

SERFF Tracking Number: AMGN-125683336 State: Arkansas
Filing Company: American General Life Insurance Company State Tracking Number: 39229
Company Tracking Number: 08463
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: 08463 WUL
Project Name/Number: /

Filing at a Glance

Company: American General Life Insurance Company

Product Name: 08463 WUL

SERFF Tr Num: AMGN-125683336 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium

SERFF Status: Closed

State Tr Num: 39229

Adjustable Life

Sub-TOI: L09I.001 Single Life

Co Tr Num: 08463

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Linda Bird

Author: Luis Cardozo

Disposition Date: 06/11/2008

Date Submitted: 06/06/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: FILE AND USE

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/11/2008

State Status Changed: 06/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Re: American General Life Insurance Company

Form 08463 - Flexible Premium Adjustable Life Insurance Policy

Form AGLC101519-2008 - Application for Life Insurance

American General Life Insurance Company submits the referenced form for approval. No part of this filing contains any

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unusual or possibly controversial items from normal company or industry standards. This policy will be illustrated. This is a worksite-marketing product designed for employer-sponsored plans. Product will be sold subject to guaranteed issued, contingent guaranteed issue, and simplified issue underwriting.

Form 08463 is a mass marketed, flexible premium, adjustable death benefit, and endowment at age 121 universal life policy issued on a unisex basis. This contract will normally be issued on a unisex basis as required by the Norris Decision.

Gross premiums for the basic coverage less a percentage will be applied to the accumulation value. Deductions from the accumulation value are made monthly and include (1) cost-of-insurance deductions, (2) deductions for riders, (3) a monthly expense charge and (4) a monthly administration fee. A 14-year surrender charge schedule is applied to the accumulation value to determine the cash value available for surrender or loans.

Form AGLC101519-2008 is the base Application for Life Insurance which contains the plan(s) and riders chosen by the applicant, health questions and authorization. The application form will be used specifically with our worksite marketing universal life and term life insurance products. The application may, in some instances, be completed electronically which may also include the use of electronic authorization.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed forms, including sequential ordering of the provisions, and type font, size and color.

Company and Contact

Filing Contact Information

Luis Cardozo, luis_cardozo@aigag.com
2929 Allen Parkway (713) 831-2465 [Phone]
Houston, TX 77019 (713) 342-7550[FAX]

Filing Company Information

American General Life Insurance Company CoCode: 60488 State of Domicile: Texas
2727-A Allen Parkway Group Code: 12 Company Type:
Houston, TX 77019 Group Name: AIG State ID Number:

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(713) 831-3508 ext. [Phone]

FEIN Number: 25-0598210

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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? Yes
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life Insurance Company	\$100.00	06/06/2008	20714980

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/11/2008	06/11/2008

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Disposition

Disposition Date: 06/11/2008

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		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	ACT MEMO/ ILLUSTRATION CERT		No
Supporting Document	STATEMENT OF VARIABILITY		Yes
Form	FLEXIBLE PREMIUM UNIVERSAL LIFE		Yes
Form	APPLICATION FOR LIFE INSURANCE		Yes

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Form Schedule

Lead Form Number: 08463

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	08643	Policy/Contract/Universal Life Certificate	FLEXIBLE PREMIUM UNIVERSAL LIFE	Initial		0	08463_WORKSITE_MARKETING_UL_AR.pdf
	AGLC101519-2008	Application/Enrollment Form	APPLICATION FOR LIFE INSURANCE	Initial		0	AGLC101519-2008.pdf

AMERICAN GENERAL LIFE
Insurance Company
A Stock Company

Home Office:
Houston, Texas

2727-A Allen Parkway
P.O. Box 4373
Houston, Texas 77251

(713) 522-1111

POLICY NUMBER: 000000000

WE WILL PAY THE DEATH BENEFIT PROCEEDS to the Beneficiary if the Insured dies prior to the Maturity Date and while this policy is in force. Payment will be made after We receive due proof of the Insured's death, and will be subject to the terms and conditions of this policy.

WE WILL PAY THE CASH SURRENDER VALUE of this policy to the Owner on the Maturity Date if the Insured is living on that date and if this policy is in force.

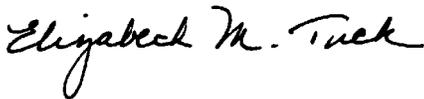
We have issued this policy to You in consideration of the application and payment of the first premium. The first premium must be paid on or before delivery of this policy.

This is a FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY. Adjustable Death Benefit is payable upon the Insured's death prior to the Maturity Date and while this policy is in force. Premium payments are flexible and payable to the Maturity Date. ACCUMULATION VALUES and CASH VALUES are flexible and will be based on the amount and frequency of premiums paid, and the amount of interest credited. THIS POLICY IS NON-PARTICIPATING AND IS NOT ELIGIBLE FOR DIVIDENDS.

NOTICE OF TWENTY DAY RIGHT TO EXAMINE POLICY

Please read Your policy carefully. You may return this policy within twenty days after delivery if You are not satisfied with it for any reason. The policy may be returned to Us at Our Home Office or to the agent through whom it was purchased. Upon surrender of this policy within the twenty day period, it will be void from the beginning, and We will refund any premium paid.

SIGNED AT THE HOME OFFICE ON THE DATE OF ISSUE.



Secretary



President

FLEXIBLE PREMIUM ADJUSTABLE LIFE

READ YOUR POLICY CAREFULLY

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DEFINITIONS

Company Reference. The words "We", "Our", "Us", or "Company" mean American General Life Insurance Company.

"You", "Your." The words "You" or "Your" mean the Owner of this policy.

Home Office. Our office at 2727-A Allen Parkway, Houston, Texas 77251; Mailing Address P.O. Box 1931, P.O. Box 4373.

Written, In Writing. A written request or notice in acceptable form and content, which is signed and dated, and received at Our Home Office.

Premium Class. The Premium Class of this policy is shown on the Policy Schedule as one or a combination of the following terms:

Tobacco. The term "Tobacco" means the Monthly Deduction is based on the Insured being a user of tobacco and/or other products that contain nicotine.

Non-Tobacco. The term "Non-Tobacco" means the Monthly Deductions is based on the Insured being a non-user of tobacco and/or other products that contain nicotine.

Simplified. The term "Simplified" means the Monthly Deduction is based on the Insured qualifying for simplified issue underwriting.

Guaranteed. The term "Guaranteed" means the Monthly Deduction is based on the Insured qualifying for guaranteed issue underwriting.

Contingent Guaranteed. The term "Contingent Guaranteed" means the Monthly Deduction is based on the Insured qualifying for contingent guaranteed issue underwriting.

NOTICE

This Policy Is A Legal Contract Between
The Owner And The Company.

DEFINITIONS (Cont'd)

Juvenile. The term "Juvenile" means the Insured's age, nearest birthday, was 17 or less on the Date of Issue. Cost of insurance rates stated in Juvenile policies for insurance ages 18 and above are rates for users of tobacco and/or other products that contain nicotine. (Rates are not classified on the basis of the Insured being a user or non-user of tobacco and/or other products that contain nicotine at ages 0 through 17.)

Prior to the policy anniversary nearest the Insured's 18th birthday, a request for Non-Tobacco rates may be submitted. (See "Rates on Policy Anniversary Nearest Insured's 18th Birthday".)

POLICY SCHEDULE

Insured:	John Doe	Policy Number:	000000000
Insurance Age:	35	Date of Issue:	April 1, 2008
Initial Specified Amount:	\$5,000.00	Maturity Date:	April 1, 2094
This Is A Gender Neutral Policy		Death Benefit Option:	1

Base Policy	Monthly Cost	Years Payable
Adjustable Life	See Page 19	86

Premium Class:	Simplified/Non-Tobacco	
Initial Premium:	\$80.00	
Planned Periodic Premium:	\$80.00 Payable Annually	
Monthly Deduction Day:	1 st Day of Each Month	
Minimum Death Benefit Amount (After A Decrease In Specified Amount):	[\$5,000.00]	
Monthly Guarantee Premium:	[\$6.64]	
Death Benefit Discount Factor:	1.002466	
Death Benefit Compliance Test:	Guideline Premium	
Minimum Guaranteed Interest Rates:	Annual Effective 3.00%	Monthly .2466%
Mortality Table:	2001 Commissioners Standard Ordinary ANB, Smoker Distinct, Ultimate, Table B Mortality Table	
Monthly Administration Fee:	Guaranteed \$5.00	Initial [\$3.75]
Monthly Expense Charge:	\$0.29	[\$0.23]
Premium Expense Charge Percentage:	7.00%	

Coverage may expire prior to the Maturity Date shown where either no premiums are paid following payment of the initial premium, or subsequent premiums are insufficient to continue coverage to such date, or the requirements of any Monthly Guarantee Premium provision have not been met.

This Is A[n] [State Name] Policy

Contract. Your policy is a legal contract that You have entered into with Us. You have paid the first premium and have submitted an application, a copy of which is attached. In return We promise to provide the insurance coverage described in this policy.

The entire Contract consists of:

1. The base policy; and
2. The riders that add benefits to the base policy, if any; and
3. Endorsements, if any; and

4. The attached copy of Your application, and any amendments, or supplemental applications

Date of Issue. The Date of Issue of this policy is the date on which the first premium is due. The Date of Issue is also the date from which all policy years, anniversaries, and Monthly Deduction dates are determined.

Owner. The Owner is as stated in the application unless later changed. During the Insured's lifetime, the Owner may exercise every right the policy confers or We allow (subject to the rights of any assignee of record).

PREMIUM PAYMENTS

All premiums after the first are payable in advance. Premium payments are flexible. This means You may choose the amount and frequency of payments.

The actual amount and frequency of premium payments will affect the Cash Values as well as the amount and duration of insurance. Please refer to the "Policy Values Provisions" for a detailed explanation.

Planned Periodic Premiums. The amount and frequency of the Planned Periodic Premiums You selected are shown on the Policy Schedule. You may request a change in the amount and frequency. We may limit the amount of any increase. (See "Maximum Premium".) Payment of the Planned Periodic Premium may not be sufficient to keep Your policy in force until the Maturity Date. You can choose a higher Planned Periodic Premium or an increase in the frequency of payments to keep Your policy in force. (See "Grace Period", and "Monthly Guarantee Premium".)

