

SERFF Tracking Number: AMGN-125786586 State: Arkansas
Filing Company: American General Life Insurance Company State Tracking Number: 40159
Company Tracking Number: 08921
TOI: L06I Individual Life - Variable Sub-TOI: L06I.202 Joint (Last Survivor) - Flexible Premium
Product Name: AIG Survivor Advantage
Project Name/Number: AIG Survivor Advantage/08921

Filing at a Glance

Company: American General Life Insurance Company

Product Name: AIG Survivor Advantage SERFF Tr Num: AMGN-125786586 State: ArkansasLH
TOI: L06I Individual Life - Variable SERFF Status: Closed State Tr Num: 40159
Sub-TOI: L06I.202 Joint (Last Survivor) - Flexible Premium Co Tr Num: 08921 State Status: Approved-Closed
Filing Type: Form Co Status: Reviewer(s): Linda Bird
Authors: Nancy Smith, Janice Hooley Disposition Date: 09/16/2008
Date Submitted: 09/03/2008 Disposition Status: Approved
Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: AIG Survivor Advantage Status of Filing in Domicile: Authorized
Project Number: 08921 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: File and Use in our domicile state of Texas
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 09/16/2008
State Status Changed: 09/16/2008 Deemer Date:
Corresponding Filing Tracking Number: 08921
Filing Description:
NAIC No.: 012-60488 FEIN No.: 25-0598210

RE: 08921 – Joint and Last Survivor Flexible Premium Variable Universal Life Insurance Policy
07411JT – Guaranteed Minimum Death Benefit Rider

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AGLC103302-2008 - Supplemental Application

These forms are being submitted for your consideration and approval. They are new and do not replace any forms previously approved by your Department.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

The policy is a Joint and Last Survivor Flexible Premium Variable Universal Life Insurance policy. Initially, it provides for 48 investment options, one of which is the General Account. The General Account provides a guaranteed interest rate of 3.0%. An adjustable death benefit is payable upon the insured's death. Applicants may choose one of two Death Benefit Corridor Rate schedules when applying for this policy: The Cash Value Accumulation Test or the Guideline Premium Test. Deductions from the Accumulation Value are made monthly, and include a Monthly Administration Fee not to exceed \$10.00, cost of insurance provided by the base policy and any benefits provided by riders, and a Monthly Expense Charge. The Monthly Expense Charge for the initial amount of Base Coverage will be deducted during the first 5 policy years and during the first 5 years of any increase in Base Coverage.

The Specified Amount is the sum of two types of Coverage: Base Coverage and Supplemental Coverage. Base Coverage is subject to surrender charges and a 5-year monthly expense charge, while Supplemental Coverage is not.

Beginning at the end of the year shown on the Policy Schedule, and at the end of each year thereafter, the policy will be eligible for an Account Value Enhancement. The Account Value Enhancement is a credit we apply to the Accumulation Value. Each Account Value Enhancement will be calculated by multiplying the unloaned Accumulation Value at the end of the policy year by the Enhancement Percentage.

The policy contains a Monthly Guarantee Premium (MGP) provision. The premium and Guarantee Period are stated on the Schedule Page. The policy will not lapse if on each Monthly Deduction Day during the Guarantee Period the sum of premiums paid equals or exceeds the sum of the MGP from the Date of Issue plus any partial surrenders and any loan amount. If on a Monthly Deduction Day, this policy does not meet this requirement guarantees under the provision will not be in effect.

The referenced rider is a Guaranteed Minimum Death Benefit Rider. This rider provides a Continuation Guarantee benefit that will prevent the policy to which it is attached, from lapsing. The applicant must elect this rider at the time of

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application. There is a charge associated with this rider that will be deducted monthly from the policy's Accumulation Value.

These forms will be sold by registered representatives that are licensed to sell securities and registered with the NASD, in the general market. The Separate Account is registered with the SEC as a Unit Investment Trust under the Investment Company Act of 1940.

The enclosed supplemental application will be used in conjunction with the submitted Variable Universal Life policy and will be used in conjunction with our regular life insurance application previously approved by your Department.

This contract will normally be issued on a sex distinct basis. However, it may be issued on a unisex basis if required by the Norris Decision. Please be assured that sex distinct policies will be issued with sex-distinct pages and unisex policies will be issued with unisex pages.

The forms have not been scored for readability since they are considered securities subject to federal regulation and therefore exempt from the Life and Health Insurance Policy Language Simplification Act.

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.

If you have any questions or require additional assistance, please do not hesitate to call me at (800) 247-8837, extension 3194. You may also reach me via e-mail at the following address: Nancy_M_Smith@aigag.com.

Company and Contact

Filing Contact Information

Nancy Smith, Manager nancy_m_smith@aigag.com
2929 Allen Parkway (713) 831-3194 [Phone]
Houston, TX 77019 (713) 342-7550[FAX]

Filing Company Information

American General Life Insurance Company CoCode: 60488 State of Domicile: Texas

SERFF Tracking Number: AMGN-125786586 State: Arkansas
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2727-A Allen Parkway
Houston, TX 77019
(713) 831-3508 ext. [Phone]

Group Code: 12
Group Name: AIG
FEIN Number: 25-0598210

Company Type:
State ID Number:

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Filing Fees

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

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|----------|----------------|---------------|
| American General Life Insurance Company | \$100.00 | 09/03/2008 | 22269588 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|----------|------------|------------|----------------|
| Approved | Linda Bird | 09/16/2008 | 09/16/2008 |

Objection Letters and Response Letters

| Objection Letters | | | | Response Letters | | |
|---------------------------------|------------|------------|----------------|------------------|------------|----------------|
| Status | Created By | Created On | Date Submitted | Responded By | Created On | Date Submitted |
| Pending Industry Response | Linda Bird | 09/12/2008 | 09/12/2008 | Nancy Smith | 09/16/2008 | 09/16/2008 |

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| Item Type | Item Name | Item Status | Public Access |
|---------------------|---|-------------|---------------|
| Supporting Document | Certification/Notice | | Yes |
| Supporting Document | Application | | Yes |
| Supporting Document | Life & Annuity - Actuarial Memo | | No |
| Form (revised) | Joint and Last Survivor Flexible Premium Variable Universal Life Insurance Policy | | Yes |
| Form | Joint and Last Survivor Flexible Premium Variable Universal Life Insurance Policy | | Yes |
| Form | AIG Survivor Advantage Joint and Last Survivor Variable Universal Life Insurance Supplemental Application | | Yes |
| Form | Guaranteed Minimum Death Benefit Rider | | Yes |

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/12/2008
Submitted Date 09/12/2008

Respond By Date

Dear Nancy Smith,

This will acknowledge receipt of the captioned filing.

Objection 1

- Joint and Last Survivor Flexible Premium Variable Universal Life Insurance Policy (Form)

Comment: Form 08921, Joint and Last Survivor Flexible Premium Variable Universal Life Ins. Policy, was not included under the Form Schedule Tab of this filing.

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/16/2008
Submitted Date 09/16/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Dear Ms. Bird,

I apologize for the policy not appearing in the form schedule tab. It is now attached.

Let me know if you need anything else.

Thanks,

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Nancy Smith

Related Objection 1

Applies To:

- Joint and Last Survivor Flexible Premium Variable Universal Life Insurance Policy (Form)

Comment:

Form 08921, Joint and Last Survivor Flexible Premium Variable Universal Life Ins. Policy, was not included under the Form Schedule Tab of this filing.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

| Form Name | Form Number | Edition Date | Form Type | Action | Action Specific Data | Readability Score | Attach Document |
|---|-------------|--------------|---------------------------------------|---------|----------------------|-------------------|---|
| Joint and Last Survivor Flexible Premium Variable Universal Life Insurance Policy | 08921 | | Policy/Contract/Fraternal Certificate | Initial | | | 08921_SU RVIVOR_ ADVANTA GE_VUL_ AR.pdf |

Previous Version

| | | | | | | | |
|---|-------|--|---------------------------------------|---------|--|--|-----------------------|
| Joint and Last Survivor Flexible Premium Variable Universal Life Insurance Policy | 08921 | | Policy/Contract/Fraternal Certificate | Initial | | | AGLC100 565- 2006.pdf |
|---|-------|--|---------------------------------------|---------|--|--|-----------------------|

No Rate/Rule Schedule items changed.

Sincerely,
 Janice Hooey, Nancy Smith

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Form Schedule

Lead Form Number: 08921

| Review Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|---------------|-----------------|---|---|---------|----------------------|-------------|-------------------------------------|
| | 08921 | Policy/Contract/Certificate | Joint and Last Survivor Flexible Premium Variable Universal Life Insurance Policy | Initial | | | 08921_SURVIVOR_ADVANTAGE_VUL_AR.pdf |
| | AGLC103302-2008 | Application/Enrollment Form | AIG Survivor Advantage Joint and Last Survivor Variable Universal Life Insurance Supplemental Application | Initial | | | AGLC103302-2008.pdf |
| | 07411JT | Policy/Contract/Certificate: Amendment, Insert Page, Endorsement or Rider | Guaranteed Minimum Death Benefit Rider | Initial | | | 07411JT GMDB RIDER.pdf |

AMERICAN GENERAL LIFE
Insurance Company
A Stock Company

Home Office:
Houston, Texas

2727-A Allen Parkway
P.O. Box 4880
Houston, Texas 77019

POLICY NUMBER: 0000000000

(800) 340-2765

WE WILL PAY THE DEATH BENEFIT PROCEEDS to the Beneficiary if the Last Surviving Contingent 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 deaths of both Contingent Insureds, and will be subject to the terms of this policy. The method for determining the amount payable is stated in the "Death Benefit Proceeds" provision.

WE WILL PAY THE CASH SURRENDER VALUE of this policy to the Owner on the Maturity Date if one or both Contingent Insureds are living on that date and if this policy is in force.

THE AMOUNT OR DURATION OF THE DEATH BENEFIT PROCEEDS AND THE ACCUMULATION VALUES PROVIDED BY THIS POLICY WHEN BASED ON THE INVESTMENT EXPERIENCE OF A SEPARATE ACCOUNT, ARE VARIABLE AND NOT GUARANTEED AS TO FIXED DOLLAR AMOUNT. ACCUMULATION VALUES MAY INCREASE OR DECREASE.

No benefits under the base policy will be paid upon the death of the first Contingent Insured.

The consideration for this policy is the application and payment of the first premium. The first premium must be paid on or before delivery of this policy.

This is a JOINT AND LAST SURVIVOR FLEXIBLE PREMIUM VARIABLE UNIVERSAL LIFE INSURANCE POLICY. An adjustable Death Benefit is payable upon the Last Surviving Contingent Insured's death prior to the Maturity Date and while this policy is in force. Investment results are reflected in policy benefits. ACCUMULATION VALUES and CASH VALUES are flexible and will be based on the amount and frequency of premiums paid and the investment results of the Separate Account. NON-PARTICIPATING - NOT ELIGIBLE FOR DIVIDENDS.

NOTICE OF TEN DAY RIGHT TO EXAMINE POLICY

You may return this policy within ten days after delivery if You are not satisfied with it for any reason. The policy may be returned to Us or to the registered representative through whom it was purchased. Upon surrender of this policy within the ten day period, it will be deemed void from the Date of Issue, and We will refund the greater of: (1) any premiums received by Us; or (2) Your Accumulation Value as of the first Valuation Date occurring on or next following the date on which Your request is received plus any charges that have been deducted.

SIGNED AT THE HOME OFFICE ON THE DATE OF ISSUE.



Secretary



President

JOINT AND LAST SURVIVOR FLEXIBLE PREMIUM VARIABLE UNIVERSAL LIFE INSURANCE POLICY
READ YOUR POLICY CAREFULLY

INDEX

| | | | |
|---|-------|-------------------------------------|----------|
| Annual Report | 24 | Monthly Guarantee Premium | 3, 14-15 |
| Beneficiary and Proceeds | 20-21 | Monthly Guarantee Premium Period | 3 |
| Cash Surrender Value | 12 | Owner | 4 |
| Cash Value | 12 | Payment Options | 21-23 |
| Change of Ownership or Beneficiary | 21 | Policy Loans | 19-20 |
| Changing the Death Benefit Option | 8 | Policy Values Provisions | 11-15 |
| Changing the Specified Amount | 7 | Premium Expense Charge | 5 |
| Contract | 4 | Premium Payments | 4-5 |
| Cost of Insurance Rate Table | 3B | Reinstatement | 25 |
| Date of Issue | 4 | Separate Account Provisions | 8-10 |
| Death Benefit and Death Benefit Options | 6-7 | Specified Amount | 7 |
| Death Benefit Corridor Rates | 3C | Suicide | 24 |
| Dollar Cost Averaging | 18 | Surrender Charges | 3D |
| Exchange Option | 25-26 | Surrender, Full and Partial | 15-16 |
| General Account | 10 | Suspension and Deferral of Payments | 18-19 |
| General Provisions | 23-27 | Transfer Provision | 16-18 |
| Grace Period | 14 | Valuation of Assets | 9 |
| Incontestability | 23-24 | Valuation Dates | 9 |
| Investments of the Separate Account | 8 | Valuation Units | 9 |
| Maturity Date | 3 | When This Policy Terminates | 25 |
| Monthly Administration Fee | 13 | | |

DEFINITIONS

Company Reference. "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 77019; Mailing Address P.O. Box 4880, Houston, Texas 77210-4880.

Payment Processing Center. Our center for processing premium payments at 3051 Hollis Drive, Springfield, IL 62704; Mailing Address P.O. Box 0842, Carol Stream, IL 60132-0842.

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

Contingent Insured. This policy insures the lives of two individuals, each of whom is called a "Contingent Insured."

Premium Class. We may offer any or all of the following Premium Classes. The Premium Class for each Contingent Insured is shown on the Policy Schedule as one or a combination of the following terms:

Preferred Plus. The term "Preferred Plus" means the cost of insurance is based on the Contingent Insured being an exceptional mortality risk and a non-user of tobacco and/or other products that contain nicotine.

Preferred. The term "Preferred" means the cost of insurance is based on the Contingent Insured being a better than average mortality risk.

Standard. The term "Standard" means the cost of insurance is based on the Contingent Insured being an average mortality risk.

NOTICE

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

DEFINITIONS (Cont'd)

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

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

Special. The term "Special" means "Sub-standard" or "Rated". This means an extra amount is being charged due to the Contingent Insured's health, occupation or avocation.

Uninsurable. The term "Uninsurable" means the Contingent Insured would not pass the underwriting requirements for a single life policy.

POLICY SCHEDULE

| | | |
|-------------------------------------|------------------------|-------------------------|
| Contingent Insureds: | Insurance Ages: | Premium Classes: |
| John Doe | 35 | Preferred Plus |
| Jane Doe | 35 | Preferred Plus |
| Base Coverage: \$250,000 | Policy Number: | 0000000000 |
| Supplemental Coverage: \$ 0 | Date Of Issue: | July 1, 2008 |
| Initial Specified Amount: \$250,000 | Maturity Date: | July 1, 2094 |
| | Death Benefit Option: | 1 |

This Is A [Sex Distinct] Policy

| | |
|---------------------------|-----------------------------------|
| Initial Premium: | \$2,406.48 |
| Planned Periodic Premium: | \$2,406.48 Payable Annually |
| Monthly Deduction Day: | 1 st Day of Each Month |

| | |
|--|-------------|
| Minimum Death Benefit Amount (After A Decrease In Specified Amount): | [\$250,000] |
|--|-------------|

| | |
|----------------------------|-----------|
| Monthly Guarantee Premium: | [\$22.50] |
|----------------------------|-----------|

| | |
|-----------------------------------|------------|
| Monthly Guarantee Premium Period: | [20] Years |
|-----------------------------------|------------|

| | |
|----------------------------|------------|
| Minimum Partial Surrender: | [\$500.00] |
|----------------------------|------------|

| | |
|---|------------|
| Minimum Value That May Be Retained In A Division After A Partial Surrender: | [\$500.00] |
|---|------------|

| | | |
|-----------------------------------|--------------------------|--------------------|
| Guaranteed Minimum Interest Rate: | Annual Effective 3.0% | Monthly 0.2466% |
|-----------------------------------|--------------------------|--------------------|

| | |
|------------------|--|
| Mortality Table: | [2001 Commissioners Standard Ordinary Male or Female, Smoker or Non-Smoker Ultimate Mortality Table] |
|------------------|--|

| | |
|--------------------------------|---------------------|
| Death Benefit Compliance Test: | [Guideline Premium] |
|--------------------------------|---------------------|

| | |
|---|---|
| [Initial Maximum Net Amount At Risk for Death Benefit Option 3: | [3] Times The Initial Specified Amount Stated On This Page] |
|---|---|

Account Value Enhancement begins in the [16th] Policy Year

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.

