

CLIENT ESIGNATURE:

Americo:

TEXT

Americo Authorization Code:
373752. Use this code to
authorize signing of forms.

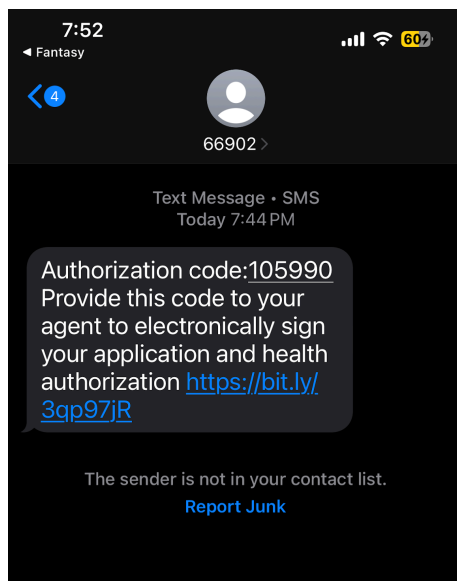
2:01 PM

View Americo Forms: <https://tools.americoagent.com/RemoteFormsViewer?token=dab8de60-5a54-416c-8060-9537512fb7ea>

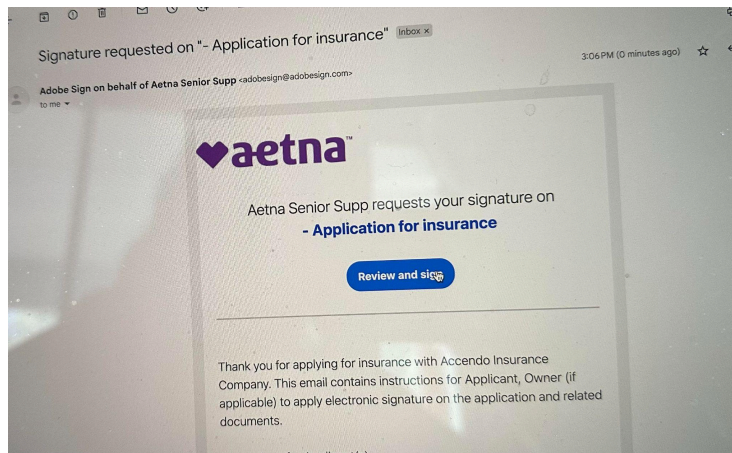
2:01 PM

Aetna :

TEXT



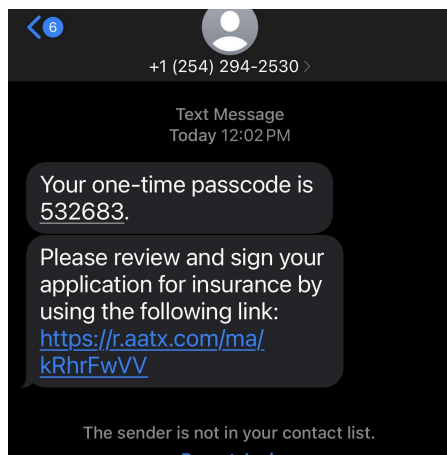
EMAIL



- Review and Sign
- Enter last 4 of social
- Click Continue & Start
- Type in Signature, Click Apply, Click to Sign

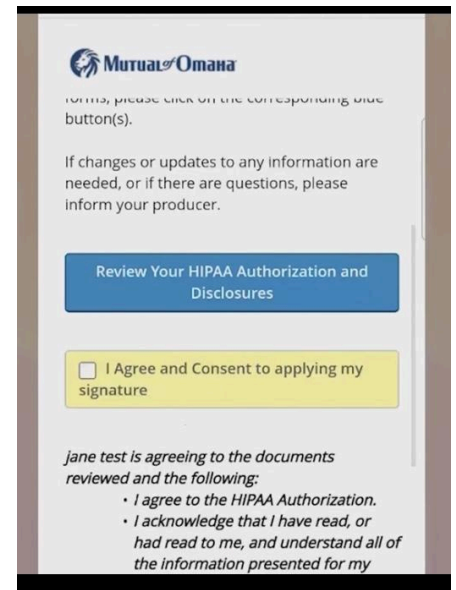
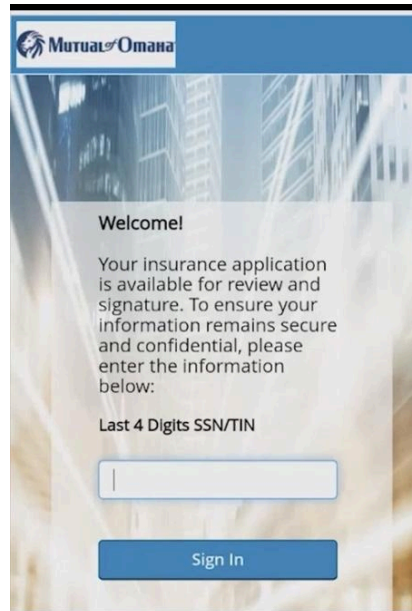
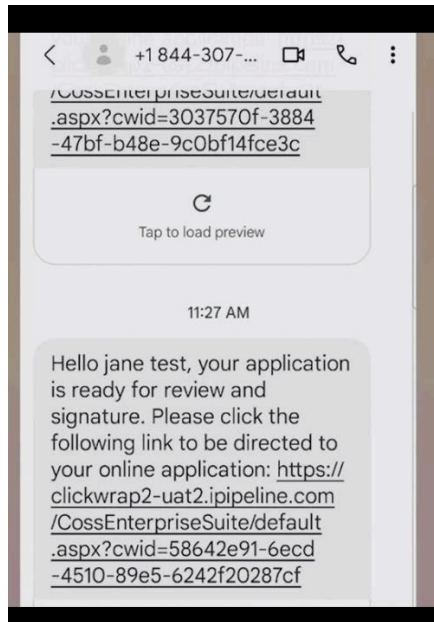
American Amicable (AMAM):