Unscheduled Additional Premiums. You may pay additional premiums at any time before the Maturity Date shown on the Policy Schedule. We may limit the number and amount of additional premiums. (See "Maximum Premium".)

Maximum Premium. We reserve the right to refund any premium that would cause this policy to fail to qualify as life insurance under the Death Benefit Compliance Test, as defined by Section 7702 of the Internal Revenue Code and under applicable tax laws.

Maximum Net Amount at Risk. We reserve the right to refund any premium that would cause an immediate increase in the Net Amount at Risk. We may automatically effect a partial surrender or reduce the Death Benefit, both of which may have federal tax consequences, if the Net Amount at Risk exceeds Our limitations. (We determine the "Net Amount at Risk" as shown in the "How We Calculate the Cost of Insurance for the Base Policy" provision.)

PREMIUM PAYMENTS (Cont'd)

Where to Pay. Premium payments may be made to Us by payroll deduction. You may make Your payments to Us at Our Home Office or to an authorized agent. All premium checks must be made payable to the Company. A receipt signed by an officer of the Company will be furnished upon request.

Premium Expense Charge. The Premium Expense Charge is calculated by multiplying the premium paid by the Premium Expense Charge Percentage shown on the Policy Schedule.

Net Premium. The term Net Premium as used in this policy means "the premium paid, less the Premium Expense Charge."

DEATH BENEFIT AND DEATH BENEFIT OPTIONS

Death Benefit Proceeds. If the Insured dies prior to the Maturity Date and while this policy is in force, We will pay the Death Benefit Proceeds to the Beneficiary. The Death Benefit Proceeds will be subject to:

1. The Death Benefit Option in effect on the date of death; and
2. Any increases or decreases made to the Specified Amount. The Initial Specified Amount is shown on the Policy Schedule.

Guidelines for changing the Death Benefit Option or the Specified Amount will be found in the "Changing Your Insurance Policy" section.

Any premium received after the date of death will be refunded and will not be included in the Accumulation Value for purposes of calculating the Death Benefit Amount.

The Death Benefit Proceeds will be the Death Benefit Amount, after reversing any premium received after the date of death, less any outstanding policy loan and will be subject to the other provisions of the "Beneficiary and Proceeds" section.

Death Benefit Option. The Death Benefit Option which You have selected is shown on the Policy Schedule as either Option 1 or Option 2.

Option 1. If You have selected Option 1, the Death Benefit Amount will be the greater of:

1. The Specified Amount on the date of death; or
2. The Accumulation Value on the date of death multiplied by the applicable Death Benefit Corridor Rate.

Option 2. If You have selected Option 2, the Death Benefit Amount will be the greater of:

1. The Specified Amount plus the Accumulation Value on the date of death; or
2. The Accumulation Value on the date of death multiplied by the applicable Death Benefit Corridor Rate.

DEATH BENEFIT CORRIDOR RATES

ATTAINED AGE	RATE	ATTAINED AGE	RATE
0-40	2.50	60	1.30
41	2.43	61	1.28
42	2.36	62	1.26
43	2.29	63	1.24
44	2.22	64	1.22
45	2.15	65	1.20
46	2.09	66	1.19
47	2.03	67	1.18
48	1.97	68	1.17
49	1.91	69	1.16
50	1.85	70	1.15
51	1.78	71	1.13
52	1.71	72	1.11
53	1.64	73	1.09
54	1.57	74	1.07
55	1.50	75-90	1.05
56	1.46	91	1.04
57	1.42	92	1.03
58	1.38	93	1.02
59	1.34	94	1.01
		95+	1.00

CHANGING YOUR INSURANCE POLICY

You may request a change in the Specified Amount or Death Benefit Option at any time except that a decrease in the Specified Amount may not become effective prior to the end of the first policy year. Your request must be submitted to Our Home Office In Writing.

Increasing the Specified Amount. We will require an application and evidence of insurability satisfactory to Us for any increase in the Specified Amount.

An increase will be effective on the Monthly Deduction Day on or next following the date the application for increase is approved by Us. The effective date for the Increased Specified Amount will appear in an endorsement to this policy.

Decreasing the Specified Amount. Any decrease will go into effect on the Monthly Deduction Day following the day We receive the

request. The Death Benefit Amount remaining in effect after any decrease cannot be less than the greater of:

1. The Minimum Death Benefit Amount shown on the Policy Schedule; or
2. Any Death Benefit Amount required to qualify this policy as life insurance under applicable tax laws.

Any such decrease will be applied in the following order:

1. Against the Specified Amount provided by the most recent increase;
2. Against the next most recent increases successively;
3. Against the Specified Amount provided under the original application.

CHANGING YOUR INSURANCE POLICY (Cont'd)

Any reduction in Specified Amount will be subject to any applicable surrender charges on a pro-rata basis with the surrender charge prior to the reduction in Specified Amount being reduced proportionately. However, if such charge is greater than the Accumulation Value, the Specified Amount decrease will not be allowed. If You reduce the Specified Amount there may be tax consequences, consult Your tax advisor.

Changing the Death Benefit Option. You may request a change in the Death Benefit Option You have selected.

1. If You request a change from Option 1 to Option 2: The new Specified Amount will be the Specified Amount, prior to change, less the Accumulation Value as of the effective date of the change, but not less than zero. Any such decrease in Specified Amount will be subject to the same guidelines and restrictions as outlined in the "Decreasing the Specified Amount" provision.

2. If You request a change from Option 2 to Option 1: The new Specified Amount will be the Specified Amount, prior to the change, plus the Accumulation Value as of the effective date of the change.

We will not require evidence of insurability for a change in the Death Benefit Option. The change will go into effect on the Monthly Deduction Day following the date We receive Your request for change.

Any reduction in Specified Amount resulting from a change in the Death Benefit Option will be subject to any applicable surrender charges on a pro-rata basis, and the remaining surrender charge schedule will be reduced proportionately.

Changing the Terms of Your Policy. Any change in Your policy must be approved by the President, a Vice President, an Administrative Officer or the Secretary of the Company. No agent has the authority to make any changes or waive any of the terms of Your policy.

POLICY VALUES PROVISIONS

Accumulation Value:

On the Date of Issue. The Accumulation Value on the Date of Issue will be:

1. The Net Premium received; less
2. The Monthly Deduction for the first policy month; (See "How We Calculate a Monthly Deduction".)

The first Deduction Day is the Date of Issue. The Monthly Deduction Day is shown on the Policy Schedule.

On Each Monthly Deduction Day. On each Monthly Deduction Day after the Date of Issue, We will determine the Accumulation Value as follows:

1. We will take the Accumulation Value as of the last Monthly Deduction Day; and
2. Add all Net Premiums received since the last Monthly Deduction Day; and
3. Add the interest earned for the month on the excess of the Accumulation Value on the last Monthly Deduction Day over any partial surrender made since the last Monthly Deduction Day; and
4. Subtract any partial surrender made and any charges for partial surrenders since the last Monthly Deduction Day; and

POLICY VALUES PROVISIONS (Cont'd)

5. Subtract the Monthly Deduction for the policy month following the Monthly Deduction Day. (See "How We Calculate a Monthly Deduction".)

On Any Day Other Than a Monthly Deduction Day. The Accumulation Value on any day other than a Monthly Deduction Day will be:

1. The Accumulation Value as of the last Monthly Deduction Day;
2. Less any partial surrender made and any charges for partial surrenders since the last Monthly Deduction Day;
3. Plus all Net Premiums received since the last Monthly Deduction Day.

Cash Value. The Cash Value of this policy will be equal to the Accumulation Value less the surrender charge, if any.

Cash Surrender Value. The Cash Surrender Value of this policy will be equal to the Cash Value less any indebtedness.

Monthly Deductions May Be Made Only if There Is Sufficient Value (Unless Policy Is Being Continued Under the Monthly Guarantee Premium Provision). Unless this policy is being continued in force under the Monthly Guarantee Premium provision, a Monthly Deduction from the Accumulation Value may be made only if the Cash Surrender Value is equal to or greater than the Monthly Deduction. The Accumulation Value will be reduced by the amount of each Monthly Deduction. If the Cash Surrender Value on a Monthly Deduction Day is not sufficient to meet the Monthly Deduction for the current month, this policy will be subject to the "Grace Period" and "Monthly Guarantee Premium" provisions.

Surrender Charge. Surrender charges will apply if the Initial Specified Amount is surrendered (full or partial), or reduced during the first 14 policy years. Surrender charges for any increases in Specified Amount will apply if such increases are surrendered (full or partial), or reduced during the first 14 policy years following each increase. The Table of Surrender Charges per \$1,000 of Specified Amount in this policy lists the Surrender charge rates for all issue ages.

You may make a request for a full surrender at any time during the Insured's lifetime before the Maturity Date.

A reduction in Specified Amount due to a requested partial surrender, or full surrender will be calculated as of the day We receive Your request.

How We Calculate a Monthly Deduction. Each Monthly Deduction includes:

1. The cost of insurance provided by the base policy; and
2. The total charges for benefits provided by riders; and
3. The Monthly Administration Fee; and
4. The Monthly Expense Charge.

How We Calculate the Cost of Insurance for the Base Policy. We calculate the cost of insurance at the beginning of each policy month. The cost of insurance is determined on the Monthly Deduction Day by multiplying the Net Amount at Risk by the cost of insurance rate per \$1,000 and dividing the result by 1000.

POLICY VALUES PROVISIONS (Cont'd)

To determine the Net Amount at Risk, We:

1. Divide the Death Benefit Amount under the base policy by the Death Benefit Discount Factor shown on the Policy Schedule; and
2. Reduce the result by the amount of Accumulation Value allocated to the base policy:
 - a. Before the cost of insurance deduction is taken; and
 - b. After any applicable rider changes, the Monthly Expense Charge, and the Monthly Administration Fee are deducted.

Charges for Benefits Provided by Riders. All charges for benefits provided by riders will be as stated on the Policy Schedule or in an endorsement. Riders are not part of the base policy.

Monthly Administration Fee. An administration fee will be deducted monthly. The Monthly Administration Fee may be adjusted, but will never be greater than the guaranteed Monthly Administration Fee shown on the Policy Schedule.