This Is A[n] [State Name] Policy

Policy Schedule Continued – Policy Number 000000000

Additional Benefits Provided By Riders

Guaranteed Minimum Death Benefit Rider

| | Monthly Cost | Years Payable |
|---|--|---------------|
| Rider Charge (Deducted from Policy Accumulation Value): | See Rider | 86 |
| Charges Deducted from CG Account Value: | | |
| CG Cost of Insurance: | See Rider | 86 |
| CG Premium Expense Charge Percentage: | [5.0%] | |
| CG Monthly Administration Fee: | [\$10.00] | |
| CG Monthly Expense Charge: | [\$46.25] | |
| CG Monthly Expense Charge Duration: | First [5] Policy Years and First [5] Years of an Increase | |
| CG Interest Rate: | [4.68%] | |
| Separate Account Factor: | [70%] | |
| General Account Factor: | [90%] | |

Restricted Funds (See Rider For Details):

[AIG Retirement Co. I International Equities Fund
AIG Retirement Co. I Small Cap Index Fund
AIM V.I. Global Real Estate Fund
AIM V.I. International Growth Fund
Credit Suisse Trust Small Cap Core I Portfolio
Dreyfus VIF International Value Fund
Franklin Templeton VIP Franklin Small Cap Value Securities Fund
JPMorgan International Equity Portfolio
MFS ® VIT Series Trust II New Discovery Series
Oppenheimer Global Securities Fund/VA
PIMCO VIT Commodity Real Return Strategy Portfolio
Putnam VT Small Cap Value Fund]

Percentage of Accumulation Value less policy loans that may be invested in Restricted Funds: [30%]

Policy Schedule Continued – Policy Number 0000000000

Charges Deducted From The Separate Account

Mortality and Expense Charge. Deductions from the Separate Account will be made at an annual rate not to exceed the rates stated below. The actual deduction will be made on a daily basis. The initial current rate on a daily basis is [0.001917%].

| Policy Years | Current Annual Rate | Guaranteed Annual Rate |
|--------------|---------------------|------------------------|
| 1-10 | [0.70%] | 0.70% |
| 11-20 | [0.35%] | 0.35% |
| Thereafter | [0.00%] | 0.15% |

Expense Charges:

Premium Tax (If Applicable). Depending on the laws of the jurisdiction in which this policy was issued, and subject to future changes in residence, a percentage of each premium may be deducted for premium tax. Premium tax rates are subject to change. The premium tax rate for this policy on the Date of Issue is [0%].

| | | |
|---|--|-----------------------|
| Premium Expense Charge: (Adjustable Premium Expense Charge Percentage) | Current [5.0%] | Guaranteed 7.5% |
| Monthly Administration Fee: | Current [\$10.00] | Guaranteed \$10.00 |
| Monthly Expense Charge: | [46.25] | |
| Monthly Expense Charge Duration: | First [5] Policy Years First [5] Years of an Increase | |

Base Policy Charges and Fees

Cost of Insurance Charges. Guaranteed Maximum Cost of Insurance Rates per \$1,000 of Net Amount at Risk are shown on Page 3B.

Surrender Charges. Surrender Charges will apply if the policy is surrendered or the Initial Base Coverage is reduced during the Surrender Charge Period following the Date of Issue. Surrender Charges will also apply during the Surrender Charge Period following an increase in Base Coverage. Surrender Charges applicable to this policy appear on Page 3D.

Policy Schedule Continued – Policy Number 000000000

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

| POLICY YEAR | RATE | POLICY YEAR | RATE |
|------------------------|-------------|------------------------|-------------|
| 1 | 0.00009 | 44 | 2.42426 |
| 2 | 0.00030 | 45 | 2.84728 |
| 3 | 0.00053 | 46 | 3.32769 |
| 4 | 0.00082 | 47 | 3.89867 |
| 5 | 0.00115 | 48 | 4.52702 |
| 6 | 0.00154 | 49 | 5.21678 |
| 7 | 0.00202 | 50 | 5.99066 |
| 8 | 0.00262 | 51 | 6.86242 |
| 9 | 0.00338 | 52 | 7.80625 |
| 10 | 0.00433 | 53 | 8.88899 |
| 11 | 0.00555 | 54 | 10.04929 |
| 12 | 0.00694 | 55 | 11.27333 |
| 13 | 0.00869 | 56 | 12.50949 |
| 14 | 0.01038 | 57 | 13.54425 |
| 15 | 0.01238 | 58 | 14.69459 |
| 16 | 0.01492 | 59 | 15.99541 |
| 17 | 0.01802 | 60 | 17.44835 |
| 18 | 0.02202 | 61 | 19.09277 |
| 19 | 0.02690 | 62 | 20.64067 |
| 20 | 0.03316 | 63 | 22.27670 |
| 21 | 0.04123 | 64 | 23.19308 |
| 22 | 0.05078 | 65 | 24.43776 |
| 23 | 0.06221 | 66 | 26.00317 |
| 24 | 0.07468 | 67 | 27.48015 |
| 25 | 0.08949 | 68 | 29.13858 |
| 26 | 0.10777 | 69 | 31.00296 |
| 27 | 0.13075 | 70 | 33.09573 |
| 28 | 0.15972 | 71 | 35.40822 |
| 29 | 0.19500 | 72 | 37.84487 |
| 30 | 0.23631 | 73 | 40.39739 |
| 31 | 0.28467 | 74 | 43.01987 |
| 32 | 0.33974 | 75 | 45.78040 |
| 33 | 0.40213 | 76 | 48.63777 |
| 34 | 0.47433 | 77 | 51.44893 |
| 35 | 0.55565 | 78 | 54.23242 |
| 36 | 0.65442 | 79 | 56.86413 |
| 37 | 0.77073 | 80 | 60.33582 |
| 38 | 0.92017 | 81 | 63.66083 |
| 39 | 1.09068 | 82 | 67.12750 |
| 40 | 1.28432 | 83 | 70.90000 |
| 41 | 1.50742 | 84 | 74.49500 |
| 42 | 1.76312 | 85 | 78.17165 |
| 43 | 2.06507 | 86 | 83.33333 |

The rates shown above represent the guaranteed (maximum) monthly cost of Insurance for each \$1,000 of Net Amount at Risk.

Policy Schedule Continued – Policy Number 000000000

**DEATH BENEFIT CORRIDOR RATES
BASED ON CASH VALUE ACCUMULATION TEST**

| POLICY YEAR | RATE | POLICY YEAR | RATE |
|------------------------|-------------|------------------------|-------------|
| 1 | 7.1621 | 44 | 1.5073 |
| 2 | 6.8867 | 45 | 1.4691 |
| 3 | 6.6219 | 46 | 1.4335 |
| 4 | 6.3675 | 47 | 1.4004 |
| 5 | 6.1229 | 48 | 1.3699 |
| 6 | 5.8878 | 49 | 1.3416 |
| 7 | 5.6618 | 50 | 1.3155 |
| 8 | 5.4446 | 51 | 1.2914 |
| 9 | 5.2359 | 52 | 1.2693 |
| 10 | 5.0354 | 53 | 1.2489 |
| 11 | 4.8426 | 54 | 1.2304 |
| 12 | 4.6575 | 55 | 1.2135 |
| 13 | 4.4797 | 56 | 1.1981 |
| 14 | 4.3089 | 57 | 1.1838 |
| 15 | 4.1448 | 58 | 1.1697 |
| 16 | 3.9871 | 59 | 1.1556 |
| 17 | 3.8357 | 60 | 1.1412 |
| 18 | 3.6903 | 61 | 1.1264 |
| 19 | 3.5508 | 62 | 1.1105 |
| 20 | 3.4169 | 63 | 1.0921 |
| 21 | 3.2885 | 64 | 1.0697 |
| 22 | 3.1654 | 65 | 1.0400 |
| 23 | 3.0474 | 66 | 1.0000 |
| 24 | 2.9344 | 67 | 1.0000 |
| 25 | 2.8262 | 68 | 1.0000 |
| 26 | 2.7225 | 69 | 1.0000 |
| 27 | 2.6233 | 70 | 1.0000 |
| 28 | 2.5285 | 71 | 1.0000 |
| 29 | 2.4379 | 72 | 1.0000 |
| 30 | 2.3516 | 73 | 1.0000 |
| 31 | 2.2693 | 74 | 1.0000 |
| 32 | 2.1908 | 75 | 1.0000 |
| 33 | 2.1162 | 76 | 1.0000 |
| 34 | 2.0450 | 77 | 1.0000 |
| 35 | 1.9773 | 78 | 1.0000 |
| 36 | 1.9128 | 79 | 1.0000 |
| 37 | 1.8516 | 80 | 1.0000 |
| 38 | 1.7934 | 81 | 1.0000 |
| 39 | 1.7385 | 82 | 1.0000 |
| 40 | 1.6867 | 83 | 1.0000 |
| 41 | 1.6377 | 84 | 1.0000 |
| 42 | 1.5916 | 85 | 1.0000 |
| 43 | 1.5481 | 86 | 1.0000 |

For Death Benefit Corridor Rates between policy anniversaries: 1. Determine the difference in rates between the two anniversaries; and 2. Add to the earlier rate 1/12 of the difference in rates for each month that has passed since the earlier policy anniversary.

Policy Schedule Continued – Policy Number 000000000

**DEATH BENEFIT CORRIDOR RATES
BASED ON GUIDELINE PREMIUM TEST**

| ATTAINED AGE OF YOUNGER CONTINGENT INSURED | RATE | ATTAINED AGE OF YOUNGER CONTINGENT INSURED | 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 |

Policy Schedule Continued – Policy Number 000000000

**TABLE OF SURRENDER CHARGES
PER \$1,000 OF INITIAL BASE COVERAGE**

The following charges apply to each \$1,000 of Initial Base Coverage surrendered during the policy years shown below (Surrender Charge Period). The charge for the surrender of all or any portion of Initial Base Coverage will be equal to the rate shown below for the year of surrender multiplied by the number of thousands of Base Coverage being surrendered. There will be an additional charge for each partial surrender as described in the "Partial Surrender" provision.

| POLICY YEAR | SURRENDER CHARGE RATE |
|------------------------|----------------------------------|
| 1 | 12.57 |
| 2 | 12.46 |
| 3 | 12.34 |
| 4 | 12.22 |
| 5 | 12.10 |
| 6 | 11.97 |
| 7 | 10.99 |
| 8 | 10.03 |
| 9 | 9.09 |
| 10 | 8.16 |
| 11 | 6.44 |
| 12 | 4.77 |
| 13 | 3.13 |
| 14 | 1.54 |
| 15 | 0.00 |

A new Surrender Charge Schedule will be furnished if there is an increase in Base Coverage.

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;
2. The riders that add benefits to the base policy, if any;
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 Last Surviving Contingent Insured's lifetime, the Owner may exercise every right the policy confers or We allow (subject to the rights of any assignee of record).

You may have multiple Owners of this policy. In that case, the authorizations of all Owners are required for all policy changes except for transfers, premium allocations and deduction allocations. We will accept the authorization of one Owner for transfers and changes in premium and deduction allocations. The Owner or Owners may be the same as one or both Contingent Insureds but do not have to be. If an Owner dies while the policy is in force and either Contingent Insured is living, ownership rights pass on to a successor Owner recorded in Our records, if any; otherwise ownership rights pass to the estate of the Owner.

Last Surviving Contingent Insured. The Last Surviving Contingent Insured is the last survivor of the Contingent Insureds named on the Policy Schedule. Payment of a Death Benefit under this policy will be made upon the death of the Last Surviving Contingent Insured. The term "second death" means "death of the Last Surviving Contingent Insured."

Notification of First Death. While Death Benefit Proceeds will be payable upon the second death, We must receive proof of the death of both Contingent Insureds before payment will be made. Therefore, it is important that due proof of the first death be furnished to the Company at the time of such death.

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 and the amount and duration of insurance. Please refer to the "Policy Values Provisions" section 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 maturity. 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" and "Maximum Net Amount at Risk").

PREMIUM PAYMENTS (Cont'd)

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 selected, and under applicable tax laws. The test selected is shown on the Policy Schedule.

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 unless both Contingent Insureds are living and provide evidence of insurability satisfactory to Us. 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. Net Amount at Risk is the excess of the Death Benefit over the Accumulation Value of the policy.

Premium Expense Charge. The Premium Expense Charge is calculated by multiplying the premium paid (after the deduction of any state premium tax) by the Premium Expense Charge Percentage. The Premium Expense Charge Percentage is adjustable, but will never be more than the guaranteed 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 any applicable state premium tax and less the Premium Expense Charge" except as follows: No Premium Expense Charge will be deducted if the source of the premium is Cash Surrender Values applied from another policy issued by the Company. (We refer to this as an internal rollover.)

Allocation of Net Premiums. The initial allocation of Net premiums is shown in the application for this policy and will remain in effect until changed by Written notice from the Owner.

The percentage allocation for future Net Premiums may be changed at any time by Written notice.

The initial Net Premium will be allocated to the money market investment option on the later of the following dates:

1. The Date of Issue; or
2. The date all requirements needed to place the policy in force have been satisfied, including underwriting approval and receipt in the Home Office of the necessary premium.

The initial Net Premium will remain in the money market investment option until the first Valuation Date following the 15th day after it was applied. Any additional Net Premiums received prior to the first Valuation date which follows the 15th day after the initial Net Premium was applied will be allocated to the money market investment option until such Valuation Date. At that time, We will transfer the Accumulation Value to the selected investment option(s). Each Net Premium received after such Valuation Date will be applied directly to the selected investment option(s) as of the Business Day received.

Changes in the allocation of Net Premiums will be effective on the date We receive the Owner's notice. The allocation may be 100% to any available option or may be divided among several available options in whole percentage points totaling 100%.

Where to Pay. You may make Your payments to Us at Our Home Office, Our Payment Processing Center 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.

DEATH BENEFIT AND DEATH BENEFIT OPTIONS

Death Benefit Proceeds. If both Contingent Insureds die 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 the second 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 "Changing Your Insurance Policy."

Any premium received after the date of the second 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 refunding any premium received after the date of the second death, less any outstanding policy loans and will be subject to the other provisions of the "Beneficiary and Proceeds" section.

Death Benefit Compliance Test. Death Benefit Compliance Tests are used to determine if a policy will qualify as life insurance under applicable tax laws. There are two compliance tests which may be used: The Guideline Premium Test and the Cash Value Accumulation Test. The test which You selected when this policy was issued is shown on the Policy Schedule. You cannot change Your selection of the Death Benefit Compliance Test after the Date of Issue.

Death Benefit Option. The Death Benefit Option which You selected is shown on the Policy Schedule as either Option 1, 2 or 3.

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

1. The Specified Amount on the date of the second death; or

2. The Accumulation Value on the date of the second death multiplied by the applicable Death Benefit Corridor Rate.

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

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

Option 3. If You selected Option 3, the Death Benefit Amount will be the amount payable under Option 1 plus the sum of all premiums paid for this policy, including premiums for any riders, less any amounts waived by the Company under a waiver of monthly deduction benefit, except as follows: Premium payments after a partial surrender will not increase the Death Benefit Amount until the sum of premiums paid from the date of the partial surrender exceeds the amount of the partial surrender.

There is a Maximum Net Amount at Risk associated with Death Benefit Option 3. If You selected Option 3, the Maximum Net Amount at Risk on the Date of Issue is shown on the Policy Schedule. If at any time the Net Amount at Risk (Net Amount at Risk is the excess of the Death Benefit Amount over the Accumulation Value of the policy) exceeds the Maximum Net Amount at Risk, the Company may automatically effect a partial surrender or reduce the Death Benefit Amount, both of which may have federal tax consequences, to keep the Net Amount at Risk below the maximum then in effect. In no event, however, will We effect such partial surrender or reduce the Death Benefit Amount if the change would result in adverse tax consequences under Internal Revenue Code (IRC) Section 7702. Future underwritten increases in Specified Amount will increase the Maximum Net Amount at Risk.