TEXT

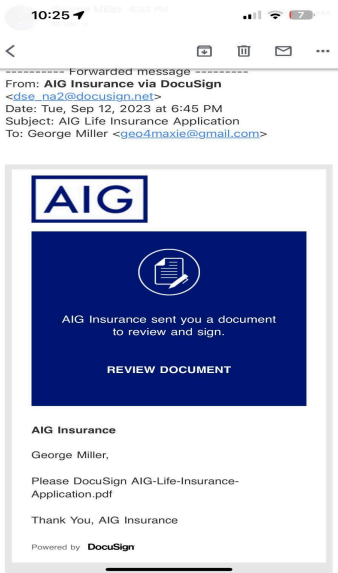


MOO:

TEXT:



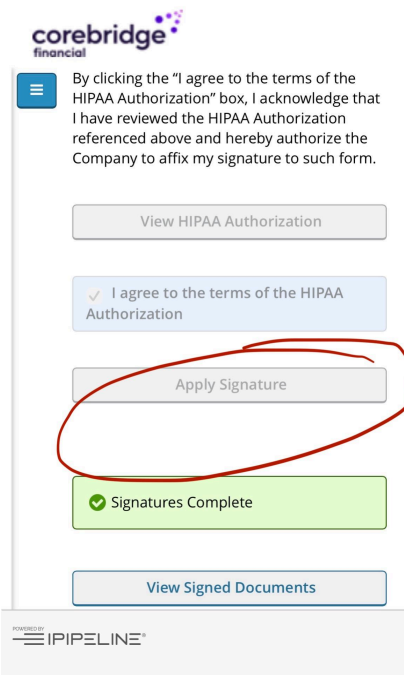
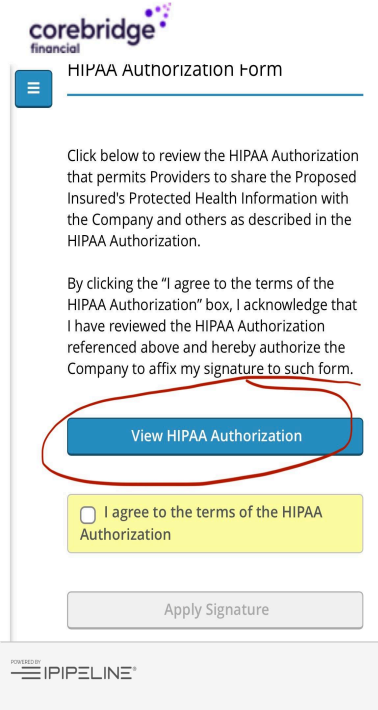
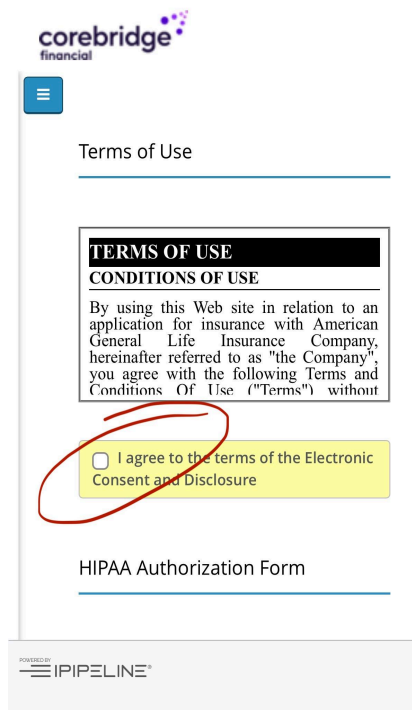
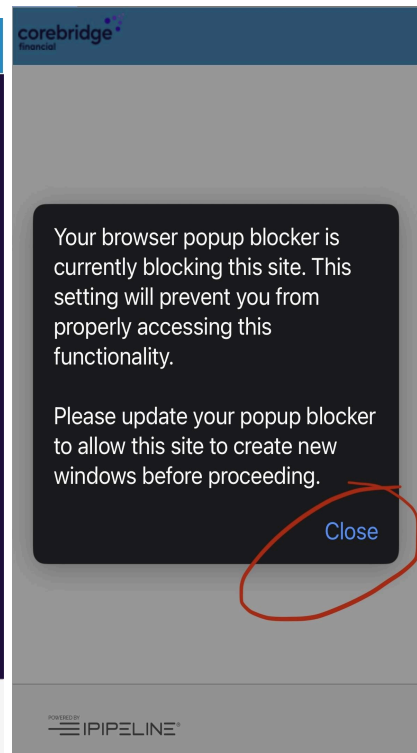
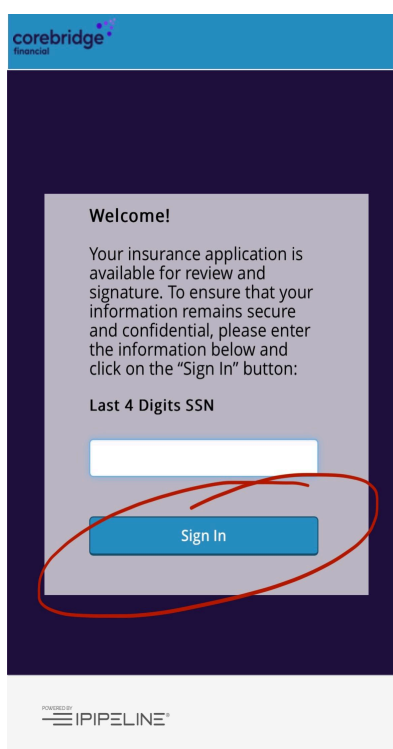
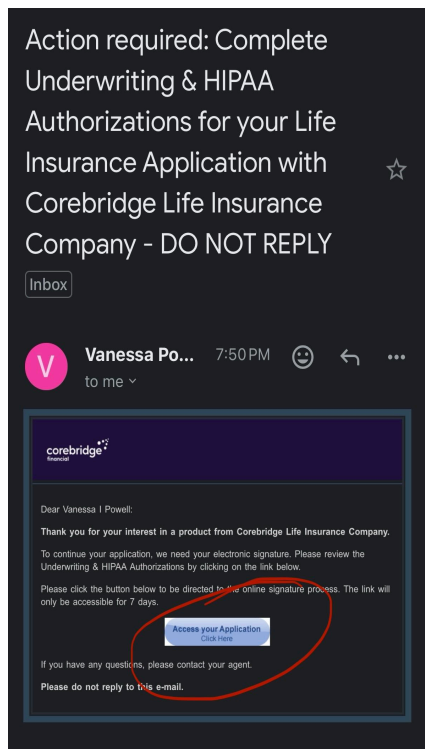
AIG
GIWL:



GIWL:

- Click Review Doc
- At the top click a small white box to verify electronic signatures
- Click Continue
- Click Sign
- Click Finish

SIWL:
HIPPA:



APPLICATION

corebridge
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COMPANY, AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS (WHICH SHALL INCLUDE CAREER AGENTS AND BROKERS) (COLLECTIVELY "REPRESENTATIVES") AND SUPPLIERS DISCLAIM ALL WARRANTIES, EXPRESSED OR IMPLIED, INCLUDING, BUT NOT LIMITED TO IMPLIED WARRANTIES OF

Print

Please read all Disclosures, Acknowledgements and Caution statements included in the application. These provide important information and protections for you.

☒ I have read the Electronic Consent and Disclosure

PIPELINE

Go to Next Signature

Underwriting Authorization Form

1. I, as well as any person authorized to act on my behalf, may, upon request, obtain a copy of this consent. I understand this consent may be modified at any time by writing a written request to the Company, Attention: Underwriting Department at P.O. Box 100, Houston, TX 77001-1001. This consent will be valid for the number of (3) days, or any person authorized to act on my behalf, unless a written request is received by the Company within the time this form is signed or for the time that I am permitted to update this consent in the state where the policy is delivered or issued for delivery.