Monthly Expense Charge. A Monthly Expense Charge will be deducted monthly. Such charge applies to the Initial Specified Amount and to any increase in Specified Amount. The Monthly Expense Charge for the Initial Specified Amount may be adjusted but will never be greater than the guaranteed Monthly Expense Charge shown on the Policy Schedule. The Monthly Expense Charge for any increase in the Specified Amount will be provided in an endorsement to this policy. Any decrease in Specified Amount will not change the Monthly Expense Charge then in effect.

Cost of Insurance Rate. The cost of insurance rate for the Initial Specified Amount, and for each Specified Amount increase, is based on the Insured's:

1. Age nearest birthday on each policy anniversary; and
2. Premium Class shown on the Policy Schedule, associated with the Initial Specified Amount and each increase in the Specified Amount.

The Table of Guaranteed Monthly Cost of Insurance Rates is included in this policy. We may use cost of insurance rates that are lower than the guaranteed rates. Any change in rates will apply to all policies in the same rate class as this policy. The rate class of this policy is determined on its Date of Issue according to:

1. The calendar year of issue and policy year; and
2. The plan of insurance; and
3. The amount of insurance; and
4. The age and premium class of the Insured.

Changes in Rates, Charges and Fees. This policy does not participate in Our profits or surplus. Any redetermination of the cost of insurance rates, interest rates, Monthly Expense Charge, or Monthly Administration Fee will be based on Our future expectations as to mortality, persistency, expenses, investment earnings, reinsurance costs, and state and federal taxes. We will not change these rates or charges in order to recoup any prior losses.

POLICY VALUES PROVISIONS (Cont'd)

Interest Rate. The minimum guaranteed interest rate used in calculating Accumulation Values is shown on the Policy Schedule. We may use interest rates greater but not lower than the guaranteed rates to calculate Accumulation Values. We may apply a different rate of interest to that portion of the Accumulation Value which equals the amount of the policy loan. The rate applied to amounts offset by policy loans will be an annual effective rate of not less than 3.0%.

Current Interest Bonus. On each Monthly Deduction Day that the Accumulation Value exceeds \$5,000, this policy will be eligible for a current interest bonus. The bonus will be credited monthly to the Accumulation Value subject to the following guidelines:

1. The declared annual interest rate at the end of each month must be greater than the minimum guaranteed annual interest rate shown on the Policy Schedule; and
2. The bonus credited each month will increase the declared annual interest rate applied to the Accumulation Value not offset by a policy loan by .5% (1/2 of 1%).

Grace Period. The Grace Period is the 61-day period that follows a Monthly Deduction Day or an annual policy loan interest due date if:

1. There is not enough Cash Surrender Value to pay the amount due; and
2. The requirements of the Monthly Guarantee Premium provision have not been met;

There is no Grace Period for the initial Monthly Deduction.

If the amount required to keep Your policy in force is not paid by the end of the Grace Period, this policy will terminate without value. However, We will give You at least 31 days notice prior to

termination that Your policy is in the Grace Period and advise You of the amount of premium required to keep Your policy in force. Such 31 days prior notice will be sent to You at Your last known address, and to the assignee of record, if any. If death occurs during the Grace Period, Monthly Deductions through the policy month in which death occurred will be deducted from the proceeds.

If a surrender request is received within 31 days after the Grace Period commences, the Cash Surrender Value payable will not be less than the Cash Surrender Value on the Monthly Deduction Day the Grace Period commenced. The Monthly Deduction for the policy month following such Monthly Deduction Day will not be subtracted in the calculation of such Cash Surrender Value.

Monthly Guarantee Premium. The Monthly Guarantee Premium for the Initial Specified Amount and any benefit riders in force on the Date of Issue is shown on the Policy Schedule. This policy will not terminate within the first 5 policy years (Guarantee Period) if on each Monthly Deduction Day within that period the sum of premiums paid equals or exceeds:

1. The sum of the Monthly Guarantee Premiums from the Date of Issue, including the current month; plus
2. Any partial surrenders and any increase in the loan amount since the Date of Issue.

If on a Monthly Deduction Day, this policy does not meet the Monthly Guarantee Premium requirements, guarantees under this provision will not be in effect.

During the Guarantee Period the Monthly Guarantee Premium will be recalculated if:

POLICY VALUES PROVISIONS (Cont'd)

1. The Specified Amount is increased or decreased; or
2. A benefit rider is increased, decreased, added, or removed; or
3. A change in Premium Class occurs; or
4. A change in Death Benefit Option occurs.

These changes will not affect the Guarantee Period then in effect, if any.

If a policy is reinstated during the Guarantee Period with no change to the Specified Amount, the Death Benefit Option, Premium Class, or benefit riders, if any, the Monthly Guarantee Premium upon reinstatement will be the same as it was when the policy lapsed. Reinstatement will not extend or otherwise change the Guarantee Period that was in effect when the policy lapsed.

The policy value at the end of the Guarantee Period may be insufficient to keep the policy in force unless an additional payment is made at that time.

Full Surrender. You may return Your policy to Us and request its Cash Surrender Value at any time during the Insured's lifetime before the Maturity Date. A full surrender will cancel this policy. The Cash Surrender Value will be calculated as of the day We receive Your request. If surrender takes place within 31 days after a policy anniversary, the Cash Surrender Value will not be less than on that anniversary. However, calculation of the Cash Surrender Value will take into account any partial surrender, loan and/or Monthly Deduction taken within those 31 days.

Partial Surrender. At any time after the first policy year and prior to the Maturity Date, You may request withdrawal of a portion of the Cash Surrender Value of the policy. Your request must be made In Writing prior to the Maturity Date. Only one partial surrender is allowed in any policy year.

A partial surrender will result in a reduction of the Cash Value, Accumulation Value and the Death Benefit Amount. The Cash and Accumulation Values will be reduced by the amount of the partial surrender. The reduced Death Benefit Amount will be determined in accordance with the "Death Benefit Option" provision. If Your Death Benefit Option is Option 1, the Specified Amount will be reduced by the amount of the partial surrender. The reduction in Specified Amount will be subject to the same guidelines and restrictions as outlined in the "Decreasing the Specified Amount" provision. (The Specified Amount after the reduction will not be less than zero.) The Death Benefit Amount remaining after this reduction must not be less the Minimum Death Benefit Amount shown on the Policy Schedule.

There will be a charge not to exceed \$50.00 for each partial surrender in addition to the amounts shown in the Table of Surrender Charges. Any partial surrender that causes a reduction in Specified Amount will be subject to any applicable surrender charges on a pro-rata basis, and the remaining surrender charge will be reduced proportionately. If You have selected Death Benefit Option 2, a partial surrender may not cause a reduction in Specified Amount.

Payment of Cash Value Benefit. We may delay payment of Cash Surrender Values for up to 6 months, or the period allowed by law, whichever is less. However, We cannot delay payment of a partial surrender if the amount is to be used to pay a premium to Us.

POLICY VALUES PROVISIONS (Cont'd)

Continuation of Insurance Coverage if Amount or Frequency of Premium Payments is Reduced or if Premium Payments Are Discontinued. If You reduce the amount or frequency of premium payments, or if You discontinue payment of premiums and do not request a full surrender of this policy, We will continue making Monthly Deductions (as long as there is sufficient Cash Surrender Value, to make such deductions) until the Maturity Date. During the Guarantee Period, this policy will remain in force as long as the Monthly

Guarantee Premium requirements are met. This policy will remain in force until the earlier of the following dates:

1. The Maturity Date (if there is sufficient value, to make Monthly Deductions to that date); or
2. Full surrender of the policy; or
3. The end of the Grace Period; or
4. Death of the Insured.

POLICY LOANS

You may borrow from Us at any time while this policy is in force, an amount which is equal to or less than the policy's loan value. The loan value will be the Cash Value less:

1. Any prior outstanding loan; and
2. Interest on the amount to be borrowed to the next policy anniversary; and
3. Interest on any prior outstanding loan to the next policy anniversary.

Loan Interest. The Annual Policy Loan Interest Rate is 7.4% payable in advance. On each policy anniversary, loan interest for the next year is due in advance. Interest not paid when due will be added to the loan.

How You May Repay a Policy Loan. You may repay all or part of a policy loan at any time, except that:

1. Repayment may be made only while this policy is in force and prior to the death of the Insured; and

2. A partial repayment must be at least \$10.00; and
3. You must specify the payment is to repay all or part of the policy loan.

Except as provided in the "Grace Period" provision, this policy will lapse at any time Your policy loan exceeds the Cash Value. However, at least 31 days prior notice must be mailed by Us to Your last known address and to the assignee of record, if any.

We May Delay Payment. We may delay lending You money for up to 6 months, or the period allowed by law, whichever is less. However, We cannot delay lending You money if the amount is to be used to pay a premium to Us.

Obtaining a Loan. You may obtain a policy loan by Written request to Us and assignment of the policy as sole security for the loan.

BENEFICIARY AND PROCEEDS

Beneficiary. The Beneficiary as named in the application, or later changed by You, will receive the proceeds upon the death of the Insured. Unless You have stated otherwise, proceeds will be paid as follows:

1. If any Beneficiary dies before the Insured, that Beneficiary's interest will pass to any other Beneficiaries according to their respective interests.
2. If no Beneficiary survives the Insured, proceeds will be paid to You, as Owner, if You are then living; otherwise proceeds will be paid to Your estate.

Common Disaster. If We cannot determine whether a Beneficiary or the Insured died first in a common disaster, We will assume that the Beneficiary died first. Proceeds will be paid on this basis unless an endorsement to this policy provides otherwise.

Proceeds. Proceeds mean the amount payable on:

1. The Maturity Date;
2. Exercise of the full surrender benefit; or
3. The Insured's death.

The proceeds on the Maturity Date will be the Cash Surrender Value. The proceeds on the Insured's death will be the Death Benefit Amount, after reversing any premium received after the date of death, less any outstanding policy loans.

All proceeds and partial surrender benefits are subject to the provisions of the "Payment Options" section and the other provisions of this policy.

CHANGE OF OWNERSHIP OR BENEFICIARY

You may change the Owner or the Beneficiary at any time during the lifetime of the Insured unless the previous designation provides otherwise. To do so, send a Written request to Our Home Office. The change will go into effect when We have recorded the change. However,

after the change is recorded, it will be deemed effective as of the date of Your Written request for change. The change will be subject to any payment made or action taken by Us before the request is recorded.

PAYMENT OPTIONS

Instead of being paid in one sum, all or part of the proceeds may be applied under any of the Payment Options described below. In addition to these options, other methods of payment may be chosen with Our consent.