DEATH BENEFIT AND DEATH BENEFIT OPTIONS (Cont'd)

Death Benefit Corridor Rates are shown in the table for the Death Benefit Compliance Test which You selected.

Specified Amount. The Specified Amount is the total of two types of coverage: Base Coverage and Supplemental Coverage. Base Coverage is subject to Surrender Charges and a Monthly Expense Charge, but Supplemental Coverage is not. If Supplemental Coverage has been included

as a part of the Specified Amount, charges for the Specified Amount will be lower than if the same Specified Amount had been issued without Supplemental Coverage. However, if Supplemental Coverage is included the premium may be higher for various rider(s) attached to Your policy. The amounts of Base Coverage, Supplemental Coverage (if any) and the Initial Specified Amount are shown on the Policy Schedule.

CHANGING YOUR INSURANCE POLICY

You may request a change in the Specified Amount or Death Benefit Option, subject to Our underwriting requirements 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. Increases in Specified Amount will only be considered while both Contingent Insureds are living. We will require an application for each Contingent Insured and evidence of insurability satisfactory to Us for any increase in the Specified Amount. The proportion of Base to Supplemental Coverage following an increase may be in any proportion as long as Base Coverage is at least 10% of the total 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 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 Business 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, with the decrease applying first to the entire Supplemental Coverage portion of such increase, if any, followed by the Base Coverage portion;
2. Against the next most recent increases successively, with the decrease of each prior increase applying first to the entire Supplemental Coverage portion of such increase, if any, followed by the Base Coverage portion;
3. Against the Specified Amount provided under the original application, with the decrease applying first to the entire Supplemental Coverage portion of such amount, if any, followed by the Base Coverage portion.

Any reduction in Base Coverage will be subject to any applicable Surrender Charges being deducted from the Accumulation Value on a pro-rata basis with the Surrender Charge prior to the reduction in Base Coverage being reduced proportionately. However, if such charge is greater than the Accumulation Value, the Specified Amount decrease will not be allowed.

CHANGING YOUR INSURANCE POLICY (Cont'd)

Changing the Death Benefit Option. You may request a change from Option 1 to Option 2, from Option 2 to Option 1 or from Option 3 to Option 1.

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, except that such decrease will not be subject to a pro-rata Surrender Charge and the Surrender Charge will not change due to the decrease.
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. The entire increase in the Specified Amount will be applied to the last coverage added (either Base or

Supplemental) which has not been removed. For the purpose of this calculation, if the Base and Supplemental Coverages were issued on the same date, We will consider the Supplemental Coverage to have been issued later.

3. If You request a change from Option 3 to Option 1: The Specified Amount will remain unchanged.

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.

Changing the Terms of Your Policy. Any change in the terms of 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.

SEPARATE ACCOUNT PROVISIONS

Separate Account. Separate Account VL-R is a segregated investment account established by the Company under Texas law to separate the assets funding the variable benefits for the class of policies to which this policy belongs from the other assets of the Company. That portion of the assets of the Separate Account equal to the policy liabilities shall not be chargeable with liabilities arising out of any other business We may conduct. Income, gains and losses, whether or not realized from assets allocable to the Separate Account are credited to or charged against such Account without regard to Our other income, gains or losses.

Investments of the Separate Account. The Separate Account is segmented into Divisions. Each Division invests in a single investment option. Net Premiums will be applied to the Separate Account and allocated to one or more Divisions. The assets of the Separate Account are invested in the investment option(s) listed on the application for this policy. From time to time, We may add additional Divisions. We may also discontinue offering one or more Divisions as provided in the "Rights Reserved by Us" provision. You may make a change in investment selections by contacting Our Home Office. You may make transfers to the additional Divisions subject to the rules stated in the "Transfer Provision" section and any new rules or limitations which may apply to such additional Divisions.

SEPARATE ACCOUNT PROVISIONS (Cont'd)

If shares of any of the investment options become unavailable for investment by the Separate Account, or the Company's Board of Directors deems further investment in these shares inappropriate, the Company may limit further purchase of the shares or may substitute shares of another investment option for shares already purchased under this policy as provided in the "Rights Reserved by Us" provision.

Valuation of Assets. The assets of the Separate Account are valued as of each Valuation Date at their fair market value in accordance with Our established procedures. The Separate Account Value as of any Valuation Date prior to the Maturity Date is the sum of Your account values in each Division of the Separate Account as of that date.

Valuation Units. In order to determine policy values in the Divisions We use Valuation Units which are calculated separately for each Division. The Valuation Unit value for each Division will vary to reflect the investment experience of the applicable investment option. The Valuation Unit for a Division will be determined on each Valuation Date for the Division by multiplying the Valuation Unit value for the Division on the preceding Valuation Date by the Net Investment Factor for that Division for the current Valuation Date.

Net Investment Factor. The Net Investment Factor for each Division is determined by dividing (1) by (2) and subtracting (3), where:

- (1) is the net asset value per share of the applicable investment option as of the current Valuation Date (plus any per share amount of any dividend or capital gains distribution paid by the investment option since the last Valuation Date); and
- (2) is the net asset value per share of the shares held in the Division as determined at the end of the previous Valuation Date; and

(3) is a factor representing the Mortality and Expense Charge.

The net asset value of an investment option's shares held in each Division shall be the value reported to Us by that investment option.

Valuation Dates. Valuation of the various Divisions will occur on each Business Day during each month. If the underlying investment option is unable to value or determine the Division's investment in an investment option due to any of the reasons stated in the "Suspension and Deferral of Payments" provision, the Valuation Date for the Division with respect to the unvalued portion shall be the first Business Day that the assets can be valued or determined.

Business Day. A Business Day is each day during which the New York Stock Exchange is open for business. We will treat any information or Written communications We receive after the close of a Business Day to have been received as of the next Business Day. For the purpose of collecting daily charges, a Business Day immediately preceded by one or more non-business calendar days will include those non-business days as part of that Business Day. For example, a Business Day which falls on a Monday will consist of a Monday and the immediately preceding Saturday and Sunday.

Minimum Value. The Minimum Value that may be retained in a Division after a partial surrender or transfer is shown on the Policy Schedule. If a partial surrender causes the balance in any Division to drop below such minimum amount, the Company reserves the right to transfer the remaining balance to the money market Division. If a transfer causes the balance in any Division to drop below the minimum amount, the Company reserves the right to transfer the remaining balance in proportion to the transfer request.

SEPARATE ACCOUNT PROVISIONS (Cont'd)

Change of Investment Advisor or Investment Objective. Unless otherwise required by law or regulation, the investment advisor or any investment objective may not be changed without Our consent. If required, approval of or change of any investment objective will be filed with the Insurance Department of the state where this policy is being delivered.

Rights Reserved by Us. Upon notice to You, this policy may be modified by Us, but only if such modification is necessary to:

1. Operate the Separate Account in any form permitted under the Investment Company Act of 1940 or in any other form permitted by law;
2. Transfer any assets in any Division to another Division, or to one or more other separate accounts;
3. Add, combine or remove Divisions in the Separate Account, or combine the Separate Account with another separate account;
4. Make any new Division available to You on a basis to be determined by Us;
5. Substitute for the shares held by any Division the shares of another Division or the shares of another investment company or any other investment permitted by law;
6. 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 or to comply with federal securities laws;
7. Make any changes required to comply with the requirements of any underlying investment option; or
8. Make other changes in this policy that in Our judgment are necessary or appropriate to ensure that this policy continues to qualify for tax treatment as life insurance, or that do not reduce any Cash Surrender Value, Death Benefit Amount, Accumulation Value or other accrued rights or benefits.

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

GENERAL ACCOUNT

The General Account is a fixed account within Our general assets which We have established for:

1. Any amounts transferred from the Divisions as a result of a loan; and
2. Any amounts the Owner allocates to such Account.

The guaranteed minimum interest rate used in calculating Accumulation Values of amounts allocated to the General Account is shown on the Policy Schedule. We can use interest rates greater than the guaranteed rates to calculate Accumulation Values of amounts allocated to the General Account. Interest applied to that portion of the General Account equal to a policy loan will be at an annual effective rate of 4.0%.

POLICY VALUES PROVISION

Accumulation Value. The Accumulation Value of Your policy is the total of all values in the Divisions of the Separate Account and in the General Account. The Accumulation Value reflects:

1. Net Premiums paid;
2. Monthly Deductions;
3. The investment experience of the Divisions selected less the Mortality and Expense Charge;
4. Amounts allocated to the General Account, including interest earned on amounts in the General Account;
5. Deductions due to partial surrenders and any charges for partial surrenders; and
6. Deductions, if any, resulting from decreases in Specified Amount.

Net Premiums are allocated, in accordance with Your instructions, to the General Account or allocated to the selected Divisions of the Separate Account and converted to Valuation Units.

On each Monthly Deduction Day, a Monthly Deduction will be made by reducing the unloaned portion of the General Account or redeeming Valuation Units from each applicable Division in the same ratio as the allocation of policy deductions in effect on the Monthly Deduction Day. You must state In Writing in advance how Monthly Deductions should be made if other than this method is to be used.

If the unloaned portion of the General Account or the balance in any Division of the Separate Account is insufficient to make a Monthly Deduction in this manner, We will cancel Valuation Units from each applicable Division and reduce the unloaned portion of the General Account in the same ratio the Monthly Deduction bears to the unloaned Accumulation Value of Your policy.

The Accumulation Value in any Division is determined by multiplying the value of a Valuation Unit by the number of Valuation Units held under the policy in that Division.

The value of the Valuation Units equal to the amount being borrowed from the Separate Account will be transferred to the General Account as of the Business Day that We receive the Written loan request.

Valuation Units are surrendered to reflect a partial surrender as of the Business Day that We receive the Written request for partial surrender.

On the Date of Issue. The Accumulation Value on the Date of Issue is:

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;
2. Add the interest earned for the month on the excess of the General Account value on the last Monthly Deduction Day over any partial surrenders and transfers made from the General Account since the last Monthly Deduction Day;

POLICY VALUES PROVISION (Cont'd)

3. Add any investment gain (or subtract any investment loss) on the Divisions of the Separate Account since the last Monthly Deduction Day as measured by the change in the value of the Valuation Units;
4. Add all Net Premiums received since the last Monthly Deduction Day;
5. Subtract any partial surrender made and any charges for partial surrenders since the last Monthly Deduction Day; and
6. Subtract the Monthly Deduction for the policy month following the Monthly Deduction Day. (See "How We Calculate a Monthly Deduction".)

On Any Valuation Date Other Than A Monthly Deduction Day. The Accumulation Value on any Valuation Date other than a Monthly Deduction Day will be the sum of:

1. The value of the General Account as of the last Monthly Deduction Day;
2. Less any partial surrenders and any charges for partial surrenders since the last Monthly Deduction Day;
3. Plus all Net Premiums received since the last Monthly Deduction Day; and
4. Plus the sum of the values of the Divisions of the Separate Account as of the last Monthly Deduction Day, plus the amount of any investment gain (or minus any investment loss) on the Divisions since the last Monthly Deduction Day as measured by the change in the value of the Valuation Units.

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 outstanding policy loans and accrued loan interest.

Monthly Deductions May Be Made Only if There Is Sufficient Value (Unless The 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 may be made only if the Cash Surrender Value is equal to or greater than the Monthly Deduction. If the 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 the "Monthly Guarantee Premium" provisions.

Surrender Charge. The Surrender Charge applies only to the Base Coverage portion of the Specified Amount. The Surrender Charge for the amount of Base Coverage on the Date of Issue will be deducted from the Accumulation Value if such Base Coverage is surrendered or reduced during the Surrender Charge Period. Surrender Charges for any increases in Base Coverage will be deducted from the Accumulation Value if such increases are surrendered or reduced during the Surrender Charge Period of each increase. The Surrender Charge Period will vary according to the younger Contingent Insured's age at issue (or the younger Contingent Insured's age on the date of an increase) as shown in the Table of Surrender Charges per \$1,000 of Base Coverage.

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

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

POLICY VALUES PROVISION (Cont'd)

Account Value Enhancement. At the beginning of the policy year shown on the Policy Schedule (and at the beginning of each policy year thereafter), this policy will be eligible for an Account Value Enhancement ("Enhancement").

The Enhancement amount will be calculated at the end of the policy year by multiplying the unloaned Accumulation Value by the Enhancement Percentage. The Enhancement amount will be allocated using the premium allocation percentages in effect at that time. The annual report that We will send to the Owner for the policy year immediately preceding the policy year stated on the Policy Schedule will indicate the Enhancement Percentage, if any, which will be applied at the end of such policy year. Each annual report that follows will indicate the Enhancement Percentage, if any, for the next policy year. The same Enhancement Percentage will be applied to all policies with the same calendar year of issue and the same policy year.

How We Calculate the Cost of Insurance for the Base Policy. We calculate the cost of insurance at the beginning of each policy month on the Monthly Deduction Day. The cost of insurance is determined as follows:

1. Reduce the Death Benefit Amount by the amount of Accumulation Value on the Monthly Deduction Day before the cost of insurance deduction is taken, and after any applicable rider charges, the Monthly Expense Charge, if any, and the Monthly Administration Fee are deducted;
2. Multiply the difference by the cost of insurance rate per \$1,000 of Net Amount at Risk as provided in the "Cost of Insurance Rate" provision; and
3. Divide the result by 1000.

Cost of Insurance for Benefits Provided by Riders. The cost of insurance for benefits provided by riders will be as stated on the Policy Schedule or in an endorsement to this policy. Riders are not a part of the base policy.

Monthly Administration Fee. An administration fee will be deducted monthly. The amount of 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 amount of Base Coverage, and to any increase in Base Coverage. The Monthly Expense Charge for the initial amount of Base Coverage is shown on the Policy Schedule. The duration of the charge for the initial Base Coverage and any increase in Base Coverage is also shown on the Policy Schedule. The Monthly Expense Charge for any increase in Base Coverage will be provided in an endorsement to this policy. Any decrease in Base Coverage 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 each Contingent Insured's:

1. Gender (if this policy was issued on a Sex Distinct basis);
2. Age nearest birthday on each policy anniversary; and
3. Premium Class shown on the Policy Schedule associated with the Initial Specified Amount and Premium Class associated with each increase in the Specified Amount, if any, shown in subsequent endorsements.

POLICY VALUES PROVISION (Cont'd)

A table of guaranteed monthly cost of insurance rates is included in this policy. We can 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;
2. The plan of insurance;
3. The amount of insurance; and
4. The age nearest birthday, gender and Premium Class of each Contingent Insured if this policy was issued on a Sex Distinct basis or the age nearest birthday and Premium Class if this policy was issued on a Gender Neutral basis.

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 used in calculating Accumulation Values of amounts allocated to the General Account, Mortality and Expense Charges, Premium Expense Charge Percentage, Enhancement Percentage 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.

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 the Last Surviving Contingent Insured dies during the Grace Period, Monthly Deductions through the policy month in which death occurred will be deducted from the proceeds.

If We receive a surrender request 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. The Guarantee Period will be based on the younger Contingent Insured's age at issue. The Guarantee Period for Your policy is shown on the Policy Schedule. This policy will not terminate on a Monthly Deduction Day within the Guarantee Period if, on such Monthly Deduction Day 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.

POLICY VALUES PROVISION (Cont'd)

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

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 in 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 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 Last Surviving Contingent Insured's lifetime before the Maturity Date. The Cash Surrender Value will be determined as of the Business Day We receive the policy and the Written request for surrender. The Company may delay payment if the Suspension and Deferral of Payments Provision is in effect.

Partial Surrender. At any time after the first policy year You may request withdrawal of a portion of the Cash Surrender Value of the policy. Your request must be made In Writing during the Last Surviving Contingent Insured's lifetime before the Maturity Date. The minimum partial surrender is shown on the Policy Schedule.

The amount being surrendered or reduced will terminate on the Valuation Date on or next following the date We receive the Written request for surrender or reduction. Valuation Units are surrendered to reflect a partial surrender as of the Business Day We receive the Written request for partial surrender.

