

SERFF Tracking Number: AMGN-125924846 State: Arkansas  
Filing Company: American General Life and Accident Insurance Company State Tracking Number: 41117  
Company Tracking Number: AGLA5055PC-Q (1208)  
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
Product Name: Application for Attained Age Conversion  
Project Name/Number: Application/AGLA5055PC-Q (1208)

## Filing at a Glance

Company: American General Life and Accident Insurance Company

Product Name: Application for Attained Age Conversion SERFF Tr Num: AMGN-125924846 State: ArkansasLH

TOI: L08 Life - Other SERFF Status: Closed State Tr Num: 41117  
Sub-TOI: L08.000 Life - Other Co Tr Num: AGLA5055PC-Q (1208) State Status: Disapproved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird  
Author: Hyacinth Prince Disposition Date: 12/19/2008  
Date Submitted: 12/15/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Application Status of Filing in Domicile: Authorized  
Project Number: AGLA5055PC-Q (1208) Date Approved in Domicile: 12/15/2008  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Individual  
Submission Type: New Submission Group Market Size:  
Overall Rate Impact: Group Market Type:  
Filing Status Changed: 12/19/2008  
State Status Changed: 12/19/2008 Deemer Date:  
Corresponding Filing Tracking Number:

Filing Description:

The above form is being submitted for your consideration and approval. It is new and does not replace any form previously approved by your department. The referenced form was approved by our domicile state of Tennessee on 12/15/08.

AGLA5055PC-Q (1208) is an application for conversion of term life insurance used by our agents in their normal daily

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activities.

The Flesch score for the Agreement Section of AGLA5055PC-Q (1208) is 50.0 which meet minimum readability standards.

If I may provide any additional information, please telephone me at the number shown below.

## Company and Contact

### Filing Contact Information

Kathryn Mitchell, Manager kathryn\_mitchell@aigag.com  
 American General Center (615) 749-1139 [Phone]  
 Nashville, TN 37250-0001 (615) 749-2521[FAX]

### Filing Company Information

American General Life and Accident Insurance CoCode: 66672 State of Domicile: Tennessee  
 Company  
 American General Center Group Code: 12 Company Type:  
 Nashville, TN 37250-0001 Group Name: AIG State ID Number:  
 (615) 749-1139 ext. [Phone] FEIN Number: 62-0306330  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$20.00  
 Retaliatory? No  
 Fee Explanation:  
 1 x 20.00 = \$20.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life and Accident Insurance Company	\$20.00	12/15/2008	24540199

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	12/19/2008	12/19/2008

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## Disposition

Disposition Date: 12/19/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Form	Application for Attained Age Conversion		Yes

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## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AGLA5055 PC-Q (1208)	Application/ Enrollment Form	Application for Attained Age Conversion	Initial		50	AGLA5055PC -Q (1208) AR JD.pdf

# Application for Attained Age Conversion to

## American General Life and Accident Insurance Company

American General Center, Nashville, TN 37250-0001

### COMPLETE THE FOLLOWING FOR THE POLICY BEING CONVERTED

POLICY NUMBER <b>123456789</b>		COMPANY <b>AGLA</b>	PROPOSED INSURED'S NAME <b>John Doe</b>	PROPOSED INSURED'S DATE OF BIRTH <b>01-01-1973</b>	
STATE/LOCAL OFFICE <b>AR01</b>	AGENCY NUMBER <b>012</b>	FAMILY NUMBER <b>0123</b>	AGENT'S NAME <b>Sally Shield</b>	AGENT'S ID # <b>123456</b>	SPLIT % <b>100%</b>
			AGENT'S NAME	AGENT'S ID #	SPLIT %

<h4>TERM POLICY CONVERSION</h4> <p><input checked="" type="checkbox"/> Full conversion of Term Policy.</p> <p><input type="checkbox"/> Partial conversion of Term Policy.</p> <p>Balance of term insurance to:</p> <p><input type="checkbox"/> BE LAPSED.</p> <p><input type="checkbox"/> Policy to remain inforce at reduced amount of \$ _____</p> <p>CTR Conversion</p> <p><input type="checkbox"/> Rider to remain inforce.</p> <p><input type="checkbox"/> Rider to be lapsed.</p>	<h4>TERM RIDER CONVERSION</h4> <p><input type="checkbox"/> Full conversion of Term rider:</p> <p><input type="checkbox"/> Base plan to remain inforce.</p> <p><input type="checkbox"/> Base plan to be lapsed.</p> <p><input type="checkbox"/> Partial conversion of Term rider:</p> <p><input type="checkbox"/> Balance of Term to be lapsed.</p> <p><input type="checkbox"/> Balance of Term to remain inforce at reduced amount of \$ _____</p>
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### COMPLETE THE FOLLOWING FOR THE NEW POLICY