*For identification purposes only

2

All statements and answers in this Underwriting Authorization Form are true to the best of my knowledge and belief. I understand that any misstatements contained in this agreement and what act by the Company may be used to reduce or deny a claim or void the policy or (3) least representations made by the Company or its agents or its employees.

I agree that this Underwriting Authorization Form will become a part of my application for insurance.

Any person who knowingly provides false information in an application for insurance may be guilty of a criminal offense and subjects penalties under state law.

I consent to receive phone calls and text messages from the Company and/or Third Party Administrator on behalf of Company, regarding products and services and to provide my phone number to the Company, including my current phone number if provided. I understand that any misstatements contained in this agreement and what act by the Company may be used to reduce or deny a claim or void the policy or (3) least representations made by the Company or its agents or its employees.

I agree that this agreement will be valid as the original.

Proposed Insured Signature (Other than Owner)

Date signed: 4/16/2025 8:25:05 AM

Date signed: 4/16/2025 8:25:05 AM

Click Here to Sign

Cancel

Go to Next Signature

Underwriting Authorization Form

1. I, as well as any person authorized to act on my behalf, may, upon request, obtain a copy of this consent. I understand this consent may be modified at any time by writing a written request to the Company, Attention: Underwriting Department at P.O. Box 100, Houston, TX 77001-1001. This consent will be valid for the number of (3) days, or any person authorized to act on my behalf, unless a written request is received by the Company within the time this form is signed or for the time that I am permitted to update this consent in the state where the policy is delivered or issued for delivery.

*For identification purposes only

2

Please draw your signature in the box below.

Please rotate device to landscape mode for a better signing experience.

Close **Reset** **Apply Signature**

Click Here to Sign

Cancel

Go to Next Signature

Underwriting Authorization Form

1

Insurance Company Information

☒ American General Life Insurance Company, 2015 14th Street, Houston, TX 77001

☐ The United States Life Insurance Company in the City of New York, 30 Liberty Street, 4th Floor, New York, NY 10006-1000

The insurance company selected above ("Company") is responsible for the origination and payment of benefits under any policy that it issues from the date of issuance to completion of the application or payment.

The purpose of this form is to obtain consent and authorization from the Proposed insured to allow the Company to begin underwriting the application for life insurance.

Product Name: Individual Life Insurance **Face Amount:** 10000

Proposed Insured: **First Name:** [Redacted] **Last Name:** [Redacted] **Sex:** M **DOB:** [Redacted] **Age:** [Redacted] **City:** [Redacted] **State:** TX **Zip:** [Redacted]

Address: [Redacted] **City:** [Redacted] **State:** TX **Zip:** [Redacted]

Home Phone: [Redacted] **Mobile Phone:** [Redacted] **Work Phone:** [Redacted]

Agent Name (Please Print): [Redacted]

1. The Proposed insured, intend to apply for individual life insurance coverage offered by the Company checked above. For this reason, I understand that the information obtained will be used by the Company to determine (1) eligibility for insurance; (2) eligibility for benefits under an existing policy; and (3) verification of answers and statements in this authorization. Further, I authorize the Company to conduct a credit and financial check on me. The information obtained during the execution of an application for insurance is for use in connection with my application or policy, and the information obtained by me or any person or entity requesting insurance and information is for use in connection with my application or policy, and the information obtained by me or any person or entity requesting insurance and information is for use in connection with my application or policy.

I, as well as any person authorized to act on my behalf, may, upon request, obtain a copy of this consent. I understand this consent may be modified at any time by writing a written request to the Company, Attention: Underwriting Department at P.O. Box 100, Houston, TX 77001-1001. This consent will be valid for the number of (3) days, or any person authorized to act on my behalf, unless a written request is received by the Company within the time this form is signed or for the time that I am permitted to update this consent in the state where the policy is delivered or issued for delivery.

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10/10/2025 Page 1 of 1

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Electronic Signature Confirmation

Thank you. Your electronic signature session is complete

While all required documents will be electronically delivered to the appropriate signer(s), the option to print the application forms is presented below.

After closing this screen, you will not be able to access this site again to review your application.

View Copy of Signed Application

Thank you for submitting your electronic application to American General Life Insurance Company. Your Signature process is now complete. You

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Ethos:

6

+1 (415) 851-6215

Text Message
Today 12:17 PM

To begin your Ethos Life Insurance application, please review the following documents: <https://itbl.co/VfE~PV2Gd>

Msg&data rates may apply. Text 'STOP' to quit.

Click the link below to sign that you have read and consent to the documents: <https://itbl.co/VfE~wwYhb>

Msg&data rates may apply. Text 'STOP' to quit.