A partial surrender will result in a reduction of the Accumulation Value, Cash Value, and the Death Benefit Amount. The Accumulation and Cash Values will be reduced by the amount of partial surrender benefit. The reduced Death Benefit Amount will be determined in accordance with the "Death Benefit Option" provision. If Your Death Benefit Option is Option 1 or Option 3, the Specified Amount will be reduced by the amount of the partial surrender. If Your Death Benefit Option is Option 2, the Specified Amount will not 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 be no less than the Minimum Death Benefit Amount after a Decrease in Specified Amount shown on the Policy Schedule.

A partial surrender will result in the cancellation of Valuation Units from each applicable Division and reduction of the unloaned portion of the General Account in the same ratio as the Allocation of Policy Deductions in effect on the date of partial surrender. If the number of Valuation Units in any Division or in the unloaned portion of the General Account is insufficient to make a partial surrender in this manner, We will cancel Valuation Units from each applicable Division and reduce the unloaned portion of the General Account in the ratio the partial surrender request bears to the Cash Surrender Value of Your policy. You must state In Writing in advance how partial surrenders should be made if other than this method is to be used.

POLICY VALUES PROVISION (Cont'd)

In addition to the amounts shown in the Table of Surrender Charges, there will be a charge for each partial surrender not to exceed the lesser of 2.0% of the amount withdrawn or \$25. Any partial surrender that causes a reduction in Base Coverage will be subject to any applicable Surrender Charges being deducted from the Accumulation Value on a pro-rata basis, and the remaining Surrender Charges will be reduced proportionately.

The Company may delay payment if the Suspension and Deferral of Payments Provision is in effect.

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 surrender this policy, We will continue making Monthly Deductions (as long as there is sufficient 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 earliest of the following dates:

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

TRANSFER PROVISION

Transfer of Accumulation Value. Transfers will be made as of the Business Day We receive the Written transfer request, subject to the restrictions that follow. If You elect to use the transfer privilege, We will not be liable for a transfer made in accordance with Your instructions. We reserve the right to terminate, suspend or modify the transfer privilege, and to charge a \$25 fee for each transfer in excess of 12 in a policy year. Transfers under the Dollar Cost Averaging or Automatic Rebalancing programs will not count toward the 12 free transfers.

The policy is not designed for professional market timing organizations or other entities using programmed or frequent transfers involving large amounts. We are required by law to monitor all Owners' policies for market timing, and have established procedures to detect potential violations. We will monitor all policies to determine if an Owner requests:

1. An exchange into or out of a variable investment option, except the money market investment option, within 2 calendar weeks of

an earlier exchange out of or into that same variable investment option; or

2. Exchanges into and out of, or out of and into, the same variable investment option, except the money market investment option, more than twice in any one calendar quarter.

If either of the above transactions occurs, We will suspend such Owner's same day or overnight delivery transfer privileges with notice to prevent market timing efforts. Such notice of suspension will take the form of either a letter mailed to the Owner's last known address, or a telephone call from Us informing the Owner that effective immediately, all same day or overnight delivery transfer privileges have been suspended. The suspension of transfer privileges will last for no more than 6 months. Transfers under Dollar Cost Averaging, Automatic Rebalancing or any other automatic transfer arrangements to which We have agreed are not affected by these procedures. Our procedures will be followed in all circumstances and We will treat all Owners the same.

TRANSFER PROVISION (Cont'd)

Transfer of Accumulation Value (Separate Account). You may transfer all or part of Your interest in a Division of the Separate Account subject to the following:

1. The minimum amount which may be transferred is \$500.
2. If the entire amount in a Division of the Separate Account is not being transferred the minimum which must remain is \$500.

Transfers between Separate Account Divisions result in the redemption of Valuation Units in one Division and the purchase of Valuation Units in the Division to which the transfer is made. We will not honor Your request for a transfer if the Separate Account is unable to purchase shares of an investment option for any reason.

Transfer of Accumulation Value (General Account). A transfer from the General Account to a Division of the Separate Account may be made during the 60 day period following each policy anniversary. The amount that may be transferred will be the greatest of the following amounts:

1. Twenty-five percent (25%) of the unloaned portion of the General Account as of the policy anniversary;
2. The total dollar amount withdrawn from the General Account during the prior policy year (whether the amount withdrawn was a partial surrender for cash or was being transferred to the Separate Account); or
3. \$500.

Transfer of Your interest in a Separate Account Division on the Maturity Date will not be subject to a Transfer Fee. Our right to defer payment of values allocated to the General Account for up to 6 months will not apply to values transferred to the General Account under this provision.

Transfer of Accumulation Value (Separate Account) on the Maturity Date. The value of each of the Separate Account Divisions will be transferred to the General Account on the Maturity Date, and the resulting Cash Surrender Value paid to the Owner if one or both Contingent Insureds are living on that date. If any underlying investment option cannot be valued, or We cannot determine the value of a Division's investment in an investment option on the scheduled Maturity Date, the unvalued portion shall be valued and transferred on the first Business Day that the assets can be valued or determined.

Transfer of Your interest in a Separate Account Division on the Maturity Date will not be subject to a Transfer Fee. Our right to defer payment of values allocated to the General Account for up to 6 months will not apply to values transferred to the General Account under this provision.

Telephone Transfer and Allocation Privilege. If We have on file a completed telephone authorization form for Telephone Transactions, We will allow transfers and the percentage allocation for future Net Premiums and policy deductions to be changed by telephone at any time. We will honor instructions for Telephone Transactions from any person who provides the correct information. There is a risk of possible loss to You if unauthorized persons use this service in Your name. Under Telephone Transactions, We are not liable for any acts or omissions based upon instructions that We reasonably believe to be genuine, including losses arising from errors in the communication of telephone instructions.

TRANSFER PROVISION (Cont'd)

Dollar Cost Averaging. Dollar Cost Averaging (DCA) is an automatic transfer of funds made periodically prior to the Maturity Date in accordance with Instructions from the Owner. DCA transfers will be made in accordance with the Transfer provisions, except as provided below:

1. DCA transfers may be made:
 - a) On any day of the month except the 29th, 30th or 31st;
 - b) On a monthly, quarterly, semi-annual or annual basis; and
 - c) From one Separate Account Division to one or more of the other Separate Account Divisions. The General Account is not eligible for DCA.
2. DCA may be elected only if the Accumulation Value at the time of election is \$5,000 or more.
3. The minimum amount of each DCA transfer is \$100, or the remaining amount in the Separate Account Division from which the DCA transfer is being made, if less.
4. DCA may not begin prior to the first Valuation Date following the 15th day after the initial Net Premium is applied.

5. DCA will end when there is no longer any value in the Separate Account Division from which DCA transfers were being made, or when You request that DCA end.
6. While DCA is active, amounts applied to the DCA Separate Account Division will be available for future dollar cost averaging in accordance with the current DCA request.
7. There is no charge for DCA.
8. DCA is not available if Automatic Rebalancing is active.

Automatic Rebalancing. Automatic Rebalancing occurs when funds are transferred by the Company among the Separate Account Divisions so that the values in each Division match the premium allocation percentages then in effect. You may choose Automatic Rebalancing on a quarterly, semi-annual or annual basis if Your Accumulation Value is \$5,000 or more. The date Automatic Rebalancing occurs will be based on the Date of Issue of Your policy. For example, if Your policy is dated January 17, and You have requested Automatic Rebalancing on a quarterly basis, Automatic Rebalancing will start on April 17, and will occur quarterly thereafter. After Automatic Rebalancing is elected, it will continue until We are notified In Writing that it is to be discontinued. There is no charge for Automatic Rebalancing. Automatic Rebalancing is not available if DCA is active.

SUSPENSION AND DEFERRAL OF PAYMENTS PROVISION

We reserve the right to defer payment of any Death Benefit Amount, loan or other distribution that comes from that portion of Your Accumulation Value that is allocated to Separate Account VL-R, if:

1. The New York Stock Exchange is closed other than customary weekend and holiday closings, or trading on the New York Stock Exchange is restricted;

2. An emergency exists, as a result of which disposal of securities is not reasonably practicable or it is not reasonably practicable to fairly determine the Accumulation Value; or
3. The U.S. Securities and Exchange Commission (SEC) by order permits the delay for the protection of Owners.

SUSPENSION AND DEFERRAL OF PAYMENTS PROVISION (Cont'd)

As to amounts allocated to the General Account, We may defer payment of any Cash Surrender Value withdrawal or loan amount for up to 6 months, or the period allowed by law, whichever is less, after We receive a Written request for such payment or payments. Written notice of both the imposition and termination of any such deferral will be given to the Owners, assignees of record and any irrevocable Beneficiaries.

Payments which were due to have been made and which were deferred following the suspension of the calculation of the Cash Surrender Value will be made within thirty (30) days following the lifting of the suspension, and will be calculated based on the Valuation Date which immediately follows termination of the suspension.

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 policy's maximum loan value will be the Cash Surrender Value less an amount equal to 3 Monthly Deductions. We reserve the right to limit at any time the amount available for a loan to 90% of the Accumulation Value. The minimum amount of each loan is \$500 or, if less, the entire remaining loan value. The value of the Valuation Units equal to the amount You borrow from the Separate Account will be transferred to the General Account as of the Business Day that We receive Your Written loan request.

Obtaining a Loan. You may obtain a policy loan by Written request and assignment of the policy as sole security for the loan. The Company may delay processing the loan requested if the Suspension and Deferral of Payments Provision is in effect.

Effect of a Loan. When a loan is made, an amount equal to the amount being borrowed from the Separate Account will be transferred to the loaned portion of the General Account. A loan will result in cancellation of units from each applicable Division and reduction of the unloaned portion of the General Account according to the allocation of the policy deductions then in effect. The resulting amount will be added to the loaned portion of the General Account. If the number of Valuation Units in any Division or unloaned portion of the General Account is insufficient for a loan to be made in this manner, We will cancel Valuation Units from each applicable Division and reduce the unloaned portion of the General Account in the same ratio

the loan bears to the unloaned Accumulation Value of Your policy. You must state In Writing in advance which Division units are to be canceled if a different method is to be used.

Repayment of policy loans will first be allocated to the General Account until You have repaid all loaned amounts that were allocated to the General Account. You may tell Us how to allocate repayments above that amount. If You do not tell Us, an amount equal to the loan repayment above that amount will be transferred from the General Account to the Divisions in the same ratio currently in effect for the allocation of Net Premiums. A loan, whether or not repaid, will have a permanent effect on the Cash Surrender Values and on the death benefits. If not repaid, any indebtedness will reduce the amount of Death Benefit Proceeds and the amount available upon surrender of the policy.

Loan Interest. Except for Preferred Loans, loan interest will accrue daily at an annual effective rate of 4.54% payable in advance. (This is equivalent to an annual effective rate of 4.75% paid at the end of the policy year.) On each policy anniversary, loan interest for the next year is due. Unpaid loan interest will be deducted at the end of each policy year from the investment options according to the allocation of policy deductions then in effect, and added to the loaned portion of the General Account. You must state In Writing in advance how unpaid loan interest should be deducted if other than this method is to be used.

POLICY LOANS (Cont'd)

If the number of Valuation Units in any Division or unloaned portion of the General Account is insufficient to deduct unpaid loan interest in this manner, We will cancel Valuation Units from each applicable Division and reduce the unloaned portion of the General Account in the same ratio the unpaid loan interest bears to the unloaned Accumulation Value of Your policy.

We will credit interest monthly on the loaned portion of the General Account at an annual effective rate of 4.0%.

Preferred Loans. A "Preferred Loan" is a policy loan that is made at a net cost to the Owner that is less than the net cost of other policy loans. By "net cost" We mean the amount of interest charged for the loan less interest credited to the amount of the Accumulation Value offset by a loan. Starting on the tenth policy anniversary, this policy will be eligible for "Preferred Loans" subject to the following guidelines:

1. The maximum amount eligible for Preferred Loans during a policy year is restricted to the lesser of the following values on the first day of such policy year:
 - a. The policy loan value; or
 - b. 10% of the Accumulation Value.
2. When a Preferred Loan is made, interest to the next policy anniversary will accrue daily at

an annual effective rate of not less than 3.85% nor more than 4.08% (This is equivalent to an annual effective rate of not less than 4.00% nor more than 4.25% respectively, paid at the end of each policy year.)

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 second death;
2. A partial repayment must be at least \$100; and
3. At the time You repay all or part of a policy loan, You must specify the payment is to repay all or part of the policy loan.

Except as provided in the Grace Period provision, at any time the sum of Your outstanding policy loans exceeds the Cash Value, this policy will lapse. However, We must mail at least 31 days prior notice to Your last known address and to the assignee of record, if any.

We Can Delay Payment. We can 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.

BENEFICIARY AND PROCEEDS

Beneficiary. The Beneficiary will be as named in the application, or later changed by the Owner. Unless the Owner provides otherwise, upon the second death, We will pay proceeds in equal shares to the named Beneficiaries that survive such Contingent Insured. Unless otherwise provided by the beneficiary designation, proceeds will be paid as follows:

1. If any Beneficiary dies while the Last Surviving Contingent Insured is living, that Beneficiary's interest will pass to any other Beneficiaries of the Last Surviving Contingent Insured according to their respective interests.
2. If there is no Beneficiary upon the second death (and there is no provision to the contrary) proceeds will be paid in one sum to the Owner, if living; otherwise proceeds will be paid to the Owner's estate.

BENEFICIARY AND PROCEEDS (Cont'd)

Common Disaster. If We cannot determine whether a Beneficiary or the Last Surviving Contingent 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.

Simultaneous Death of Contingent Insureds if Contingent Insureds are Owners. If the Contingent Insureds are also the Owners and We are unable to determine to Our satisfaction that one of the Contingent Insureds predeceased the other, it will be assumed that the Contingent Insureds died simultaneously. Thereupon, one-half of the Death Benefit Proceeds will be payable with respect to each Contingent Insured's Beneficiary.

Proceeds. Proceeds mean the amount payable on:

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

The proceeds on the Maturity Date will be the Cash Surrender Value. The proceeds on the second death will be the Death Benefit Amount, after refunding any premium received after the date of the second 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 either Contingent Insured unless the previous designation provides otherwise. To do so, send a Written request to Our Home Office in a form acceptable to Us. 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.

Election of Options. The Owner may elect or change any Payment Option while either Contingent Insured is living, subject to the provisions of this policy. This election or change must be In Writing. Within 60 days after We receive Written notification of the second 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.

PAYMENT OPTIONS (Cont'd)

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. If issued on a Sex Distinct basis, tables are based on the Annuity 2000 Male or 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 interest at the rate of 2% per year. If issued on a Gender Neutral basis, 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 \$1,000 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. We will determine the higher rate.

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 the second 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.

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 a 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.

PAYMENT OPTIONS (Cont'd)

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 as 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 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 it is provided in the Payment Contract.

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 either Contingent 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.

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 unless it is in such applications.

Except as stated below, We cannot contest this policy during either Contingent Insured's lifetime after it has been in force for 2 years from the Date of Issue.

Exceptions:

1. We cannot contest any claim related to an increase in Specified Amount during either Contingent Insured's lifetime after such increase has been in effect for 2 years from the date of issue of such increase.
2. If this policy is reinstated, We cannot contest this policy during either Contingent Insured's lifetime after it has been in force for 2 years from the date of reinstatement.

GENERAL PROVISIONS (Cont'd)

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 either Contingent 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 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. If death due to suicide occurs during the 2-year period following an increase, but after the policy has been in force for 2 years or more, We will refund the cost of insurance charges that were deducted for the increase, and the increase will be terminated. The Initial Specified Amount and any increases in Specified Amount that have been in force for 2 years or more, will remain in force on the life of the Last Surviving Contingent Insured. (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 or Gender Incorrectly Stated (Age Incorrectly Stated if Issued on a Gender Neutral Basis). If the: (1) age or gender of a Contingent Insured (if this policy was issued on a Sex Distinct basis); or (2) age of a Contingent Insured (if this policy was issued on a Gender Neutral basis) has been misstated to Us, We will adjust the excess of the Death Benefit Amount over the Accumulation Value on the date of the second 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 a charge for the cost of insurance, as shown in the Table of Guaranteed Monthly Cost of Insurance Rates and for the General Account interest at the guaranteed annual interest rate shown on the Policy Schedule.

