows the option of signing electronically, you can request this option during the telephone interview.

ESTIMATED
TIME:
20–30
MINUTES

Your exam will include:

- Height and weight—a calibrated scale and measuring stick/tape will be used to accurately collect measurements.
- Three blood pressure and pulse readings at different times during the visit.
- Urine and blood samples.
- Depending on your age and medical history, an EKG may be required.

Tips for a successful exam

THE DAY BEFORE THE EXAM

- Avoid alcohol and nicotine as it can raise your blood pressure levels
- Avoid over-the-counter medications like antihistamines and nasal decongestants (continue taking any prescribed medications)
- Get a good night's sleep

THE DAY OF THE EXAM

- Avoid coffee, soda, tea or any other caffeinated drinks before your exam
- Drink a lot of water and eat a light meal
- Avoid exercise or strenuous activity as it can raise your blood pressure
- Wear short sleeves or sleeves that can be easily rolled up

Access your lab results online

Your health exam is a good opportunity for you to get a “snapshot” of your health and condition.

As an additional service, we've partnered with Clinical Reference Laboratory (CRL®) to deliver your lab results securely and conveniently online via AccessMyLab™.*

Getting your results through AccessMyLab is fast and easy. No user name or password is required, and you can save and print the results for your records and future reference.

Lab results should be available no later than 14 days after your exam. Here's how to use AccessMyLab to view results:**

- Go to www.AccessMyLab.com and enter the Slip ID number, located on either the consent form or the yellow AccessMyLab document provided by the examiner at the time of your exam.
- When prompted, enter the last four digits of your personal phone number. This should be the phone number indicated on the lab slip and the yellow AccessMyLab document provided by your examiner.
- A PIN will be provided to you via text or voice message.
- Enter the PIN to view your lab report online.
- Save or print.

* If your paramedical exam is conducted at a Quest Diagnostics PSC center, lab results will not be available online. Instead, your final policy paperwork will include a short form you can fill out and send to the laboratory to obtain your exam results by mail.

** While most laboratory testing results will be available online, there may be some scenarios where this information cannot be provided due to the sensitive nature of the test results.



Policies issued by American General Life Insurance Company (AGL), Houston, TX, except in New York, where issued by The United States Life Insurance Company in the City of New York (US Life). Issuing companies AGL and US Life are responsible for financial obligations of insurance products and are members of American International Group, Inc. (AIG). Products may not be available in all states and product features may vary by state. Guarantees are backed by the claims-paying ability of the issuing insurance company. AccessMyLab™ is a trademark of Clinical Reference Laboratory, Inc.

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