Payment Contract. When proceeds become payable under a Payment Option, a Payment Contract will be issued to each payee. The Payment contract will state the rights and benefits of the payee. It will also name those who are to receive any balance unpaid at the death of the payee.

PAYMENT OPTIONS (Cont'd)

Election of Options. The Owner may elect or change any Payment Option while the Insured is living, subject to the provisions of this policy. This election or change must be In Writing. Within 60 days after the Insured's death, a payee entitled to proceeds in one sum may elect to receive proceeds under any option (subject to the limitations stated in the "Availability of Options" provision).

Option 1. Payments for a Specified Period:

Equal monthly payments will be made for a specified period. The Option 1 Table in this policy shows the monthly income for each \$1,000 of proceeds applied.

Option 2. Payments of a Specified Amount:

Equal monthly payments of a specified amount will be made. Each payment must be at least \$60 a year for each \$1,000 of proceeds applied. Payments will continue until the amount applied, with interest, has been paid in full.

Option 3. Monthly Payments for Life with Period Certain:

Equal monthly payments will be made for a specified period, and will continue after that period for as long as the payee lives. The specified period may be 10, 15 or 20 years. The Option 3 Table in this policy shows the monthly income for each \$1,000 of proceeds applied. The tables are based on the Annuity 2000 Male and Female Tables adjusted by projection scale G (adjusted by 50% of projection scale G for females and 100% of projection scale G for males) for 20 years, with Gender Neutral rates based on 60% female and 40% male, and interest at the rate of 2% per year.

At the time payments are to begin under this option, the payee may choose one of the following:

1. Monthly payments based on the Option 3 Table; or

2. Monthly payments equal to a monthly annuity based on Our single premium immediate annuity rates then in use.

Option 4. Proceeds Left at Interest: Proceeds may be left on deposit with Us for any period up to 30 years. Interest earned on the proceeds may be:

1. Left on deposit to accumulate at the rate of 2% compounded annually; or
2. Paid in installments at the rate for each \$1000 of proceeds of \$20 annually, \$9.95 semiannually, \$4.96 quarterly or \$1.65 monthly.

Upon the death of the payee, or at the end of the specified period, any balance left on deposit will be paid in a lump sum or under Options 1, 2, or 3.

Interest Rates. The guaranteed rate of interest for proceeds held under Payment Options 1, 2, 3 and 4 is 2% compounded annually. We may credit interest at a higher rate. The higher rate will be determined by Us.

Payments. The first payment under Options 1, 2 and 3 will be made when the claim for settlement has been approved. Payments after the first will be made according to the manner of payment chosen. Interest under Option 4 will be credited from the date of death and paid or added to the proceeds as provided in the Payment Contract.

Availability of Options. If the proposed payee is not a natural person, payment options may be chosen only with Our consent.

If this policy is assigned, We will have the right to pay the assignee in one sum the amount to which the assignee is entitled. Any balance will be applied according to the option chosen.

PAYMENT OPTIONS (Cont'd)

The amount to be applied under any one option must be at least \$2,000. The payment elected under any one option must be at least \$20. If the total policy proceeds are less than \$2,000, payment will be made in one lump sum.

Evidence That Payee is Alive. Before making any payment under a Payment Option, We may ask for proof that the payee is alive. If proof is requested, no payment will be made or considered due until We receive proof.

Death of a Payee. If a payee dies, any unpaid balance will be paid as stated in the Payment Contract. If there is no surviving payee named in the Payment Contract, We will pay the estate of the payee:

1. Under Options 1 and 3: The value of the remaining payments for the specified period as of the date We receive Written notification of death, discounted at the rate of interest used in determining the amount of the monthly payment.
2. Under Options 2 and 4, the balance of any proceeds remaining unpaid with accrued interest, if any.

Withdrawal of Proceeds Under Options 1 or 2. If provided in the Payment Contract, a payee will have the right to withdraw the entire unpaid balance under Options 1 or 2. Under Option 1,

the amount will be the value of the remaining payments for the specified period discounted at the rate of interest used in determining monthly income. Under Option 2, the amount will be the entire unpaid balance.

Withdrawal of Proceeds Under Option 4. A payee will have the right to withdraw proceeds left under Option 4 subject to the following rules:

1. The amount to be withdrawn must be \$500 or more;
2. A partial withdrawal must leave a balance on deposit of \$1,000 or more.

Withdrawals of Proceeds Under Options 1, 2, or 4 May Be Deferred. We may defer payment of any withdrawal for up to 6 months from the date We receive a withdrawal request.

Assignment. Payment Contracts may not be assigned.

Change in Payment. The right to make any change in payment is available only if the Payment Contract provides for a change in payment.

Claims of Creditors. To the extent permitted by law, proceeds will not be subject to any claims of a Beneficiary's creditors.

GENERAL PROVISIONS

Assigning Your Policy. During the lifetime of the Insured, You may assign this policy as security for an obligation. We will not be bound by an assignment unless it is received In Writing at Our Home Office. Two copies of the assignment must be submitted. We will retain one copy and return the other. We will not be responsible for the validity of any assignment. The assignment will be effective upon receipt at Our Home Office.

Incontestability. We rely on the statements made in the application for the policy and any amendments of application, supplemental applications, and applications for any reinstatements or increases in Specified Amount. These statements, in the absence of fraud, are considered representations and not warranties. No statement may be used in defense of a claim under the policy unless it is in such applications.

GENERAL PROVISIONS (Cont'd)

Except as stated below, We cannot contest this policy after it has been in force during the Insured's lifetime for two years from the Date of Issue.

Exceptions: We cannot contest any claim related to an increase in Specified Amount after such increase has been in effect during the Insured's lifetime for two years.

If this policy is reinstated, We cannot contest this policy after it has been in force during the Insured's lifetime for two years from the date of reinstatement.

We can contest a reinstatement or an increase in Specified Amount for a 2-year period following the date of an increase or reinstatement solely on the basis of the information furnished in the application for such reinstatement or increase.

This 2-year limitation does not apply to benefits provided by any Disability or Accidental Death Benefit rider, or to the nonpayment of premium.

Suicide Exclusion. If the Insured takes his or her own life, while sane or insane, within 2 years from the Date of Issue, We will limit the Death Benefit Proceeds to the premiums paid less any policy loans and less any partial cash surrenders paid.

If there are any increases in the Specified Amount a new 2-year period shall apply to each increase beginning on the date of each increase. The Death Benefit Proceeds will be the cost of insurance associated with each increase (See "Changing Your Insurance Policy".)

When the laws of the state in which this policy is delivered require less than this 2-year period, the period will be as stated in such laws.

Age Incorrectly Stated. If the age of the Insured has been misstated to Us, We will adjust the excess of the Death Benefit Amount over the Accumulation Value on the date of death to that which would have been purchased by the Monthly Deduction for the policy month of death at the correct cost of insurance rate. By age, We mean age nearest birthday as of the Date of Issue.

Statutory Basis of Policy Values. The Cash Values of the policy are not less than the minimum values required by the law of the state where this policy is delivered. The calculation of the Cash Values includes interest at the guaranteed annual interest rate shown on the Policy Schedule and a charge for the cost of insurance, as shown in the Table of Guaranteed Monthly Cost of Insurance Rates.

The calculation of minimum Cash Values, non-forfeiture benefits and Guaranteed Cost of Insurance rates are based on the Mortality Table shown on the Policy Schedule for the appropriate age nearest birthday.

A detailed statement of the method of computing values has been filed with the state insurance department where required.

No Dividends. This policy will not pay dividends. It will not participate in any of Our surplus or earnings.

Annual Report. We will send You at least once a year, without charge, an annual report which shows the following:

1. Premiums paid; and
2. Expense charges deducted; and
3. Interest credited to Your Accumulation Value; and
4. The cost of insurance deducted; and

GENERAL PROVISIONS (Cont'd)

5. Partial surrender benefits paid to You; and
 6. The amount of any outstanding policy loan; and
 7. The current Cash Surrender and Accumulation Values.
2. Evidence of insurability satisfactory to Us; and
 3. Payment of enough premium to keep the policy in force for 2 months or, if less, an amount equal to all past due Monthly Guarantee Premiums; and

Illustration Request. At any time while this policy is in force, the Owner may request from Us, an illustration of policy values for the future. The values will be based on both guaranteed and then current assumptions. A reasonable fee, not to exceed \$50.00, may be charged for additional reports requested in a policy year.

When This Policy Terminates. This policy will terminate if:

1. A full surrender of this policy is made; or
2. The Insured dies; or
3. The policy matures; or
4. The Grace Period ends; and
 - a. There is insufficient Cash Surrender Value to cover a Monthly Deduction; and
 - b. The necessary Monthly Guarantee Premiums to keep the policy in force have not been paid.

Reinstatement. "Reinstating" means placing Your policy in force after it has terminated at the end of the Grace Period. We will reinstate this policy if We receive:

1. Your Written request within 5 years after the end of the Grace Period and before the Maturity Date; and

4. Payment or reinstatement of any indebtedness.

The reinstated policy will be in force from the Monthly Deduction Day on or following the date We approve the reinstatement application.

The original surrender charge schedule will apply to a reinstated policy. The Accumulation Value at the time of reinstatement will be:

1. The surrender charge deducted at the time of lapse (such charge not being greater than the Accumulation Value at the time of lapse before the surrender charge was applied); plus
2. The Net Premium paid at reinstatement; plus
3. Any loan repaid or reinstated; less
4. The Monthly Deduction for one month

If a person other than the Insured is covered by an attached rider, coverage will be reinstated according to that rider.

Rights Reserved By Us. Upon notice to You, this policy may be modified by Us, but only if such modification is necessary to make any changes as required by the Internal Revenue Code or by any other applicable law, regulation or interpretation in order to continue treatment of this policy as life insurance.

GENERAL PROVISIONS (Cont'd)

When required by law, We will obtain Your approval of changes and We will seek to gain approval from any appropriate regulatory authority.

Policy Changes. We will not permit a change to Your policy that would result in the policy not meeting the definition of life insurance under Section 7702 of the Internal Revenue Code. The 2001 CSO Mortality Tables provide a stated termination date of age 121. The tax consequences of extending the Maturity Date beyond the age 121 termination date of the 2001 CSO Mortality Tables are unclear. You should consult Your personal tax advisor about the effect of any change to Your policy as it relates to Section 7702 and the termination date of the Mortality Tables.