Calculation of minimum Cash Values, nonforfeiture benefits and Guaranteed Cost of Insurance rates are based on the Mortality Table shown on the Policy Schedule for the appropriate gender (if this policy was issued on a Sex Distinct basis) and 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 will show a summary of all transactions since the last report, including:

1. Premiums paid;
2. Transfers;
3. Expense charges deducted;
4. The cost of insurance deducted;
5. Partial surrender benefits deducted, including partial surrender fees;
6. The amount of any outstanding policy loans;
7. Separate Account Unit Values;
8. The current Cash Surrender and Accumulation Values; and
9. The Death Benefit Amount.

GENERAL PROVISIONS (Cont'd)

When This Policy Terminates. This policy will terminate if:

1. You request that this policy be terminated;
2. The Last Surviving Contingent Insured dies;
3. Premiums are refunded due to suicide of either Contingent Insured;
4. The policy matures; or
5. 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
2. Evidence of insurability satisfactory to Us for each Contingent Insured who was living on the date the policy terminated; and
3. Payment of enough premium to keep the reinstated policy in force for 2 months or, if less, an amount equal to all past due Monthly Guarantee Premiums; 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 allocated in accordance with the premium allocation percentages at the time of lapse unless the reinstatement application provides otherwise, using Unit Values as of the date of reinstatement; plus
3. The sum of outstanding policy loans at the time of lapse; less
4. The Monthly Deduction for one month.

The dollar amount of any Surrender Charge reinstated will be the same as the dollar amount of Surrender Charge at the time of lapse, and will be reinstated into the Divisions and the General Account from which it was deducted at the time of lapse using Unit Values as of the date of reinstatement.

If persons other than the Contingent Insureds are covered by a rider attached to this policy, coverage will be reinstated according to the terms of that rider.

Exchange Option. At any time while both Contingent Insureds are living this policy may be exchanged for two individual policies covering the Contingent Insureds separately subject to all of the following:

1. The total amount of coverage under the new policies will be an amount equal to:
 - a. The Death Benefit Amount in effect on the effective date of exchange; less
 - b. The amount of any outstanding policy loans.

GENERAL PROVISIONS (Cont'd)

Except as stated in number 10, the total amount of coverage of this policy may be split into two individual policies in any proportion, the total of which does not exceed the total amount of coverage of this policy.

2. The Cash Surrender Value will be transferred to the new policies in the same ratio as the division of the total amount of coverage.
3. The new policies will be issued on any flexible premium adjustable whole life or level premium whole life or endowment plan regularly issued by the Company on the date of exchange.
4. Except as stated in number 10, evidence of insurability satisfactory to the Company must be furnished (this Exchange Option is not available unless both Contingent Insureds are found to be insurable).
5. The new policies will be issued as of the date of exchange based on the age nearest birthday of each Contingent Insured.
6. The plan of insurance selected will be subject to Our standard minimum amount requirement for such a plan.
7. If, on or after the Date of Issue of this policy:
 - a. A rider providing waiver of monthly deduction or waiver of premium coverage is made available, and is added to this policy; and
 - b. Monthly deductions or premiums for this policy are being waived as provided in such a rider;

then neither monthly deductions nor premiums for the new policies will be waived and We will not include a waiver benefit in the new policies

8. The Suicide Exclusion and Incontestability provisions of the new policies will run from the Date of Issue of the new policies.

9. This policy will terminate on the Date of Issue of the new policies.

10. We will not require evidence of insurability at the time this option is elected if:

- a. The Contingent Insureds divorce and a period of at least 24 months has elapsed since the date the divorce decree was finalized; or
- b. The Federal unlimited marital deduction is repealed, or there is a reduction of at least 50% of the tax rate in the maximum Federal estate bracket.

In these cases the amount of the coverage under each new policy will be 50% of an amount equal to:

- a. The Death Benefit Amount in effect on the effective date of exchange; less
- b. The amount of any outstanding policy loan.

50% of the Cash Surrender Value will be transferred to each of the new policies.

This Exchange Option is not available if the premium class of either Contingent Insured was "Uninsurable" on the Date of Issue.

To apply for an exchange, the Owner must submit:

1. Applications for the new policies (including evidence of insurability satisfactory to Us);
2. Payment of the first premium for each new policy; and
3. This policy for cancellation.

There may be income tax consequences if You exercise the Exchange Option. Consult with Your tax advisor before exercising this right.

GENERAL PROVISIONS (Cont'd)

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 the second death 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 the second death is furnished to the date such proceeds are paid.

Option to Extend Coverage. You may elect to extend the Maturity Date stated on the Policy Schedule (Maturity Date), as follows:

If one or both Contingent Insureds are living on the Maturity Date, coverage will be continued until the date of the second death.

To elect this option, You must submit a Written request to the Company on a form acceptable to Us, at least 30 days prior to the original Maturity Date.

Starting on the original Maturity Date:

1. The Death Benefit Amount for the base policy will be equal to the base policy Death Benefit Amount in effect on the day prior to the Maturity Date, and if based all, or in part, on the Accumulation Value, will be adjusted by future changes in the Accumulation Value. The Death Benefit Amount will never be less than the Accumulation Value;
2. Unless otherwise stated in a rider attached to this policy, coverage under any riders attached to this policy will not be extended;
3. No Monthly Deductions will be made;
4. New premium payments will not be accepted;

5. Interest on policy loans will continue to accrue in the same manner as stated in the "Policy Loans" section and You may repay all or part of a loan at any time as stated in the "Policy Loans" section;
6. The value of each of the Separate Account Divisions will be transferred to the General Account on the Maturity Date. If the underlying investment option cannot be valued, or We cannot determine the value of a Division's investment in an investment option on the scheduled Maturity Date, the unvalued portion shall be valued and transferred on the first Business Day that the assets can be valued or determined. Unless You have elected to extend the Maturity Date, the resulting Cash Surrender Value will be paid to You if one or both Contingent Insureds are living on that date; and
7. The Accumulation Value will continue to be determined as stated in this policy, subject to 3 above.

After this option is selected, it may not be revoked.

Policy Changes and Extending Coverage.

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 Option to Extend Coverage, described above, allows the policy to continue beyond 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.

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 | | | | | | | |
| AGE OF PAYEE | GUARANTEED PERIOD | | | AGE OF PAYEE | GUARANTEED PERIOD | | |
| Female | 10 Years | 15 Years | 20 Years | Female | 10 Years | 15 Years | 20 Years |

| | | | | | | | |
|----|--------|--------|--------|----|--------|--------|--------|
| 10 | \$2.11 | \$2.11 | \$2.11 | 50 | \$3.12 | \$3.11 | \$3.09 |
| 11 | 2.13 | 2.13 | 2.12 | 51 | 3.18 | 3.16 | 3.14 |
| 12 | 2.14 | 2.14 | 2.14 | 52 | 3.23 | 3.22 | 3.19 |
| 13 | 2.15 | 2.15 | 2.15 | 53 | 3.29 | 3.27 | 3.24 |
| 14 | 2.16 | 2.16 | 2.16 | 54 | 3.35 | 3.33 | 3.30 |
| 15 | 2.18 | 2.18 | 2.17 | 55 | 3.41 | 3.39 | 3.36 |
| 16 | 2.19 | 2.19 | 2.19 | 56 | 3.48 | 3.46 | 3.41 |
| 17 | 2.20 | 2.20 | 2.20 | 57 | 3.55 | 3.52 | 3.48 |
| 18 | 2.22 | 2.22 | 2.22 | 58 | 3.63 | 3.59 | 3.54 |
| 19 | 2.23 | 2.23 | 2.23 | 59 | 3.70 | 3.67 | 3.60 |
| 20 | 2.25 | 2.25 | 2.25 | 60 | 3.79 | 3.74 | 3.67 |
| 21 | 2.27 | 2.26 | 2.26 | 61 | 3.87 | 3.82 | 3.74 |
| 22 | 2.28 | 2.28 | 2.28 | 62 | 3.97 | 3.91 | 3.81 |
| 23 | 2.30 | 2.30 | 2.30 | 63 | 4.06 | 4.00 | 3.88 |
| 24 | 2.32 | 2.32 | 2.31 | 64 | 4.17 | 4.09 | 3.96 |
| 25 | 2.33 | 2.33 | 2.33 | 65 | 4.28 | 4.18 | 4.03 |
| 26 | 2.35 | 2.35 | 2.35 | 66 | 4.39 | 4.28 | 4.11 |
| 27 | 2.37 | 2.37 | 2.37 | 67 | 4.51 | 4.39 | 4.18 |
| 28 | 2.39 | 2.39 | 2.39 | 68 | 4.64 | 4.49 | 4.26 |
| 29 | 2.41 | 2.41 | 2.41 | 69 | 4.77 | 4.60 | 4.33 |
| 30 | 2.44 | 2.43 | 2.43 | 70 | 4.92 | 4.71 | 4.41 |
| 31 | 2.46 | 2.46 | 2.46 | 71 | 5.07 | 4.83 | 4.48 |
| 32 | 2.48 | 2.48 | 2.48 | 72 | 5.22 | 4.94 | 4.54 |
| 33 | 2.51 | 2.50 | 2.50 | 73 | 5.39 | 5.06 | 4.61 |
| 34 | 2.53 | 2.53 | 2.53 | 74 | 5.56 | 5.18 | 4.67 |
| 35 | 2.56 | 2.56 | 2.55 | 75 | 5.74 | 5.29 | 4.72 |
| 36 | 2.59 | 2.58 | 2.58 | 76 | 5.92 | 5.40 | 4.77 |
| 37 | 2.61 | 2.61 | 2.61 | 77 | 6.11 | 5.51 | 4.81 |
| 38 | 2.64 | 2.64 | 2.64 | 78 | 6.31 | 5.62 | 4.85 |
| 39 | 2.68 | 2.67 | 2.67 | 79 | 6.51 | 5.72 | 4.89 |
| 40 | 2.71 | 2.70 | 2.70 | 80 | 6.71 | 5.81 | 4.92 |
| 41 | 2.74 | 2.74 | 2.73 | 81 | 6.91 | 5.89 | 4.94 |
| 42 | 2.78 | 2.77 | 2.77 | 82 | 7.11 | 5.97 | 4.96 |
| 43 | 2.81 | 2.81 | 2.80 | 83 | 7.31 | 6.04 | 4.98 |
| 44 | 2.85 | 2.85 | 2.84 | 84 | 7.50 | 6.10 | 5.00 |
| 45 | 2.89 | 2.89 | 2.88 | 85 | 7.68 | 6.16 | 5.01 |
| 46 | 2.93 | 2.93 | 2.92 | 86 | 7.85 | 6.21 | 5.02 |
| 47 | 2.98 | 2.97 | 2.96 | 87 | 8.01 | 6.25 | 5.03 |
| 48 | 3.02 | 3.02 | 3.00 | 88 | 8.16 | 6.28 | 5.03 |
| 49 | 3.07 | 3.06 | 3.05 | 89 | 8.30 | 6.31 | 5.04 |
| | | | | 90 | 8.42 | 6.34 | 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.

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 | | | | | | | |
| AGE OF PAYEE | GUARANTEED PERIOD | | | AGE OF PAYEE | GUARANTEED PERIOD | | |
| Male | 10 Years | 15 Years | 20 Years | Male | 10 Years | 15 Years | 20 Years |

| | | | | | | | |
|----|--------|--------|--------|----|--------|--------|--------|
| 10 | \$2.17 | \$2.17 | \$2.16 | 50 | \$3.31 | \$3.29 | \$3.25 |
| 11 | 2.18 | 2.18 | 2.18 | 51 | 3.37 | 3.35 | 3.31 |
| 12 | 2.19 | 2.19 | 2.19 | 52 | 3.43 | 3.41 | 3.36 |
| 13 | 2.21 | 2.21 | 2.20 | 53 | 3.50 | 3.47 | 3.42 |
| 14 | 2.22 | 2.22 | 2.22 | 54 | 3.57 | 3.53 | 3.47 |
| 15 | 2.24 | 2.23 | 2.23 | 55 | 3.64 | 3.60 | 3.53 |
| 16 | 2.25 | 2.25 | 2.25 | 56 | 3.72 | 3.67 | 3.60 |
| 17 | 2.27 | 2.26 | 2.26 | 57 | 3.80 | 3.74 | 3.66 |
| 18 | 2.28 | 2.28 | 2.28 | 58 | 3.88 | 3.82 | 3.72 |
| 19 | 2.30 | 2.30 | 2.29 | 59 | 3.97 | 3.90 | 3.79 |
| 20 | 2.32 | 2.31 | 2.31 | 60 | 4.06 | 3.98 | 3.86 |
| 21 | 2.33 | 2.33 | 2.33 | 61 | 4.16 | 4.07 | 3.92 |
| 22 | 2.35 | 2.35 | 2.35 | 62 | 4.26 | 4.16 | 3.99 |
| 23 | 2.37 | 2.37 | 2.37 | 63 | 4.37 | 4.25 | 4.06 |
| 24 | 2.39 | 2.39 | 2.39 | 64 | 4.49 | 4.34 | 4.13 |
| 25 | 2.41 | 2.41 | 2.41 | 65 | 4.61 | 4.44 | 4.20 |
| 26 | 2.43 | 2.43 | 2.43 | 66 | 4.73 | 4.54 | 4.27 |
| 27 | 2.45 | 2.45 | 2.45 | 67 | 4.86 | 4.64 | 4.34 |
| 28 | 2.48 | 2.47 | 2.47 | 68 | 5.00 | 4.75 | 4.40 |
| 29 | 2.50 | 2.50 | 2.49 | 69 | 5.14 | 4.85 | 4.47 |
| 30 | 2.52 | 2.52 | 2.52 | 70 | 5.29 | 4.95 | 4.53 |
| 31 | 2.55 | 2.55 | 2.54 | 71 | 5.44 | 5.06 | 4.59 |
| 32 | 2.58 | 2.57 | 2.57 | 72 | 5.60 | 5.16 | 4.64 |
| 33 | 2.60 | 2.60 | 2.60 | 73 | 5.76 | 5.27 | 4.69 |
| 34 | 2.63 | 2.63 | 2.62 | 74 | 5.92 | 5.37 | 4.74 |
| 35 | 2.66 | 2.66 | 2.65 | 75 | 6.09 | 5.47 | 4.78 |
| 36 | 2.69 | 2.69 | 2.68 | 76 | 6.27 | 5.56 | 4.82 |
| 37 | 2.73 | 2.72 | 2.72 | 77 | 6.44 | 5.66 | 4.86 |
| 38 | 2.76 | 2.76 | 2.75 | 78 | 6.62 | 5.74 | 4.89 |
| 39 | 2.80 | 2.79 | 2.78 | 79 | 6.80 | 5.82 | 4.92 |
| 40 | 2.84 | 2.83 | 2.82 | 80 | 6.98 | 5.90 | 4.94 |
| 41 | 2.87 | 2.87 | 2.86 | 81 | 7.16 | 5.97 | 4.96 |
| 42 | 2.92 | 2.91 | 2.89 | 82 | 7.34 | 6.04 | 4.98 |
| 43 | 2.96 | 2.95 | 2.93 | 83 | 7.51 | 6.10 | 5.00 |
| 44 | 3.00 | 2.99 | 2.97 | 84 | 7.67 | 6.15 | 5.01 |
| 45 | 3.05 | 3.04 | 3.02 | 85 | 7.83 | 6.20 | 5.02 |
| 46 | 3.10 | 3.08 | 3.06 | 86 | 7.98 | 6.24 | 5.02 |
| 47 | 3.15 | 3.13 | 3.11 | 87 | 8.12 | 6.27 | 5.03 |
| 48 | 3.20 | 3.18 | 3.15 | 88 | 8.26 | 6.30 | 5.03 |
| 49 | 3.25 | 3.23 | 3.20 | 89 | 8.38 | 6.33 | 5.04 |
| | | | | 90 | 8.50 | 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.

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 JOINT AND LAST SURVIVOR FLEXIBLE PREMIUM VARIABLE UNIVERSAL LIFE INSURANCE POLICY. An adjustable Death Benefit is payable upon the Last Surviving Contingent Insured's death prior to the Maturity Date and while this policy is in force. Investment results are reflected in policy benefits. ACCUMULATION VALUES and CASH VALUES are flexible and will be based on the amount and frequency of premiums paid and the investment results of the Separate Account. NON-PARTICIPATING - NOT ELIGIBLE FOR DIVIDENDS.