- Plan and Amount Requested:  
Plan \_\_\_\_\_ \*Amount \$ \_\_\_\_\_  
  
\*Form 5004 must be completed and attached when the amount requested is at least \$1,000 more than the term insurance to be converted or when benefits are requested that are not automatically convertible. Review the new plan for available benefits/riders.
- If new Plan Universal Life:  
Death Benefit Option  Option A  Option B
- \*Benefits and Riders:  

<input type="checkbox"/> PW	<input type="checkbox"/> CCIR	\$ _____	<input type="checkbox"/> SPWL	\$ _____
<input type="checkbox"/> AD	<input type="checkbox"/> CTR	\$ _____	<input type="checkbox"/> Other _____	\$ _____
<input type="checkbox"/> ABR	<input type="checkbox"/> DIR	\$ _____		
<input type="checkbox"/> AIR	<input type="checkbox"/> SLTR	\$ _____		
- Within the past 5 years, has the Primary Proposed Insured and/or any other person proposed for coverage used tobacco (cigarettes, cigars, pipe, snuff, chewing tobacco) or nicotine patches, nicotine gum or any other form of nicotine?  Yes  No  
If "Yes", provide Name, Type, Date of Last Use, Frequency/Amount: \_\_\_\_\_
- Are you now partially or totally disabled?  Yes  No  
If "Yes", explain \_\_\_\_\_
- Premium \$ **103.00**  A  S  Q  M  Other \_\_\_\_\_  
 ABC Add to existing account, policy no. \_\_\_\_\_  
ABC Draft first premium  Yes  No  
 PD Add to existing account, policy no. \_\_\_\_\_  
If new Plan Universal Life:  
Initial Premium \$ **103.00** Planned Periodic Premium \$ \_\_\_\_\_  
Amount Collected with APP \$ \_\_\_\_\_
- Is Automatic Premium Loan Provision to be in effect?  Yes  No

N



8. Beneficiary of the new policy, with right to change:

Primary #1

Name Jane Doe Relationship Wife Age 33 % 100%

Address \_\_\_\_\_

Primary #2

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ % \_\_\_\_\_

Address \_\_\_\_\_

Contingent #1

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ % \_\_\_\_\_

Address \_\_\_\_\_

Contingent #2

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ % \_\_\_\_\_

Address \_\_\_\_\_

The beneficiary designation shown here is for the new policy only. It does not change the beneficiary of the insurance, if any, which may remain in force under the old policy.

**OWNER INFORMATION**

Owner Name: John Doe

Owner Address: 123 4th Street Little Rock AR 72203  
Street/RFD City State Zip Code

**OWNER'S CERTIFICATION OF SOCIAL SECURITY NUMBER/EMPLOYER IDENTIFICATION NUMBER**

Under penalties of perjury, I certify that:

1. 

1	2	3	4	5	6	7	8	9
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 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 (IRS) 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.

**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 of underreporting interest or dividends on your tax return.

X John Doe  
Signature of Owner

Signatures Required: **The Policyowner, Proposed Insured and Assignee, if any, must sign below. (If other than an individual, give the official capacity of the person signing.)** I hereby request that my insurance be converted as indicated above. My request is made in accordance with and subject to all the terms and conditions of the conversion provision of the policy being converted. I understand that the conversion policy will be issued at my current attained age.

**NOTICE: Any person who knowingly and with intent to defraud any Insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

Application Signed at Little Rock, AR on December 10, 2008  
City and State Date

John Doe  
Owner of Existing Policy

\_\_\_\_\_  
Other Required Signature

John Doe  
Proposed Insured

Sally Shield  
Witness to Signature, Licensed Agent

John Doe  
Owner of New Policy

**American General Life and Accident Insurance Company**

*A subsidiary of American International Group, Inc.*

American General Center • Nashville, Tennessee 37250-0001



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## Supporting Document Schedules

**Satisfied -Name:** Certification/Notice **Review Status:** 12/01/2008  
**Comments:**  
**Attachment:**  
ARCERT1.pdf

**Satisfied -Name:** Application **Review Status:** 12/01/2008  
**Comments:**  
New Application, see Form Schedule Tab.

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

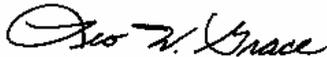
ARKANSAS CERTIFICATION

Subject: AGLA5055PC-Q (1208)      Application for Attained Age Conversion

This is to certify that, to the best of my knowledge and belief, the above form complies with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act; the Flesch score is as follows:

<u>Form Number</u>	<u>Flesch Score</u>
AGLA5055PC-Q (1208)	50.0

Leo W. Grace



Vice President

DATE December 15, 2008