Rates on Policy Anniversary Nearest Insured's 18th Birthday (for Insured's age 17 or Less on Date of Issue). If the Insured's age, nearest birthday, is 17 or less on the date of Issue of this policy, Tobacco rates will be used starting on the policy anniversary nearest the Insured's 18th birthday, except as follows. Prior to the anniversary nearest the Insured's 18th

birthday, a Written statement, signed by the Owner, may be submitted to the Company requesting that Non-Tobacco rates be made effective. The statement must include the date the Insured last used tobacco and/or other products that contain nicotine, or state that the Insured has never used tobacco and/or other products that contain nicotine, which ever applies. If the request is approved, Non-Tobacco rates will be made effective on the policy anniversary nearest the Insured's 18th birthday. Otherwise, Tobacco rates will apply. We will send a notice to the Owner at least 30 days prior to the policy anniversary nearest the Insured's 18th birthday that a request for Non-Tobacco rates may be submitted.

Payment of Interest on Proceeds Not Paid Within 30 Days After Due Proof of Death is Furnished To The Company. If proceeds under this policy, including the refund of any unearned premiums, are not paid within 30 days after due proof of death of the Insured has been furnished to the Company, We will pay interest on such proceeds at the rate of 8% per year from the date due proof of death is furnished to the date such proceeds are paid.

**TABLE OF GUARANTEE MONTHLY COST OF INSURANCE RATES
PER \$1,000 OF NET AMOUNT AT RISK**

ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE	ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE
1	\$0.043	61	\$0.799
2	0.030	62	0.893
3	0.022	63	0.997
4	0.018	64	1.107
5	0.017	65	1.224
6	0.018	66	1.343
7	0.018	67	1.466
8	0.018	68	1.600
9	0.019	69	1.739
10	0.019	70	1.905
11	0.022	71	2.092
12	0.027	72	2.334
13	0.031	73	2.590
14	0.037	74	2.861
15	0.047	75	3.158
16	0.056	76	3.483
17	0.065	77	3.858
18	0.068	78	4.295
19	0.070	79	4.796
20	0.071	80	5.344
21	0.071	81	5.988
22	0.072	82	6.670
23	0.072	83	7.399
24	0.073	84	8.208
25	0.073	85	9.118
26	0.077	86	10.095
27	0.081	87	11.233
28	0.080	88	12.455
29	0.079	89	13.752
30	0.078	90	15.068
31	0.078	91	16.136
32	0.079	92	17.382
33	0.082	93	18.857
34	0.084	94	20.574
35	0.088	95	22.599
36	0.093	96	24.554
37	0.098	97	26.702
38	0.104	98	27.887
39	0.110	99	29.597
40	0.118	100	31.847
41	0.127	101	34.042
42	0.138	102	36.603
43	0.151	103	39.601
44	0.166	104	43.121
45	0.184	105	47.209
46	0.201	106	51.761
47	0.221	107	56.828
48	0.234	108	62.388
49	0.249	109	68.684
50	0.269	110	75.753
51	0.292	111	76.511
52	0.322	112	77.269
53	0.356	113	78.026
54	0.397	114	78.784
55	0.446	115	79.542
56	0.497	116	80.299
57	0.552	117	81.057
58	0.602	118	81.815
59	0.656	119	82.572
60	0.721	120	83.330

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of net amount at risk.

GENERAL PROVISIONS (Cont'd)

When required by law, We will obtain Your approval of changes and We will seek to gain approval from any appropriate regulatory authority.

Policy Changes. We will not permit a change to Your policy that would result in the policy not meeting the definition of life insurance under Section 7702 of the Internal Revenue Code. The 2001 CSO Mortality Tables provide a stated termination date of age 121. The tax consequences of extending the Maturity Date beyond the age 121 termination date of the 2001 CSO Mortality Tables are unclear. You should consult Your personal tax advisor about the effect of any change to Your policy as it relates to Section 7702 and the termination date of the Mortality Tables.

Rates on Policy Anniversary Nearest Insured's 18th Birthday (for Insured's age 17 or Less on Date of Issue). If the Insured's age, nearest birthday, is 17 or less on the date of Issue of this policy, Tobacco rates will be used starting on the policy anniversary nearest the Insured's 18th birthday, except as follows. Prior to the anniversary nearest the Insured's 18th

birthday, a Written statement, signed by the Owner, may be submitted to the Company requesting that Non-Tobacco rates be made effective. The statement must include the date the Insured last used tobacco and/or other products that contain nicotine, or state that the Insured has never used tobacco and/or other products that contain nicotine, which ever applies. If the request is approved, Non-Tobacco rates will be made effective on the policy anniversary nearest the Insured's 18th birthday. Otherwise, Tobacco rates will apply. We will send a notice to the Owner at least 30 days prior to the policy anniversary nearest the Insured's 18th birthday that a request for Non-Tobacco rates may be submitted.

Payment of Interest on Proceeds Not Paid Within 30 Days After Due Proof of Death is Furnished To The Company. If proceeds under this policy, including the refund of any unearned premiums, are not paid within 30 days after due proof of death of the Insured has been furnished to the Company, We will pay interest on such proceeds at the rate of 8% per year from the date due proof of death is furnished to the date such proceeds are paid.

**TABLE OF GUARANTEE MONTHLY COST OF INSURANCE RATES
PER \$1,000 OF NET AMOUNT AT RISK**

ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE	ATTAINED AGE Nearest Birthday (On Each Policy Anniversary)	RATE
1	\$0.043	61	\$1.460
2	0.030	62	1.616
3	0.022	63	1.788
4	0.018	64	1.964
5	0.017	65	2.140
6	0.018	66	2.313
7	0.018	67	2.486
8	0.018	68	2.669
9	0.019	69	2.854
10	0.019	70	3.075
11	0.022	71	3.320
12	0.027	72	3.641
13	0.031	73	3.970
14	0.037	74	4.307
15	0.047	75	4.692
16	0.056	76	5.105
17	0.065	77	5.577
18	0.083	78	6.120
19	0.090	79	6.735
20	0.094	80	7.396
21	0.099	81	8.172
22	0.104	82	8.973
23	0.108	83	9.806
24	0.115	84	10.717
25	0.122	85	11.766
26	0.128	86	12.866
27	0.135	87	14.146
28	0.137	88	15.487
29	0.138	89	16.873
30	0.138	90	18.214
31	0.139	91	19.184
32	0.141	92	20.329
33	0.146	93	21.661
34	0.153	94	23.177
35	0.159	95	25.225
36	0.169	96	27.136
37	0.179	97	29.205
38	0.192	98	30.132
39	0.205	99	31.605
40	0.220	100	33.628
41	0.240	101	35.544
42	0.263	102	37.780
43	0.291	103	40.339
44	0.323	104	43.295
45	0.357	105	47.372
46	0.391	106	51.914
47	0.429	107	56.970
48	0.454	108	62.523
49	0.483	109	68.812
50	0.522	110	75.874
51	0.566	111	76.619
52	0.625	112	77.365
53	0.691	113	78.111
54	0.771	114	78.856
55	0.860	115	79.602
56	0.952	116	80.348
57	1.050	117	81.093
58	1.130	118	81.839
59	1.221	119	82.584
60	1.330	120	83.330

The rates shown above represent the guaranteed (maximum) monthly cost of insurance for each \$1,000 of net amount at risk.

TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT

The following charges apply to each \$1,000 of Initial Specified Amount surrendered during the first 14 policy years. The charges also apply to each \$1,000 of increase in Specified Amount surrendered during the first 14 policy years following each increase. The word "surrender" means (a) full surrender; (b) partial surrender; and/or (c) a reduction in Specified Amount at the request of the Owner. The charge for the surrender of all or any portion of the Initial Specified Amount will be equal to the rate shown below for the age at issue and the year of surrender, multiplied by the number of thousands of Initial Specified Amount being surrendered. The charges for surrender of all or any portion of an increase in Specified Amount will be equal to the rates shown below for the age at issue of such increase and year of surrender, multiplied by the number of thousands of such increase being surrendered. There will be an additional charge for each partial surrender as described in the "Partial Surrender" provision.