For Information, Service or to make a Complaint

Contact Your Servicing Agent, or Our VUL Administrative Center

2727-A Allen Parkway
P.O. Box 4880
Houston, Texas 77019-2191
1-800-340-2765



**AIG Survivor AdvantageSM Joint and Last
Survivor Variable Universal Life Insurance
Supplemental Application**

American General Life Insurance Company (AGL)

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

Home office: Houston, Texas

(This supplement must accompany the appropriate application for life insurance.)

The supplement and the application will be attached to and made a part of the policy.

Applicant Information — Supplement to the application on the lives of

| | |
|---|--|
| <i>John Doe</i> | <i>10/01/07</i> |
| Name of Proposed Contingent Insured | Date of application for life insurance |
| <i>Jane Doe</i> | <i>10/01/07</i> |
| Name of Other Proposed Contingent Insured | Date of application for life insurance |

Initial Allocation Percentages

Investment Options In the "Premium Allocation" column, indicate how each premium received is to be allocated. In the "Deduction Allocation" column, indicate which investment options are to be used for the deduction of monthly account charges. **Total allocations in each column must equal 100%. Use whole percentages only.**

| | PREMIUM ALLOCATION | DEDUCTION ALLOCATION | | PREMIUM ALLOCATION | DEDUCTION ALLOCATION |
|---|---------------------------|-----------------------------|--|---------------------------|-----------------------------|
| AGL Declared Fixed Interest Account (301) | <u>100</u> % | <u>100</u> % | J.P. Morgan Series Trust II | _____ % | _____ % |
| [AIG Retirement Company I | | | International Equity* (721) | | |
| International Equities* (738) | _____ % | _____ % | JPMorgan Insurance Trust | | |
| Mid Cap Index (739) | _____ % | _____ % | Government Bond (720) | _____ % | _____ % |
| Money Market I (740) | _____ % | _____ % | MFS Variable Insurance Trust | | |
| Nasdaq-100 SM Index (741) | _____ % | _____ % | New Discovery* (722) | _____ % | _____ % |
| Science and Technology (742) | _____ % | _____ % | Research (723) | _____ % | _____ % |
| Small Cap Index* (743) | _____ % | _____ % | Neuberger Berman Advisers Management Trust | | |
| Stock Index (744) | _____ % | _____ % | Mid-Cap Growth (725) | _____ % | _____ % |
| AIM Variable Insurance Funds | | | Socially Responsive (724) | _____ % | _____ % |
| Global Real Estate* (701) | _____ % | _____ % | Oppenheimer Variable Account Funds | | |
| International Growth* (700) | _____ % | _____ % | Balanced (726) | _____ % | _____ % |
| The Alger American Fund | | | Global Securities* (727) | _____ % | _____ % |
| Capital Appreciation (702) | _____ % | _____ % | PIMCO Variable Insurance Trust | | |
| MidCap Growth (703) | _____ % | _____ % | CommodityRealReturn TM Strategy* (728) | _____ % | _____ % |
| American Century Variable Portfolios, Inc. | | | Global Bond (Unhedged) (732) | _____ % | _____ % |
| Value (704) | _____ % | _____ % | Real Return (729) | _____ % | _____ % |
| Credit Suisse Trust | | | Short-Term (730) | _____ % | _____ % |
| Small Cap Core I* (705) | _____ % | _____ % | Total Return (731) | _____ % | _____ % |
| Dreyfus Variable Investment Fund | | | Pioneer Variable Contracts Trust | | |
| International Value* (706) | _____ % | _____ % | Mid Cap Value (733) | _____ % | _____ % |
| Fidelity Variable Insurance Products | | | Putnam Variable Trust | | |
| Asset Manager SM (707) | _____ % | _____ % | Diversified Income (734) | _____ % | _____ % |
| Contrafund SM (708) | _____ % | _____ % | Small Cap Value* (735) | _____ % | _____ % |
| Equity-Income (709) | _____ % | _____ % | SunAmerica Series Trust | | |
| Freedom 2020 (710) | _____ % | _____ % | Aggressive Growth (736) | _____ % | _____ % |
| Freedom 2025 (711) | _____ % | _____ % | Balanced (737) | _____ % | _____ % |
| Freedom 2030 (712) | _____ % | _____ % | Van Kampen Life Investment Trust | | |
| Growth (713) | _____ % | _____ % | Growth and Income (745) | _____ % | _____ % |
| Mid Cap (714) | _____ % | _____ % | VanguardSM Variable Insurance Fund | | |
| Franklin Templeton Variable Insurance Products Trust | | | High Yield Bond (746) | _____ % | _____ % |
| Franklin Small Cap Value Securities* (715) | _____ % | _____ % | REIT Index (747) | _____ % | _____ % |
| Mutual Shares Securities (716) | _____ % | _____ % | Other: _____ | _____ % | _____ % |
| Janus Aspen Series | | | | 100% | 100% |
| Forty (717) | _____ % | _____ % | | | |
| Mid Cap Growth (719) | _____ % | _____ % | | | |

*If you select the Guaranteed Minimum Death Benefit (GMDB) rider this investment option is designated as a Restricted Fund.

Dollar Cost Averaging (DCA)

Dollar Cost Averaging (DCA)

(\$5,000 MINIMUM BEGINNING ACCUMULATION VALUE) An amount can be systematically transferred from **any one investment option** and directed to one or more of the investment options below. The AGL Declared Fixed Interest Account is not available for DCA. Please refer to the prospectus for more information on the DCA option.

NOTE: DCA is not available if the Automatic Rebalancing option or GMDB Rider have been chosen.

Day of the month for transfers: _____ (Choose a day of the month between 1–28.)

Frequency of transfers: Monthly Quarterly Semiannually Annually

DCA to be made from the following investment option: _____

Transfer \$ _____ **(\$100 MINIMUM, WHOLE DOLLARS ONLY)**

[**AIG Retirement Company I**

International Equities (738) \$ _____
 Mid Cap Index (739) \$ _____
 Money Market I (740) \$ _____
 Nasdaq-100® Index (741) \$ _____
 Science and Technology (742) \$ _____
 Small Cap Index (743) \$ _____
 Stock Index (744) \$ _____

AIM Variable Insurance Funds

Global Real Estate (701) \$ _____
 International Growth (700) \$ _____

The Alger American Fund

Capital Appreciation (702) \$ _____
 MidCap Growth (703) \$ _____

American Century Variable Portfolios, Inc.

Value (704) \$ _____

Credit Suisse Trust

Small Cap Core I (705) \$ _____

Dreyfus Variable Investment Fund

International Value (706) \$ _____

Fidelity Variable Insurance Products

Asset ManagerSM (707) \$ _____
 Contrafund® (708) \$ _____
 Equity-Income (709) \$ _____
 Freedom 2020 (710) \$ _____
 Freedom 2025 (711) \$ _____
 Freedom 2030 (712) \$ _____
 Growth (713) \$ _____
 Mid Cap (714) \$ _____

Franklin Templeton Variable Insurance Products Trust

Franklin Small Cap Value Securities (715) \$ _____
 Mutual Shares Securities (716) \$ _____

Janus Aspen Series

Forty (717) \$ _____
 Mid Cap Growth (719) \$ _____

J.P. Morgan Series Trust II

International Equity (721) \$ _____

JPMorgan Insurance Trust

Government Bond (720) \$ _____

MFS Variable Insurance Trust

New Discovery (722) \$ _____

Research (723) \$ _____

Neuberger Berman Advisers Management Trust

Mid-Cap Growth (725) \$ _____

Socially Responsive (724) \$ _____

Oppenheimer Variable Account Funds

Balanced (726) \$ _____

Global Securities (727) \$ _____

PIMCO Variable Insurance Trust

CommodityRealReturn™ Strategy (728) \$ _____

Global Bond (Unhedged) (732) \$ _____

Real Return (729) \$ _____

Short-Term (730) \$ _____

Total Return (731) \$ _____

Pioneer Variable Contracts Trust

Mid Cap Value (733) \$ _____

Putnam Variable Trust

Diversified Income (734) \$ _____

Small Cap Value (735) \$ _____

SunAmerica Series Trust

Aggressive Growth (736) \$ _____

Balanced (737) \$ _____

Van Kampen Life Investment Trust

Growth and Income (745) \$ _____

Vanguard® Variable Insurance Fund

High Yield Bond (746) \$ _____

REIT Index (747) \$ _____

Other: _____ \$ _____]

Dollar Cost averaging does not assume a profit or protect against a loss in declining markets. A policy owner should consider his or her financial ability to continue purchases through periods of low price levels in order to utilize fully a dollar cost averaging program.

Automatic Rebalancing

Automatic Rebalancing

(\$5,000 MINIMUM BEGINNING ACCUMULATION VALUE) Variable division assets will be automatically rebalanced based on the premium percentages designated on Page 1 of this form. If the AGL Declared Fixed Interest Account has been designated for premium allocation, the rebalancing will be based on the proportion allocated to the variable divisions. Please refer to the prospectus for more information on the Automatic Rebalancing option.

Check Here for Automatic Rebalancing Frequency: Quarterly Semiannually Annually

NOTE: Automatic Rebalancing is not available if the DCA option has been chosen. Automatic Rebalancing is required if the GMDB Rider has been selected.

Modified Endowment Contract

Contract

If any premium payment causes the policy to be classified as a modified endowment contract under Section 7702A of the Internal Revenue Code, there may be potentially adverse tax consequences. Such consequences include: (1) withdrawals or loans being taxed to the extent of gain; and (2) a 10% penalty tax on the taxable amount. In order to avoid modified endowment status, I request any excess premium that could cause such status to be refunded. **YES** **NO**

Authorization for Transactions

Initial appropriate box here:

I (or we, if Joint Owners), hereby authorize AGL to act on telephone instructions or e-service instructions, if elected, to transfer values among the variable divisions and the AGL Declared Fixed Interest Account and to change allocations for future premium payments and monthly deductions given by:

Policy Owner(s)— if Joint Owners, either of us acting independently.

Policy Owner(s) or the Agent/Registered Representative who is appointed to represent AGL and the firm authorized to service my policy.

AGL and any person designated by this authorization will not be responsible for any claim, loss or expense based upon telephone instructions and e-service instructions received and acted on in good faith, including losses due to telephone instructions or e-service communication errors. AGL's liability for erroneous transfers and allocations, unless clearly contrary to instructions received, will be limited to correction of the allocations on a current basis. If an error, objection or other claim arises due to a telephone instruction or e-service instruction, I will notify AGL in writing within five working days from receipt of confirmation of the transaction from AGL. I understand that this authorization is subject to the terms and provisions of my variable universal life insurance policy and its related prospectus. This authorization will remain in effect until my written notice of its revocation is received by AGL at its home office.

Suitability

All questions must be answered.

1. Have you, the Proposed Insured or Owner (if different), received the variable universal life insurance policy prospectus and the investment choices brochure describing the investment options? yes no
2. Do you understand and acknowledge:
 - a. **THAT THE POLICY APPLIED FOR IS VARIABLE, EMPLOYS THE USE OF SEGREGATED ACCOUNTS WHICH MEANS THAT YOU NEED TO RECEIVE AND UNDERSTAND CURRENT PROSPECTUSES FOR THE POLICY AND THE UNDERLYING ACCOUNTS?** yes no
 - b. **THAT ANY BENEFITS, VALUES OR PAYMENTS BASED ON PERFORMANCE OF THE SEGREGATED ACCOUNTS MAY VARY: AND**
 - (1) **ARE NOT GUARANTEED BY THE COMPANY, ANY OTHER INSURANCE COMPANY, THE U.S. GOVERNMENT OR ANY STATE GOVERNMENT?** yes no
 - (2) **ARE NOT FEDERALLY INSURED BY THE FDIC, THE FEDERAL RESERVE BOARD OR ANY OTHER AGENCY, FEDERAL OR STATE?** yes no
 - c. **THAT IN ESSENCE, ALL RISK IS BORNE BY THE OWNER EXCEPT FOR FUNDS PLACED IN THE AGL DECLARED FIXED INTEREST ACCOUNT?** yes no
 - d. **THAT THE POLICY IS DESIGNED TO PROVIDE LIFE INSURANCE COVERAGE AND TO ALLOW FOR THE ACCUMULATION OF VALUES IN THE SEGREGATED ACCOUNTS?** yes no
 - e. **THE AMOUNT OR DURATION OF THE DEATH BENEFIT MAY INCREASE OR DECREASE, DEPENDING ON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT?** yes no
 - f. **THE POLICY VALUES MAY INCREASE OR DECREASE, DEPENDING ON THE INVESTMENT EXPERIENCE OF THE SEPARATE ACCOUNT, THE AGL DECLARED FIXED INTEREST ACCOUNT ACCUMULATION, AND CERTAIN EXPENSE DEDUCTIONS?** yes no
3. Do you believe the Policy you selected meets your insurance and investment objectives and your anticipated financial needs? yes no

Electronic Delivery Consent

American General Life Insurance Company ("AGL") is capable of providing contract and investment option prospectuses, supplements, statements of additional information, and reports via e-mail or CD-ROM. In order to verify your e-mail receipt of these documents, we must obtain your consent to this type of delivery format.

This consent authorizes AGL, with respect to AGL's variable universal life insurance policies, to deliver the following communications via e-mail or CD-ROM:

- Contract prospectuses and supplements
- Investment option prospectuses and supplements
- Statements of additional information
- Annual and semi-annual investment option reports

This consent to delivery by e-mail or CD-ROM has no expiration date. You may change or cancel your consent at any time by writing to us at American General Life Insurance Company, P.O. Box 4880, Houston, Texas, 77210-4880, Attn: Policy Owner Services. You may also receive a paper copy of any communication at no additional charge by writing to us at the above address.

In order to participate in this delivery method you must have access to the following:

- A personal computer with CD-ROM hardware and software
- Browser software, such as Microsoft Internet Explorer, Netscape Communicator, or equivalent
- Communication access to the Internet

Should you wish to print materials that have been delivered via e-mail or CD-ROM, you must also have access to a printer. Materials will be published using Portable Document Format (PDF). In order to view PDF documents, you must have Adobe Acrobat Reader software, which is available for download free-of-charge from <http://www.adobe.com/products/acrobat/readstep2.html>.

We reserve the right to mail paper copies instead of providing electronic delivery. In the event that e-mail delivery is unsuccessful, we will mail paper copies. You must notify us every time you change your e-mail address.

Your e-mail address will be used solely for AGL's database management regarding the electronic delivery of the communications listed above. Your e-mail address will not be sold or distributed to third parties.

By signing this consent, I acknowledge that I have read and understand all of the above-mentioned terms and conditions of this enrollment.

I consent to receive electronic delivery of the documents specified above.

Signature of Owner

Please provide your e-mail address

If you prefer CD-ROM delivery, please check here

Signatures

Signatures

Anytown, USA
Signed at (city, state)

Print name of Broker/Dealer

X Mary Smith 10/01/07
Registered representative State license # Date

X John Doe 10/01/07
Name of Proposed Contingent Insured Date

X Jane Doe 10/01/07
Name of Other Proposed Contingent Insured Date

X _____
Owner (If different from either Proposed Contingent Insured) Date

X _____
Joint Owner (If applicable and if different from either Proposed Contingent Insured) Date

AMERICAN GENERAL LIFE INSURANCE COMPANY

GUARANTEED MINIMUM DEATH BENEFIT RIDER (FOR POLICIES PROVIDING JOINT AND LAST SURVIVOR COVERAGE)

This rider has been issued as a part of the policy to which it is attached.

Continuation Guarantee (CG). This rider provides a CG designed to continue Your insurance coverage within defined limits. This benefit is provided by using a Continuation Guarantee Account. While the CG is in effect, the policy will not enter the Grace Period if there is not enough Cash Surrender Value to cover current Monthly Deductions. Even if the policy's Cash Surrender Value is zero, the CG will remain in effect as long as the value of the Continuation Guarantee Account is greater than zero.

Continuation Guarantee Account (CG Account). The CG Account creates an alternate value that is not used in determining actual policy values. It does not provide additional policy value or Death Benefit Proceeds. It is simply a reference value used to determine whether or not the CG is in effect.