Issue Age	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15+
1	6.16	6.16	6.16	6.16	6.16	6.16	6.16	6.16	5.91	5.37	3.99	2.71	1.57	0.86	0.00
2	6.16	6.16	6.16	6.16	6.16	6.16	6.16	6.16	5.91	5.37	3.99	2.71	1.57	0.86	0.00
3	6.16	6.16	6.16	6.16	6.16	6.16	6.16	6.16	5.91	5.37	3.99	2.71	1.57	0.86	0.00
4	6.16	6.16	6.16	6.16	6.16	6.16	6.16	6.16	5.91	5.37	3.99	2.71	1.57	0.86	0.00
5	6.16	6.16	6.16	6.16	6.16	6.16	6.16	6.16	5.91	5.37	3.99	2.71	1.57	0.86	0.00
6	6.16	6.16	6.16	6.16	6.16	6.16	6.16	6.16	5.91	5.37	3.99	2.71	1.57	0.86	0.00
7	6.16	6.16	6.16	6.16	6.16	6.16	6.16	6.16	5.91	5.37	3.99	2.71	1.57	0.86	0.00
8	6.16	6.16	6.16	6.16	6.16	6.16	6.16	6.16	5.91	5.37	3.99	2.71	1.57	0.86	0.00
9	6.16	6.16	6.16	6.16	6.16	6.16	6.16	6.16	5.91	5.37	3.99	2.71	1.57	0.86	0.00
10	6.16	6.16	6.16	6.16	6.16	6.16	6.16	6.16	5.91	5.37	3.99	2.71	1.57	0.86	0.00
11	6.16	6.16	6.16	6.16	6.16	6.16	6.16	6.16	5.91	5.37	3.99	2.71	1.57	0.86	0.00
12	6.16	6.16	6.16	6.16	6.16	6.16	6.16	6.16	5.91	5.37	3.99	2.71	1.57	0.86	0.00
13	6.16	6.16	6.16	6.16	6.16	6.16	6.16	6.16	5.91	5.37	3.99	2.71	1.57	0.86	0.00
14	6.16	6.16	6.16	6.16	6.16	6.16	6.16	6.16	5.91	5.37	3.99	2.71	1.57	0.86	0.00
15	6.16	6.16	6.16	6.16	6.16	6.16	6.16	6.16	5.91	5.37	3.99	2.71	1.57	0.86	0.00
16	6.16	6.16	6.16	6.16	6.16	6.16	6.16	6.16	5.91	5.37	3.99	2.71	1.57	0.86	0.00
17	6.16	6.16	6.16	6.16	6.16	6.16	6.16	6.16	5.91	5.37	3.99	2.71	1.57	0.86	0.00
18	6.63	6.63	6.63	6.63	6.30	6.30	6.30	6.30	6.00	5.79	4.30	2.92	1.70	0.93	0.00
19	7.39	7.39	7.39	7.39	7.02	7.02	7.02	7.02	6.74	6.44	4.79	3.25	1.89	1.04	0.00
20	9.51	9.51	9.51	9.51	9.03	9.03	9.03	9.03	8.68	8.30	6.17	4.18	2.44	1.34	0.00
21	10.33	10.33	10.33	10.33	9.81	9.81	9.81	9.81	9.45	9.00	6.69	4.54	2.64	1.46	0.00
22	11.71	11.71	11.71	11.71	11.12	11.12	11.12	11.12	10.62	10.20	7.58	5.13	2.99	1.65	0.00
23	13.43	13.43	13.43	13.43	12.76	12.76	12.76	12.76	12.26	11.70	8.68	5.89	3.43	1.89	0.00
24	14.31	14.31	14.31	14.31	13.60	13.60	13.60	13.60	13.10	12.31	9.24	6.26	3.64	2.01	0.00
25	14.52	14.52	14.52	14.52	13.80	13.80	13.80	13.80	13.20	12.52	9.38	6.35	3.70	2.04	0.00
26	15.34	15.34	15.34	15.34	14.50	14.50	14.50	14.34	13.70	12.74	9.55	6.48	3.77	2.08	0.00
27	15.59	15.59	15.59	15.59	15.20	15.20	15.20	14.80	13.94	12.96	9.70	6.57	3.83	2.11	0.00
28	15.90	15.90	15.90	15.90	15.90	15.90	15.90	15.17	14.20	13.20	9.89	6.70	3.90	2.16	0.00
29	16.22	16.22	16.22	16.22	16.22	16.22	16.22	15.45	14.46	13.44	10.08	6.83	3.98	2.20	0.00
30	16.50	16.50	16.50	16.50	16.50	16.50	16.50	15.75	14.74	13.70	10.24	6.94	4.04	2.23	0.00
31	17.44	17.44	17.44	17.44	17.44	17.44	16.89	16.06	15.04	13.98	10.48	7.10	4.14	2.29	0.00
32	17.86	17.86	17.86	17.86	17.86	17.86	17.30	16.39	15.34	14.26	10.73	7.27	4.24	2.35	0.00
33	18.29	18.29	18.29	18.29	18.29	18.29	17.72	16.74	15.67	14.57	10.98	7.45	4.34	2.41	0.00
34	18.74	18.74	18.74	18.74	18.74	18.74	18.14	17.10	16.01	14.88	11.24	7.62	4.45	2.47	0.00
35	19.73	19.73	19.73	19.73	19.73	19.20	18.59	17.48	16.37	15.22	11.50	7.80	4.55	2.53	0.00
36	20.33	20.33	20.33	20.33	20.24	19.78	19.00	17.89	16.74	15.57	11.85	8.04	4.70	2.62	0.00
37	20.88	20.88	20.88	20.88	20.76	20.31	19.44	18.31	17.14	15.94	12.16	8.24	4.82	2.69	0.00
38	21.46	21.46	21.46	21.46	21.31	20.87	19.91	18.75	17.55	16.32	12.47	8.46	4.95	2.77	0.00
39	22.08	22.08	22.08	22.08	21.89	21.47	20.40	19.22	17.99	16.73	12.81	8.69	5.09	2.85	0.00
40	22.73	22.73	22.73	22.73	22.51	22.09	20.92	19.71	18.45	17.16	13.17	8.94	5.23	2.93	0.00

TABLE OF SURRENDER CHARGES PER \$1,000 OF SPECIFIED AMOUNT

Issue Age	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15+
41	23.41	23.41	23.41	23.41	23.15	22.69	21.47	20.22	18.93	17.61	13.54	9.20	5.38	3.02	0.00
42	24.13	24.13	24.13	24.13	23.83	23.29	22.05	20.76	19.44	18.08	13.94	9.47	5.55	3.11	0.00
43	24.89	24.89	24.89	24.88	24.55	23.93	22.65	21.33	19.97	18.57	14.35	9.75	5.71	3.21	0.00
44	25.69	25.69	25.69	25.66	25.31	24.60	23.28	21.92	20.53	19.09	14.79	10.04	5.89	3.32	0.00
45	26.53	26.53	26.53	26.49	26.11	25.30	23.94	22.55	21.11	19.64	15.25	10.36	6.08	3.43	0.00
46	27.43	27.43	27.43	27.37	26.95	26.03	24.63	23.20	21.72	20.21	15.74	10.70	6.28	3.55	0.00
47	28.37	28.37	28.37	28.30	27.84	26.80	25.36	23.88	22.37	20.81	16.25	11.05	6.49	3.67	0.00
48	29.36	29.36	29.36	29.28	28.79	27.61	26.12	24.60	23.05	21.44	16.78	11.41	6.71	3.81	0.00
49	30.42	30.42	30.42	30.32	29.79	28.46	26.94	25.37	23.77	22.12	17.36	11.81	6.95	3.95	0.00
50	31.54	31.54	31.54	31.43	30.85	29.37	27.80	26.19	24.54	22.84	17.96	12.22	7.20	4.10	0.00
51	33.63	33.63	33.22	32.61	31.92	30.34	28.72	27.06	25.35	23.60	18.60	12.66	7.46	4.26	0.00
52	34.89	34.89	34.52	33.86	33.01	31.37	29.70	27.98	26.22	24.40	19.24	13.09	7.72	4.41	0.00
53	36.23	36.23	35.91	35.19	34.15	32.46	30.73	28.95	27.13	25.26	19.91	13.56	8.00	4.58	0.00
54	37.64	37.64	37.38	36.60	35.37	33.62	31.82	29.98	28.10	26.17	20.62	14.05	8.29	4.76	0.00
55	39.13	39.13	38.95	38.09	36.64	34.83	32.97	31.07	29.12	27.13	21.38	14.57	8.60	4.94	0.00
56	40.71	40.71	40.60	39.67	37.99	36.10	34.18	32.22	30.21	28.15	22.18	15.11	8.93	5.14	0.00
57	42.39	42.39	42.36	41.34	39.40	37.45	35.46	33.43	31.36	29.24	23.02	15.69	9.28	5.36	0.00
58	44.17	44.17	44.17	42.88	40.89	38.87	36.82	34.72	32.58	30.38	23.92	16.30	9.65	5.58	0.00
59	46.07	46.07	46.07	44.54	42.49	40.40	38.27	36.10	33.87	31.60	24.87	16.96	10.05	5.83	0.00
60	48.10	48.10	48.10	46.33	44.20	42.03	39.82	37.56	35.26	32.89	25.88	17.66	10.47	6.09	0.00
61	50.22	50.22	50.22	48.24	46.02	43.77	41.47	39.12	36.72	34.26	26.95	18.40	10.93	6.37	0.00
62	52.17	52.17	52.17	50.11	47.77	45.50	43.21	40.77	38.26	35.70	27.93	19.11	11.38	6.67	0.00
63	52.52	52.52	52.52	50.11	47.77	45.50	43.30	41.15	39.04	36.98	28.20	19.35	11.56	6.83	0.00
64	52.52	52.52	52.52	50.11	47.77	45.50	43.30	41.15	39.04	36.98	28.49	19.62	11.78	7.00	0.00
65	52.52	52.52	52.52	50.11	47.77	45.50	43.30	41.15	39.04	36.98	28.49	19.62	11.78	7.00	0.00
66	52.52	52.52	52.52	50.11	47.77	45.50	43.30	41.15	39.04	36.98	28.49	19.62	11.78	7.00	0.00
67	52.52	52.52	52.52	50.11	47.77	45.50	43.30	41.15	39.04	36.98	28.49	19.62	11.78	7.00	0.00
68	52.52	52.52	52.52	50.11	47.77	45.50	43.30	41.15	39.04	36.98	28.49	19.62	11.78	7.00	0.00
69	52.52	52.52	52.52	50.11	47.77	45.50	43.30	41.15	39.04	36.98	28.49	19.62	11.78	7.00	0.00
70	52.52	52.52	52.52	50.11	47.77	45.50	43.30	41.15	39.04	36.98	28.49	19.62	11.78	7.00	0.00

TABLES OF MONTHLY INSTALLMENTS FOR EACH \$1,000 OF PROCEEDS

OPTION 1 TABLE							
INSTALLMENTS FOR A SPECIFIED PERIOD							
Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments
1	\$84.09	11	\$8.42	21	\$4.85	31	\$3.59
2	42.46	12	7.80	22	4.67	32	3.51
3	28.59	13	7.26	23	4.51	33	3.44
4	21.65	14	6.81	24	4.36	34	3.37
5	17.49	15	6.42	25	4.22	35	3.30
6	14.72	16	6.07	26	4.10	36	3.23
7	12.74	17	5.77	27	3.98	37	3.17
8	11.25	18	5.50	28	3.87	38	3.12
9	10.10	19	5.26	29	3.77	39	3.06
10	9.18	20	5.04	30	3.68	40	3.01