The CG Account value is calculated in the same manner as the actual policy value. We determine the CG Account value, however, by using different charges and interest rates. Except as stated in the Policy Changes provision, the table of CG cost of insurance rates, CG interest rates, and all other CG charges used in this alternate value calculation are guaranteed not to change.

Continuation Guarantee Specified Amount (CG Specified Amount). The CG Specified Amount is used only to determine the CG Account value. The CG will have an initial CG Specified Amount. Such initial CG Specified Amount is the same as the Initial Specified Amount for the policy. Changes to the policy Specified Amount will be applied to the CG Specified Amount.

Rider Charge. The charge for this rider will be deducted monthly from the Accumulation Value of the policy but will not be deducted from the CG Account value. The charge will be calculated on each Monthly Deduction Day based on the policy's Net Amount at Risk. The monthly rate per \$1,000 for this rider will be added to the per \$1,000 cost of insurance rate for the base policy. The monthly rates per \$1,000 for the rider will not exceed the guaranteed cost of insurance rates per \$1,000 for the base policy. We may use a monthly rate for this rider that is lower than the guaranteed rate.

Charges Deducted from the Continuation Guarantee Account Value. The following charges are not deducted from the Accumulation Value of the policy. They are deducted from the CG Account value and are only used to determine whether or not the CG is in effect.

Continuation Guarantee Premium Expense Charge. The CG Premium Expense Charge for the CG Account is calculated by multiplying the premium paid by the CG Premium Expense Charge Percentage. The percentage is shown on the Policy Schedule and cannot be changed.

Continuation Guarantee Monthly Administration Fee. The CG Monthly Administration Fee is shown on the Policy Schedule. This fee will be deducted monthly.

Continuation Guarantee Monthly Expense Charge. The CG Monthly Expense Charge will be deducted from the CG Account value. Such charge applies to the initial CG Specified Amount and to any increase in the policy's Specified Amount. The CG Monthly Expense Charge for the initial CG Specified Amount is shown on the Policy Schedule. The duration of the charge for the initial CG Specified Amount and any increase in the policy's Specified Amount is also shown on the Policy Schedule. The CG Monthly Expense Charge for any increase in the policy's Specified Amount will be provided in an endorsement to the policy. Any decrease in the policy's Specified Amount will not change the CG Monthly Expense Charge then in effect.

Continuation Guarantee Cost of Insurance. The CG cost of insurance charge will be deducted monthly from the CG Account value. The CG cost of insurance is determined on the Monthly Deduction Day by multiplying the CG Net Amount at Risk by the CG cost of insurance rate per \$1,000 as shown in the table on page 6 of this rider and dividing the result by 1,000.

Net Premium. The term Net Premium as used in this rider means "The premium paid less the CG Premium Expense Charge" except as follows: No CG Premium Expense Charge will be deducted if the source of the premium is Cash Surrender Values applied from another policy issued by the Company. (We refer to this as an internal rollover).

Calculating the Continuation Guarantee Account Value. On each Monthly Deduction Day after the Date of Issue, We will determine the CG Account value as follows:

1. We will take the CG Account value as of the last Monthly Deduction Day;
2. Add the interest earned on such account for the month;
3. Add interest credited to amounts equal to policy loans;
4. Add loan repayments;
5. Add all Net Premiums credited to the CG Account since the last Monthly Deduction Day;
6. Subtract all policy loans;
7. Subtract any partial surrender made and any charges for partial surrenders since the last Monthly Deduction Day; and
8. Subtract the CG Account Monthly Deduction for the policy month following the Monthly Deduction Day.

Premiums received within the 28 day period following a Monthly Deduction Day will be credited to the CG Account as if the premium were received on the Monthly Deduction Day.

Continuation Guarantee Account – Monthly Deductions. Each Monthly Deduction includes:

1. The cost of insurance for the CG; and
2. The cost of insurance for benefits provided by riders (excluding this rider); and
3. The CG Monthly Administration Fee; and
4. The CG Monthly Expense Charge, if any.

Continuation Guarantee Death Benefit Amount. The CG Death Benefit Amount described below is used only to determine the CG Account value.

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

1. The CG Specified Amount on the date of the second death; or
2. The CG Account value plus policy loans on the date of the second death multiplied by the applicable Death Benefit Corridor Rate shown in the policy. (See Death Benefit Corridor Rates Table.)

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

1. The CG Specified Amount plus the greater of: (1) zero; and (2) the sum of the CG Account value and policy loans on the date of the second death; or
2. The CG Account value plus policy loans on the date of the second death multiplied by the applicable Death Benefit Corridor Rate shown in the policy. (See Death Benefit Corridor Rates Table.)

Continuation Guarantee Net Amount at Risk. The CG Net Amount at Risk equals the CG Death Benefit Amount less the greater of:

1. Zero; or
2. The sum of the CG Account value and policy loans:
 - a. Before the cost of insurance deduction is taken; and
 - b. After the applicable rider charges, the CG Monthly Expense Charge, if any, and the CG Monthly Administration Fee deductions are taken.

Continuation Guarantee Interest Rate. The CG Interest Rate for the CG Account is shown on the Policy Schedule. Interest will begin to accumulate as of the date the Net Premium is credited.

Partial Surrenders. The gross amount of any partial surrender will be deducted from the CG Account.

Policy Changes. The CG charges and the CG Interest Rate shown on the Policy Schedule page for the CG may change in the event of an increase in the CG Specified Amount, a Death Benefit Option change or a change in Premium Class. We will send notice to Your last known address of any such changes in these Policy Schedule pages. A decrease in the policy's Specified Amount will be subject to any applicable Surrender Charges on a pro-rata basis. The CG Account will also be reduced by such Surrender Charge. A decrease in the CG Specified Amount will not change the CG Monthly Expense Charge then in effect.

Continuation Guarantee Account – Policy Loans. When a policy loan is made, the amount of the loan will be deducted from the CG Account. Interest credited to amounts equal to policy loans and loan repayments will be applied to the CG Account.

Automatic Adjustment. On each policy anniversary after the second policy year the CG Account value will be adjusted if the CG Account value on a policy anniversary is less than the sum of:

1. The Separate Account Factor multiplied by the separate account value; and
2. The General Account Factor multiplied by the general account value not offset by a loan.

The CG Account value after the adjustment will be equal to the sum of:

1. The Separate Account Factor multiplied by the separate account value at the time of the adjustment; and
2. The General Account Factor multiplied by the general account value not offset by a loan at the time of the adjustment.

The two factors are shown on the Policy Schedule. They are guaranteed and will not change.

Restricted Funds. Certain funds are identified on the Policy Schedule as "Restricted Funds". We will limit the total amount of Accumulation Value less policy loans that may be invested in Restricted Funds to the percentage shown on the Policy Schedule. We do so by requiring You to establish and maintain premium allocation instructions that adhere to such requirement. You also must maintain Automatic Rebalancing.

We reserve the right to modify the list of Restricted Funds if:

1. A new fund is added to the policy and made available as an investment option;
2. An existing fund is removed from the policy and is no longer available as an investment option;
or
3. The investment objective of an existing fund changes.

Reinstatement. If the policy lapses this rider may not be reinstated.

Termination. This rider will terminate if:

1. The Owner elects to terminate this rider;
2. The policy terminates or matures;
3. Automatic Rebalancing has been discontinued; or
4. Automatic Rebalancing percentages are changed allowing for more than the percentage shown on the Policy Schedule of the policy's total Accumulation Value less policy loans to be invested in Restricted Funds.

Policy Provisions Applicable. This rider is subject to all the conditions and provisions of the policy to which it is attached, except as provided herein.

Consideration. The consideration for this rider is the application for the policy and this rider, payment of the first premium and deduction of the initial charge for this rider from the Accumulation Value of the policy.

The effective date of this rider is the Date of Issue of the policy.

A handwritten signature in black ink, appearing to read "Matthew E. Winters". The signature is fluid and cursive, with a prominent flourish at the end.

President

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

| POLICY YEAR | RATE | POLICY YEAR | RATE |
|------------------------|-------------|------------------------|-------------|
| 1 | 0.00006 | 44 | 0.69866 |
| 2 | 0.00019 | 45 | 0.85318 |
| 3 | 0.00032 | 46 | 1.02606 |
| 4 | 0.00046 | 47 | 1.21711 |
| 5 | 0.00060 | 48 | 1.42585 |
| 6 | 0.00076 | 49 | 1.65142 |
| 7 | 0.00092 | 50 | 1.89280 |
| 8 | 0.00108 | 51 | 2.14864 |
| 9 | 0.00125 | 52 | 2.57729 |
| 10 | 0.00143 | 53 | 3.04135 |
| 11 | 0.00162 | 54 | 3.53819 |
| 12 | 0.00209 | 55 | 4.06438 |
| 13 | 0.00265 | 56 | 4.61609 |
| 14 | 0.00332 | 57 | 5.18922 |
| 15 | 0.00410 | 58 | 5.77969 |
| 16 | 0.00501 | 59 | 6.38360 |
| 17 | 0.00606 | 60 | 6.99727 |
| 18 | 0.00726 | 61 | 7.61741 |
| 19 | 0.00862 | 62 | 8.01087 |
| 20 | 0.01015 | 63 | 8.39273 |
| 21 | 0.01186 | 64 | 8.76369 |
| 22 | 0.01454 | 65 | 9.12456 |
| 23 | 0.01762 | 66 | 9.47602 |
| 24 | 0.02114 | 67 | 9.81860 |
| 25 | 0.02513 | 68 | 10.15297 |
| 26 | 0.02961 | 69 | 10.47965 |
| 27 | 0.03461 | 70 | 10.79929 |
| 28 | 0.04016 | 71 | 11.11238 |
| 29 | 0.04628 | 72 | 11.50667 |
| 30 | 0.05298 | 73 | 11.82867 |
| 31 | 0.06029 | 74 | 12.09084 |
| 32 | 0.07558 | 75 | 12.30376 |
| 33 | 0.09319 | 76 | 13.03226 |
| 34 | 0.11337 | 77 | 13.06063 |
| 35 | 0.13632 | 78 | 13.08350 |
| 36 | 0.16222 | 79 | 13.10180 |
| 37 | 0.19120 | 80 | 13.11630 |
| 38 | 0.22340 | 81 | 13.12764 |
| 39 | 0.25890 | 82 | 13.13633 |
| 40 | 0.29773 | 83 | 13.14281 |
| 41 | 0.33993 | 84 | 13.14746 |
| 42 | 0.44304 | 85 | 13.15057 |
| 43 | 0.56221 | 86 | 13.15240 |

The rates shown above represent the monthly CG cost of insurance for each \$1,000 of CG Net Amount at Risk.

SERFF Tracking Number: *AMGN-125786586* *State:* *Arkansas*
Filing Company: *American General Life Insurance Company* *State Tracking Number:* *40159*
Company Tracking Number: *08921*
TOI: *L061 Individual Life - Variable* *Sub-TOI:* *L061.202 Joint (Last Survivor) - Flexible*
Product Name: *AIG Survivor Advantage*
Project Name/Number: *AIG Survivor Advantage/08921*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMGN-125786586 State: Arkansas
Filing Company: American General Life Insurance Company State Tracking Number: 40159
Company Tracking Number: 08921
TOI: L061 Individual Life - Variable Sub-TOI: L061.202 Joint (Last Survivor) - Flexible Premium
Product Name: AIG Survivor Advantage
Project Name/Number: AIG Survivor Advantage/08921

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

08/21/2008

Comments:

Attachments:

AR Cert_Comp.pdf

AR Certificate of Compliance with Rule and Regulation 19.pdf

Review Status:

Satisfied -Name: Application

08/21/2008

Comments:

Approved 12/01/2006

Attachments:

AGLC100565-2006.pdf

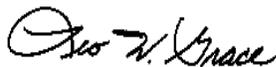
AGLC100566-2006.pdf

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 | Y | |
| | Licensing and approval to do business | Y | |
| | Qualification of Insurer to Issue Variable Life Insurance | Y | |
| | Article IV. Insurance Policy Requirements | Y | |
| | Article V. Reserve Liabilities for Variable Life Insurance | Y | |
| | Article VI. Separate Accounts | Y | |
| | Article VII. Information Furnished to Applicants | Y | |
| | Article VIII. Applications | Y | |
| | Article IX. Reports to Policyholders | Y | |
| | Article X. Foreign Companies | Y | |
| | Article XI. Qualifications of Agents for the Sale of Variable Life Insurance | Y | |
| Article XII. Separability Article | Y | | |
| Article XIII. Supersession of Conflicting Regulations | Y | | |
| 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 | | N/A |
| | | | |
| Arkansas Bulletin 11-83 | Guidelines for non-guaranteed costs on participating and non-participating life insurance | Y | |
| | Current and Guaranteed Cost Of Insurance Rates | Y | |
| | Minimum/Maximum Interest Rate Range | | |
| | Minimum Rate: | 3% | |
| | Maximum Rate: | 10% | |

I hereby certify that form(s) 08921 is in compliance with those relevant Arkansas laws and regulations sited above.



Leo W. Grace
Director, Product Development

**Certificate of Compliance with
Arkansas Rule and Regulation 19**

Insurer: American General Life Insurance Company

Form Number(s): 08921- Joint and Last Survivor Flexible Premium Variable Universal Life
Insurance Policy
AGLC103302-2008 - AIG Survivor Advantage Joint and Last Survivor Variable
Universal Life Insurance Supplemental Application
07411JT Guaranteed Minimum Death Benefit Rider

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Leo W. Grace, FLMI

Name

Vice President

Title

September 3, 2008

Date



- Insurance company selection options: American General Life Insurance Company, Houston, TX; The United States Life Insurance Company in the City of New York, New York, NY; AIG Life Insurance Company, Wilmington, DE

Member companies of American International Group, Inc.

The insurance company checked above ("Company") is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Personal Information

1. Primary Proposed Insured

Form for Primary Proposed Insured: Name John Doe, Social Security # 123-45-6789, Sex M, Birthplace Anytown, USA, Date of Birth 6/01/71, Current Age 35, Tobacco Use no, Driver's License no, U.S. Citizen yes, Address 123 Main Street, City Anytown, USA, ZIP 77704, Home Phone (713)123-4567, Work Phone (713)345-6789, Email Jdoe aol.com, Employer Steel Industries, Occupation Machine Operator, Length of Employment 5 years, Employer Address 123 West Road, City Anytown, USA, ZIP 77704, Duties Operate machines, Supervise other operators, Personal Earned Income \$ 50,000, Household Income \$ 50,000, Net Worth \$ 100,000

2. Other Proposed Insured

Form for Other Proposed Insured: Name, Social Security #, Sex, Birthplace, Date of Birth, Current Age, Relationship to Primary Proposed Insured, Tobacco Use, Driver's License, U.S. Citizen, Address, City, State, ZIP, Home Phone, Work Phone, Email, Employer, Occupation, Length of Employment, Employer Address, City, State, ZIP, Duties, Personal Earned Income \$, Household Income \$, Net Worth \$

Ownership

3. A. Complete if the Primary Proposed Insured is not the Owner (If contingent Owner is required, use Remarks section.)

Form for Contingent Owner: Name, Social Security or Tax ID #, Date of Birth, Address, City, State, ZIP, Home Phone, Relationship to Primary Proposed Insured, Email

B. Complete if Owner is a trust (If trustee is premium payor, also complete section 14 D.)

Form for Trust Owner: Exact Name of Trust, Trust Tax ID #, Address, City, State, ZIP, Email, Current Trustee(s), Date of Trust

*for identification purposes only

Product Information

4. **Product Name** (Complete appropriate supplemental application if applicable.) Elite Universal Life
Amount Applied For: Base Coverage \$ 50,000 Supplemental Coverage (If applicable) \$ _____
Death Benefit Compliance Test Used (If applicable): Guideline Premium Cash Value Accumulation
Automatic Premium Loan (If applicable): Yes No Premium Class Quoted _____
Reason for Insurance family protection

5. **Dividend Options** (For participating policy only.)
 Cash Premium Reduction Paid-up Additions Deposit Earning Interest Other (Explain) _____

6. **Premium Allocation** (For Indexed UL only if applicable.)
Indicate how each premium received is to be allocated. **Total allocations must equal 100%. Use whole percentage only.**
Indexed Interest Account _____% Excess Interest Account _____% Total 100%

7. **Death Benefit Options** (For UL & VUL only.) Option 1 - Level Option 2 - Increasing Option 3 - Level Plus Return of Premium