OPTION 3 TABLE							
INSTALLMENTS FOR LIFE WITH SPECIFIED MINIMUM PERIOD							
	GUARANTEED PERIOD				GUARANTEED PERIOD		
AGE OF PAYEE	10 Years	15 Years	20 Years	AGE OF PAYEE	10 Years	15 Years	20 Years
10	\$2.14	\$2.13	\$2.13	50	\$3.20	\$3.18	\$3.16
11	2.15	2.15	2.15	51	3.25	3.24	3.21
12	2.16	2.16	2.16	52	3.31	3.29	3.26
13	2.17	2.17	2.17	53	3.37	3.35	3.32
14	2.19	2.19	2.18	54	3.44	3.41	3.37
15	2.20	2.20	2.20	55	3.51	3.48	3.43
16	2.21	2.21	2.21	56	3.58	3.54	3.49
17	2.23	2.23	2.23	57	3.65	3.61	3.55
18	2.24	2.24	2.24	58	3.73	3.69	3.61
19	2.26	2.26	2.26	59	3.81	3.76	3.68
20	2.28	2.28	2.27	60	3.90	3.84	3.75
21	2.29	2.29	2.29	61	3.99	3.92	3.82
22	2.31	2.31	2.31	62	4.09	4.01	3.89
23	2.33	2.33	2.32	63	4.19	4.10	3.96
24	2.35	2.34	2.34	64	4.30	4.19	4.03
25	2.37	2.36	2.36	65	4.41	4.29	4.10
26	2.39	2.38	2.38	66	4.53	4.39	4.18
27	2.41	2.40	2.40	67	4.65	4.49	4.25
28	2.43	2.43	2.42	68	4.78	4.60	4.32
29	2.45	2.45	2.44	69	4.92	4.70	4.39
30	2.47	2.47	2.47	70	5.07	4.81	4.46
31	2.50	2.49	2.49	71	5.22	4.92	4.52
32	2.52	2.52	2.52	72	5.37	5.03	4.58
33	2.56	2.54	2.54	73	5.54	5.14	4.64
34	2.57	2.57	2.57	74	5.71	5.26	4.70
35	2.60	2.60	2.59	75	5.88	5.36	4.75
36	2.63	2.63	2.62	76	6.06	5.47	4.79
37	2.66	2.66	2.65	77	6.25	5.57	4.83
38	2.69	2.69	2.68	78	6.44	5.67	4.87
39	2.73	2.72	2.71	79	6.63	5.76	4.90
40	2.76	2.76	2.75	80	6.82	5.85	4.93
41	2.80	2.79	2.78	81	7.02	5.93	4.95
42	2.83	2.83	2.82	82	7.21	6.00	4.97
43	2.87	2.87	2.86	83	7.39	6.06	4.99
44	2.91	2.91	2.89	84	7.57	6.12	5.00
45	2.96	2.95	2.93	85	7.74	6.17	5.01
46	3.00	2.99	2.98	86	7.90	6.22	5.02
47	3.05	3.04	3.02	87	8.06	6.26	5.03
48	3.10	3.08	3.06	88	8.20	6.29	5.03
49	3.15	3.13	3.11	89	8.33	6.32	5.04
				90	8.45	6.35	5.04

Payments are based upon the age, nearest birthday, of the Payee on the date the first payment is due. If monthly installments for two or more specified periods for a given age are the same, the specified period of longer duration will apply.

AMERICAN GENERAL LIFE
Insurance Company
A Stock Company

This is a FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY. Adjustable Death Benefit is payable upon the Insured's death prior to the Maturity Date and while this policy is in force. Premium payments are flexible and payable to the Maturity Date. ACCUMULATION VALUES and CASH VALUES are flexible and will be based on the amount and frequency of premiums paid, and the amount of interest credited. THIS POLICY IS NON-PARTICIPATING AND IS NOT ELIGIBLE FOR DIVIDENDS.

For Information, Service or to make a Complaint

Contact Your Servicing Agent, or Our Policyowner Service Department

2727-A Allen Parkway
P.O. Box 4373
Houston, Texas 77251
1-800-231-3655



Application for Life Insurance

American General Life Insurance Company

Houston, Texas

A subsidiary of American International Group, Inc. (AIG)

Administrative Office: P.O. Box 30081, Tampa, FL 33630-3081

Phone: 877-672-1647 Fax: 877-672-1649

This application is for:

Options for New Coverage or Increase in Coverage (UL only)

Universal Life

Employee Policy # Spouse/Domestic Partner Policy # Child #1 Policy # Child #2 Policy # Child #3 Policy #

Level Term

Employee Policy # Spouse/Domestic Partner Policy #

Employee/Member Information (Employee/Member will be the owner of all coverage applied for.)
1. Employee/Member/Proposed Insured Name
2. Address
3. Employer/Group
4. Employee No./ID
5. Social Security No.
6. Birth Date
7. Age Nearest Birthday
8. Gender
9. Annual Salary
10. Is the Employee/Member a U.S. Citizen?
11. Payroll Deduction Frequency
12. Hire Date
13. Is the Employee/Member actively at work today...
14. Number of work hours per week?

Other Proposed Insured Information
15. Spouse/Domestic Partner
16. Child #1 Name
17. Child #2 Name
18. Child #3 Name

Tobacco Usage Question (Only applies to any Proposed Insured age 18 or over.)

	Employee		Spouse/DP*		Child #1		Child #2		Child #3	
	YES	NO								
19. Has any Proposed Insured used tobacco and/or other products that contain nicotine in the past 24 months?	<input type="checkbox"/>									

Insured Plans

Universal Life

	Employee	Spouse/DP*	Child #1	Child #2	Child #3
<i>Amount of Insurance/Increase By:</i> Death Benefit Option (Level-1, Increasing-2)	\$ _____ <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$ _____ <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$ _____ <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$ _____ <input type="checkbox"/> 1 <input type="checkbox"/> 2	\$ _____ <input type="checkbox"/> 1 <input type="checkbox"/> 2
<i>Additional Benefits:</i> Accidental Death Benefit (ADB) Waiver of Monthly Deduction (WMD) Future Guaranteed Insurability Rider (FGIR) Children's Insurance Benefit (CIB) Terminal Illness Benefit (TIB) Other Rider _____ Other Rider _____ Other Rider _____	<input type="checkbox"/> ADB <input type="checkbox"/> WMD <input type="checkbox"/> FGIR CIB _____ units <input type="checkbox"/> TIB <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> ADB <input type="checkbox"/> WMD <input type="checkbox"/> FGIR CIB _____ units <input type="checkbox"/> TIB <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> ADB <input type="checkbox"/> TIB <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> ADB <input type="checkbox"/> TIB <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> ADB <input type="checkbox"/> TIB <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<i>Payroll Deduction Amount:</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Universal Life Beneficiary (Payment will be made in equal shares unless otherwise designated.)

20. Employee/Member Primary Beneficiary
 1. Name _____ Relationship _____ % _____
 2. Name _____ Relationship _____ % _____
 Employee/Member Contingent Beneficiary
 1. Name _____ Relationship _____ % _____
 2. Name _____ Relationship _____ % _____
 The beneficiary for the spouse/domestic partner/child coverage applied for will be the Employee/Member.

Term Life

	Employee	Spouse/DP*	<i>Additional Benefits:</i>	Employee	Spouse/DP*
Level Term Life Insurance	<input type="checkbox"/> 10 Year Level <input type="checkbox"/> 15 Year Level <input type="checkbox"/> 20 Year Level	<input type="checkbox"/> 10 Year Level <input type="checkbox"/> 15 Year Level <input type="checkbox"/> 20 Year Level	Accidental Death Benefit (ADB) Waiver of Premium (WP) Children's Insurance Benefit (CIB) Terminal Illness Benefit (TIB) Other Rider _____ Other Rider _____ Other Rider _____	<input type="checkbox"/> ADB <input type="checkbox"/> WP CIB _____ units <input type="checkbox"/> TIB <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> ADB <input type="checkbox"/> WP CIB _____ units <input type="checkbox"/> TIB <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<i>Amount of Insurance:</i>	\$ _____	\$ _____			
			<i>Payroll Deduction Amount:</i>	\$ _____	\$ _____

Term Life Beneficiary (Payment will be made in equal shares unless otherwise designated.)

21. Employee/Member Primary Beneficiary
 1. Name _____ Relationship _____ % _____
 2. Name _____ Relationship _____ % _____
 Employee/Member Contingent Beneficiary
 1. Name _____ Relationship _____ % _____
 2. Name _____ Relationship _____ % _____
 The beneficiary for the spouse/domestic partner coverage applied for will be the Employee/Member.

*Domestic Partner

Health Questions										
Part A (Complete for Simplified Issue or Contingent Guaranteed Issue only)										
	Employee		Spouse/DP*		Child #1		Child #2		Child #3	
	YES	NO								
22. Has any Proposed Insured ever been diagnosed as having or been treated by any member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or any disorder of the immune system, or tested positive for the Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/>									
23. In the 180 days prior to the date of this application, has any Proposed Insured consulted with a physician, or received treatment for, cancer, disease or disorder of the heart, heart attack, stroke, or drug or alcohol dependency?	<input type="checkbox"/>									
24. In the 90 days prior to the date of this application, has any Proposed Insured missed more than 3 consecutive days of work due to injury or illness other than cold, flu or maternity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Part B (Complete for Simplified Issue only)										
	Employee		Spouse/DP*		Child #1		Child #2		Child #3	
	YES	NO								
25. Has any Proposed Insured participated within the last 3 years in: flying in any type of aircraft as a student pilot or crew member; parachute jumping; auto, boat or motorcycle racing; hang gliding or scuba diving?	<input type="checkbox"/>									
26. Has any Proposed Insured within the last 5 years been diagnosed as having, been treated for, or consulted a licensed health care provider for:										
a. mental or nervous disorder, epilepsy, convulsions, paralysis, stroke or transient ischemic attack?	<input type="checkbox"/>									
b. disease or disorder of the heart or blood vessels, heart attack or uncontrolled high blood pressure?	<input type="checkbox"/>									
c. disease or disorder of the lungs, emphysema or tuberculosis?	<input type="checkbox"/>									
d. disease or disorder of the kidney, bladder or prostate?	<input type="checkbox"/>									
e. disease or disorder of the stomach, intestines, rectum or liver?	<input type="checkbox"/>									
f. sugar, albumin, or blood in urine?	<input type="checkbox"/>									
g. cancer (other than basal cell skin cancer), tumor, syphilis, diabetes, gland or blood disorder?	<input type="checkbox"/>									
h. disease or disorder of breast or reproductive organs?	<input type="checkbox"/>									
i. organ transplant?	<input type="checkbox"/>									
j. multiple sclerosis, Crohn's disease or ulcerative colitis?	<input type="checkbox"/>									
27. Has any Proposed Insured in the last 3 years had fainting spells, pain or discomfort in chest, or shortness of breath?	<input type="checkbox"/>									
28. Has any Proposed Insured within the last 10 years:										
a. sought or received advice, counseling or treatment by a medical professional for the use of alcohol or drugs including the use of prescription drugs?	<input type="checkbox"/>									
b. used cocaine, marijuana, heroin, controlled substance, or any other drug except as legally prescribed by a physician?	<input type="checkbox"/>									
29. Height	_____ft.									
	_____in.		_____in.		_____in.		_____in.		_____in.	
30. Weight	_____lbs.									

*Domestic Partner

Other Life Insurance or Annuities *(Indicate life insurance policies or annuities in force or pending for the proposed insured(s).)*

Does any proposed insured have any existing or pending annuity or life insurance contracts? Yes No

(If yes, indicate life insurance policies or annuities in force or pending for the proposed insured(s).)

Type: i = individual, b = business, g = group, p = pending life insurance or annuity

Name of Proposed Insured	Policy Number	Insurance Company	Type(s) (see above)	Year of Issue	Face Amount	Replace*
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

* **Replace** means that the insurance being applied for may replace, change or use any monetary value of any existing or pending life insurance policy or annuity. If replacement may be involved, complete and submit replacement-related forms. **Please note: certain states require completion of replacement related forms even when other life insurance or annuities are not being replaced by the policy being applied for.**

Agent Information

To the best of your knowledge, will the insurance herein applied for replace or change existing insurance in this or any other company? Yes No

If "yes," submit complete requirements of state where the application was signed.

The undersigned agent hereby confirms that:

- 1) no illustration was used in connection with soliciting the application for Life Insurance, and,
- 2) all of the applicant's answers to the questions in the application, if applicable, were accurately and truthfully recorded by the Writing Agent.

Writing Agent Signature

Writing Agent Number

Date

Authorization and Temporary Insurance

Agreement and Authorization to Obtain and Disclose Information and Declaration

I, the Employee/Member signing below, agree that I have read the above statements or they have been read to me. They are true and complete to the best of my knowledge and belief. I understand that this application shall be the basis for any policy issued. I understand that any misrepresentation made in this application and relied on by the insurer issuing the policy may be used to reduce or deny a claim or void the policy, if: 1) it is within its contestable period; and 2) such misrepresentation materially affects the acceptance of the risk.

I understand and agree that no agent may: accept risks or pass upon insurability; make or modify contracts; or waive any of the insurers rights or requirements. I acknowledge that: 1) no illustration conforming to the term life or universal life policy was provided; and 2) an illustration conforming to the universal life policy as issued, if any, will be provided by the time the policy is delivered.

I have received a copy of the Notices to the Proposed Insured.

I understand any information obtained will be used by the Company to determine eligibility for insurance and eligibility for benefits under an existing policy. The Company may disclose any information gathered during its evaluation of my application to: its reinsurers; other persons or organizations performing business or legal services in connection with my application or claim; me; or any person or entity required to receive such information by law or as I may further consent.

I, as well as any person authorized to act on my behalf, may, upon written request, obtain a copy of this consent from American General Life Companies, LLC. I understand this consent may be revoked at any time by sending a written request to American General Life Companies, LCC., ATTN: Underwriting Department at P.O. Box 1931, Houston, TX 77251-1931.

This consent will be valid for 24 months from the date of this application. I agree that a copy of this consent will be as valid as the original.

Premium Payment Authorization

I authorize my employer to deduct the required premium from my pay for the coverage applied for in this enrollment and forward same to the Company. Premium for this coverage is considered paid if the first full modal premium (including signed Payroll Deduction Authorization or Automatic Bank Check) is submitted with this application. If the form of payment is Automatic Bank Check, payment must be honored upon its first presentation.

TEMPORARY INSURANCE AGREEMENT (TIA)

Subject to the terms of the policy applied for and this TIA, the Company agrees to pay the lesser of the Amount of Insurance applied for or \$100,000, upon receipt of due proof that the Proposed Insured died while Temporary Insurance was in effect. Temporary Insurance will begin on the date the Proposed Insured signed this application (Signature Date). I understand and agree that Temporary Insurance will only begin for any Proposed Insured if: (1) I am actively at work on the Signature Date, the usual number of hours, without limitation; and (2) I have answered "No" to all applicable health questions in the application.

Temporary Insurance automatically ends on the earliest of the following: (1) the date this application is approved; (2) the date the Company sends notice to the Proposed Insured at the address shown in the application that the Company has declined to issue insurance; or (3) 60 days after the Signature Date.

If this application is approved as applied for, the policy will be effective on the date this application is approved by the Company. Otherwise, any insurance issued other than applied for will be effective upon delivery and acceptance of the policy.

Fraud

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a 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.

IRS Certification: Under penalties of perjury, I certify: (1) that the number shown on this application is my correct Social Security or Tax ID number; (2) that I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code; and (3) that I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provisions of this document other than the certifications required to avoid backup withholding. You must cross out item (2) if you are subject to backup withholding and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).

Employee/Member Signature

Signed at _____ On _____
(City, State) (Date)

X _____
Employee/Member

Detach this page and leave it with the proposed insured

NOTICES TO THE PROPOSED INSURED

American General Life Insurance Company, Houston, TX

"Company" refers to the company with which you have applied for insurance. This notice is provided on behalf of that company and American General Life Companies LLC, an affiliated service company.

TEMPORARY INSURANCE AGREEMENT (TIA)

Subject to the terms of the policy applied for and this TIA, the Company agrees to pay the lesser of the Amount of Insurance applied for or \$100,000, upon receipt of due proof that the Proposed Insured died while Temporary Insurance was in effect. Temporary Insurance will begin on the date the Proposed Insured signed this application (Signature Date). It is understood and agreed that Temporary Insurance will only begin for any Proposed Insured if the Proposed Insured is actively at work on the Signature Date, the usual number of hours, without limitation; and all applicable health questions in the application have been answered "No."

Temporary Insurance automatically ends on the earliest of the following: (1) the date this application is approved; (2) the date the Company sends notice to the Proposed Insured at the address shown in the application that the Company has declined to issue insurance; or (3) 60 days after the Signature Date.

If this application is approved as applied for, the policy will be effective on the date this application is approved by the Company. Otherwise, any insurance issued other than applied for will be effective upon delivery and acceptance of the policy.

USA PATRIOT ACT (This notice is printed in compliance with Section 326 of the USA Patriot Act)

IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE POLICY OR ANNUITY CONTRACT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify, and record information that identifies each person who opens an account, including an application for an insurance policy or annuity contract.

What this means for you: When you apply for an insurance policy or annuity contract, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

SERFF Tracking Number: AMGN-125683336 State: Arkansas
Filing Company: American General Life Insurance Company State Tracking Number: 39229
Company Tracking Number: 08463
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life
Adjustable Life
Product Name: 08463 WUL
Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

06/05/2008

Comments:

Attachments:

08463 - ReadCT.pdf

ARkCoc.pdf

Review Status:

Satisfied -Name: STATEMENT OF VARIABILITY

06/06/2008

Comments:

Attachment:

SOV-08463-WUL.pdf



AMERICAN
| GENERAL

NAIC 012-60488

FEIN 25-0598210

American General Life Insurance Company

Flesch reading ease test score.

This is to certify that the attached Form No(s). **08463; AGLC101519-2008**

Have (has) achieved Flesch Reading Score of 45 and comply with the readability requirements regulation.

A handwritten signature in black ink that reads "Leo W. Grace". The signature is written in a cursive style with a large initial "L".

Leo W. Grace
Director

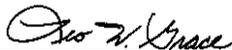
Date: 6-5-08

AMERICAN GENERAL LIFE INSURANCE COMPANY

ARKANSAS CERTIFICATION OF COMPLIANCE

		Y/N	NA
Arkansas Code 23-79-138	Required Policy Information (AGL Form L-4339)	Y	
Rule and Regulation 49	Life And Disability Insurance Guaranty Fund Notices	Y	
Rule and Regulation 19	Unfair Sex Discrimination in the Sale of Insurance	Y	
Rule and Regulation 33	Variable Life Insurance		N/A
	Licensing and approval to do business		N/A
	Qualification of Insurer to Issue Variable Life Insurance		N/A
	Article IV. Insurance Policy Requirements		N/A
	Article V. Reserve Liabilities for Variable Life Insurance		N/A
	Article VI. Separate Accounts		N/A
	Article VII. Information Furnished to Applicants		N/A
	Article VIII. Applications		N/A
	Article IX. Reports to Policyholders		N/A
	Article X. Foreign Companies		N/A
	Article XI. Qualifications of Agents for the Sale of Variable Life Insurance		N/A
Article XII. Separability Article		N/A	
Article XIII. Supersession of Conflicting Regulations		N/A	
Rule and Regulation 34	Universal Life Insurance (Sections 1-12)	Y	
	Valuation	Y	
	Nonforfeiture	Y	
	Mandatory Policy Provisions	Y	
	Disclosure Requirements	Y	
	Periodic Disclosure to Policyowner	Y	
	Interest Indexed Universal Life Policies		NA
	Severability	Y	
Arkansas Bulletin 11-83	Guidelines for non-guaranteed costs on participating and non-participating life insurance		N/A
	Current and Guaranteed Cost Of Insurance Rates	Y	
	Minimum/Maximum Interest Rate Range Minimum Rate: Maximum Rate:		N/A

I hereby certify that form 08463 is in compliance with those relevant Arkansas laws and regulations sited above.



Leo W. Grace
Director, Product Development

American General Life Insurance Company

STATEMENT OF VARIABILITY

08463

Variability in the following items marked with an asterisk (*) is needed so the Company can adjust these rates and amounts based on future conditions, including the economic conditions such as bond interest rates, underwriting expertise, administrative and marketing considerations.

* **MINIMUM DEATH BENEFIT AMOUNT (AFTER A DECREASE IN SPECIFIED AMOUNT).** The Minimum Death Benefit Amount is currently set at \$5,000. Once a policy is issued the minimum will not change. We do not anticipate changing this minimum; however we reserve the right to change the minimum for new issues if necessary.

* **MONTHLY GUARANTEE PREMIUM.** The Monthly Guarantee Premium is based upon the Insured's age, sex, death benefit option and premium class. This is the premium that applies to the specimen policy.

* **MONTHLY EXPENSE CHARGE.** The Monthly Expense Charge is based upon a table that varies depending on the Insured's age and sex. This is the charge that applies to the specimen policy.

* **MONTHLY ADMINISTRATION FEE.** The Company will periodically declare the Monthly Administration Fee. The current fee will never be greater than \$5.00.