8. **Riders/Benefits**
 Child Rider Amount \$ _____ (**Complete Child Rider Attachment**) or No current children
 Waiver of Premium Waiver of Monthly Deduction Waiver of Monthly Guarantee Premium
 Maturity Extension Rider - Accumulation Value Maturity Extension Rider - Death Benefit Terminal Illness Rider
 Accidental Death Benefit Amount \$ _____ Other Insured/Spouse Rider Amount \$ _____
 Disability Income Rider (Complete the following if DI Rider is requested)
Number of Units (1 unit = \$100): _____ Occupational Class (Please check): 1 2
 Adjustable Return of Premium Rider - (Provide % of Premium) _____
 Scheduled Increase Rider
 Other Riders/Benefits #1 _____ Amount/Unit(s) _____
 Other Riders/Benefits #2 _____ Amount/Unit(s) _____

Beneficiary

9. **Primary** Name Jane Doe Relationship wife Share 100% %
Name _____ Relationship _____ Share _____ %
Name _____ Relationship _____ Share _____ %
Name _____ Relationship _____ Share _____ %

10. **Contingent** Name _____ Relationship _____ Share _____ %
Name _____ Relationship _____ Share _____ %
Name _____ Relationship _____ Share _____ %

11. **Trust Information (if Beneficiary)** Exact Name of Trust _____
Trust Tax ID # _____ Current Trustee(s) _____ Date of Trust _____

12. **Rider Beneficiaries** (Complete if other than Primary Proposed Insured.)
Other Insured/Spouse Rider _____ Relationship _____
Child Rider _____ Relationship _____

Business Coverage

13. **Business Insurance Details** (Complete only if applying for business coverage.)
Does any Proposed Insured have an ownership interest in the business? yes no
If yes, what is the percentage of ownership for the: Primary Proposed Insured _____% Other Proposed Insured _____%
Net Profit of Business \$ _____ Fair Market Value of Business \$ _____
If buy-sell, stock redemption, or key person insurance, will all partners or key people be covered? yes no
Describe any special circumstances. _____

Premium

- 14. Premium Payment** Modal \$ 600 Single \$ _____ Additional Initial \$ _____
- A. Frequency of modal premium:** Annual Semi-annual Quarterly Monthly (*Bank Draft only*)
- B. Method:** Direct Billing Bank Draft (*Complete Bank Draft Authorization.*) List Bill: Number _____
- Credit Card - Initial Premium Only (*Complete Credit Card Authorization.*)
- Other (*Please explain.*) _____
- C. Amount submitted with application \$** 600
- D. Premium Payor** (*Complete if other than Owner.*)
- Name _____ Social Security or Tax ID # _____
- Relationship to Primary Proposed Insured _____
- Address _____ City, State _____ ZIP _____

Limited Temporary Life Insurance Eligibility

- 15. Health and Age Questions** (*Regarding the Primary Proposed Insured and the Other Proposed Insured under a joint life or survivorship policy, if the correct answer to either question below is "yes" or any question is answered falsely or left blank, coverage is not available under the Limited Temporary Life Insurance Agreement ("LTLIA") and it is void, and any payment submitted will be refunded. Read the LTLIA for additional terms and conditions of coverage.*)
- A.** Has any Proposed Insured ever had a heart attack, stroke, cancer, diabetes or disorder of the immune system, or during the last two years been confined in a hospital or other health care facility or been advised to have any diagnostic test or surgery not yet performed? yes no
- B.** Is any Proposed Insured age 71 or above? yes no

Existing Coverage

16. Existing Coverage

A. Life and Annuity Coverage

Does any Proposed Insured have any existing or pending annuities or life insurance policies? yes no

(If yes, complete the following regarding such annuities or life insurance policies.)

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

| Name of Proposed Insured | Policy Number | Insurance Company | Type(s) <i>(see above)</i> | Year of Issue | Face Amount | Replace* | 1035 Ex |
|--------------------------|---------------|-------------------|-------------------------------|---------------|-------------|--|------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes |
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes |
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes |
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes |

***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.

B. Disability Coverage (*Complete only if Disability Income Rider coverage requested.*)

Does any Proposed Insured have any existing or pending Disability insurance policies? yes no

(If yes, complete the following regarding existing and pending disability insurance)

| Insurance Company | Benefit Amount | Benefit Period | Elimination Period | Year Issued |
|-------------------|----------------|----------------|--------------------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Nonmedical Questions

17. Background Information (Complete questions A through F. If yes answer applies to any Proposed Insured, provide details specified after each question.)

A. Does any Proposed Insured intend to travel or reside outside of the United States or Canada within the next two years? yes no

(If yes, list country, date, length of stay and purpose.) _____

B. In the past five years, has any Proposed Insured participated in, or does he or she intend to participate in: any flights as a trainee, pilot or crew member; scuba diving; skydiving or parachuting; ultralight aviation; auto racing; cave exploration; hang gliding; boat racing; mountaineering; extreme sports or other hazardous activities? yes no

(If yes, circle or list the applicable activities and complete the Aviation and/or Avocation Questionnaire.) _____

C. Has any Proposed Insured:

1) During the past 90 days submitted an application for life insurance to any company or begun the process of filling out an application? yes no

(If yes, list company name, amount applied for, purpose of insurance and if application will be placed.) _____

2) Ever had a life or disability insurance application modified, rated, declined, postponed, withdrawn, canceled or refused for renewal? yes no

(If yes, list date and reason.) _____

D. Has any Proposed Insured ever filed for bankruptcy? yes no

(If yes, list chapter filed, date, reason and discharge date.) _____

E. In the past five years, has any Proposed Insured been charged with or convicted of driving under the influence of alcohol or drugs or had any driving violations? yes no

(If yes, list date, state, license no. and specific violation.) _____

F. Has any Proposed Insured ever been convicted of or pled guilty or no contest to a criminal offense or currently have any felony or misdemeanor charge pending? yes no

(If yes, list date, state and charge.) _____

Remarks

18. Details and Explanations _____

The above listed life insurance company ("Company") as selected on page one of this application is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Agreement, Authorization to Obtain and Disclose Information and Signatures

I, the Primary Proposed Insured and Owner signing below, agree that I have read the statements contained in this application and any attachments 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: (1) will consist of Part A, Part B, and if applicable, related attachments including supplement(s) and addendum(s); and (2) shall be the basis for any policy and any rider(s) issued. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

Except as may be provided in any Limited Temporary Life Insurance Agreement, I understand and agree that even if I paid a premium no insurance will be in effect under this application, or under any new policy or any rider(s) issued by the Company, unless or until all three of the following conditions are met: (1) the policy has been delivered and accepted; and (2) the full first modal premium for the issued policy has been paid; and (3) there has been no change in the health of any Proposed Insured(s) that would change the answers to any questions in the application before items (1) and (2) in this paragraph have occurred. I understand and agree that if all three conditions above are not met: (1) no insurance will begin in effect; and (2) the Company's liability will be limited to a refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

Limited Temporary Life Insurance Agreement ("LTLIA") – If I have received and accepted the LTLIA, I understand and agree that such insurance is available only on the life of the Primary Proposed Insured under the life policy (and the Other Proposed Insured under a joint and survivorship life policy, if applicable) and only if the following four conditions are met: (1) the full first modal premium is submitted with this application and paid; and (2) only "no" answers have been truthfully given to the Health and Age Questions in section 15; and (3) Part A and Part B of the application must be completed, signed and dated; and (4) all medical exam requirements must be satisfied. I understand and agree that such insurance is not available with any riders or any accident and/or health insurance.

I understand and agree that no agent is authorized to: accept risks or pass upon insurability; make or modify contracts; or waive any of the Company's rights or requirements.

I have received a copy or have been read the Notices to the Proposed Insured(s).

I give my consent to all of the entities listed below to give to the Company, its legal representatives, American General Life Companies LLC ("AGLC") (an affiliated service company), and affiliated insurers all information they have pertaining to: medical consultations; treatments; surgeries; hospital confinements for physical and/or mental conditions; use of drugs or alcohol; drug prescriptions; or any other information for me, my spouse or my minor children. Other information could include items such as: personal finances; habits; hazardous avocations; motor vehicle records from the Department of Motor Vehicles; court records; or foreign travel, etc. I give my consent for the information outlined above to be provided by: any physician or medical practitioner; any hospital, clinic or other health care facility; pharmacy benefit manager or prescription database; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; or the Medical Information Bureau (MIB).

I understand the information obtained will be used by the Company to determine: (1) eligibility for insurance; and (2) eligibility for benefits under an existing policy. Any information gathered during the evaluation of my application may be disclosed to: reinsurers; the MIB; other persons or organizations performing business or legal services in connection with my application or claim; me; any physician designated by 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. I understand this consent may be revoked at any time by sending a written request to the Company, 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. I authorize AGLC or affiliated insurers to obtain an investigative consumer report on me. I understand that I may: request to be interviewed for the report; and receive, upon written request, a copy of such report. Check if you wish to be interviewed.

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; and (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).

Proposed Insured(s)/Owner Signature

Signed at (city, state) Anytown, USA On (date) 10/01/06

Primary Proposed Insured John Doe
(If under age 15, signature of parent or guardian)

Other Proposed Insured _____
(If under age 15, signature of parent or guardian)

Owner (If other than Primary Proposed Insured) _____

Agent(s) Signature(s)

I certify that the information supplied by the Primary Proposed Insured(s)/Owner has been truthfully and accurately recorded on the Part A application.

Writing Agent Name (please print) John Smith Writing Agent # 5678

Writing Agent Signature John Smith Countersigned _____
(Licensed resident agent if state required)

Agent's Report

1. Statements

- A.** Number of years you have known Primary Proposed Insured: _____
Other Proposed Insured: _____
- B.** Does any Proposed Insured have any existing or pending annuities or life insurance policies? yes no
If yes, do you have any information that indicates that any Proposed Insured may replace, change, or use any monetary value of any existing or pending life insurance policy or annuity with any company in connection with the purchase of insurance? yes no
(If yes, please provide details in the Remarks section below and attach all replacement-related forms. 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.)
- C.** Are you aware of any other information that would adversely affect any Proposed Insured's eligibility, acceptability, or insurability? *(If yes, please provide details in the Remarks section below, and do not provide limited temporary life insurance.)* yes no
- D.** Did you provide the Owner with a Limited Temporary Life Insurance Agreement? yes no

2. Remarks, Details and Explanations *(Please include information on any collateral assignment, etc.)*

3. Commission, Agent/Agency Information *(Please list servicing agent first.)*

| Agent(s) to Receive Commission | Agency Number | Agent Number | Percent of Split |
|--------------------------------|---------------|--------------|------------------|
| _____ | _____ | _____ | _____ % |
| _____ | _____ | _____ | _____ % |
| _____ | _____ | _____ | _____ % |
| _____ | _____ | _____ | _____ % |

Writing Agent Name *(Please print)* _____ Date _____
Writing Agent Signature **X** _____
State License # _____ Phone # _____
Email _____ Fax # _____

4. If a translator was used, complete the following:

Name *(Please print)* _____
Address _____ City, State _____ ZIP _____

For Home Office use

Processing Center _____ Contact Person _____ Phone # _____
Servicing Agent (if other than writing agent) send policy/delivery requirements to _____



- American General Life Insurance Company, Houston, TX
- The United States Life Insurance Company in the City of New York, New York, NY
- AIG Life Insurance Company, Wilmington, DE

Member companies of American International Group, Inc.

The insurance company checked above ("Company") is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Personal Information

1. Proposed Insured (Complete separate Part B for each Proposed Insured)

Name _____ Date of Birth _____ Social Security # _____

Medical History

(Instructions: Please answer ALL medical history questions. Do not leave any questions blank.)

2. Physician Information

Name, address and phone number of the Proposed Insured's personal physician(s). (If no personal physician, provide name, address and phone number of doctor last seen.)

Name _____ Phone (____) _____

Address _____ City, State _____ ZIP _____

Date, reason, findings and treatment at last visit _____

3. Build

A. Admitted Height and Weight _____ ft. _____ in. _____ lbs

(Examiners: Also record measured height and weight on Exam page 1.)

B. Has the Proposed Insured had any weight change in excess of 10 lbs. in the past year? yes no If yes, complete the following:

Loss _____ lbs. Gain _____ lbs. Reason _____

4. Family History

| Age if Living | Age at Death | Cause of Death | History of Heart Disease? | History of Cancer? |
|---------------|--------------|----------------|--|---|
| Father _____ | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ Type _____ |
| Mother _____ | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ Type _____ |
| Brother _____ | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ Type _____ |
| Brother _____ | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ Type _____ |
| Sister _____ | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ Type _____ |
| Sister _____ | _____ | _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ | <input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____ Type _____ |

5. Personal Health History

A. Has the Proposed Insured ever been diagnosed as having, been treated for, or consulted a licensed health care provider for:

- 1) heart disease, heart attack, chest pain, irregular heartbeat, heart murmur, high cholesterol, high blood pressure or other disorder of the heart? yes no
- 2) a blood clot, aneurysm, stroke, or other disease, disorder or blockage of the arteries or veins? yes no
- 3) cancer, tumors, masses, cysts or other such abnormalities? yes no
- 4) diabetes, a disorder of the thyroid or other glands or a disorder of the immune system, blood or lymphatic system? yes no
- 5) colitis, hepatitis or a disorder of the esophagus, stomach, liver, pancreas, gall bladder or intestine? yes no
- 6) a disorder of the kidneys, bladder, prostate or reproductive organs or sugar or protein in the urine? yes no
- 7) asthma, bronchitis, emphysema, sleep apnea or other breathing or lung disorder? yes no
- 8) seizures, a disorder of the brain or spinal cord or other nervous system abnormality, including a mental or nervous disorder? yes no
- 9) arthritis, muscle disorders, connective tissue disease or other bone or joint disorders? yes no

(If yes, list condition and provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

B. Is the Proposed Insured currently taking any medication, treatment or therapy or under medical observation? yes no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

C. Has the Proposed Insured in the past three years had but NOT sought treatment for:

- 1) fainting spells, nervous disorder, headaches, convulsions or paralysis? yes no
- 2) any pain or discomfort in the chest or shortness of breath? yes no
- 3) disorders of the stomach, intestines or rectum, or blood in the urine? yes no

(If yes, list condition such as: date of first occurrence; symptoms; and how treated.)

Details _____

D. Has the Proposed Insured ever:

- 1) sought or received advice, counseling or treatment by a medical professional for the use of alcohol or drugs, including prescription drugs? yes no
- 2) used cocaine, marijuana, heroin, controlled substances or any other drug, except as legally prescribed by a physician? yes no

(If yes answered to D1 or D2, please provide details below.)

Type of drug(s)/alcohol product(s) _____ Date last used _____
Name(s) of doctor/facility _____ Phone () _____
Address _____ City, State _____ ZIP _____
Treatment Dates _____
Support group(s) _____ Last date attended _____
Details of any drug or alcohol related arrests _____

5. Personal Health History (continued)

E. Has the Proposed Insured ever been diagnosed as having or been treated by any member of the medical profession for AIDS Related Complex (ARC) or Acquired Immune Deficiency Syndrome (AIDS)? yes no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

F. Other than previously stated, in the past 10 years, has the Proposed Insured:
1) been hospitalized, consulted a health care provider or had any illness, injury or surgery? yes no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

2) been advised to have any diagnostic test, hospitalization or treatment that was NOT completed? yes no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; recommended tests, medications or treatment.)

Details _____

3) received or claimed disability or hospital indemnity benefits or a pension for any injury, sickness, disability or impaired condition? yes no

(If yes, list condition and provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

G. Does the Proposed Insured have any symptoms or knowledge of any other condition that is NOT disclosed above? yes no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

Physical Measurements

1. Proposed Insured

- A. Name _____
- B. Build: Measured Height (*in shoes*) _____ ft. _____ in. Weight (*clothed*) _____ lbs (*Please weigh insured.*)
- C. Are you currently taking Blood Pressure Medication(s)? yes no
 Medication(s) _____

Blood Pressure (*Record all readings.*) If blood pressure exceeds 140/90, repeat reading at end of examination.*

| | 1st Reading | 2nd Reading | 3rd Reading | *Repeat Reading |
|-------------------------|--------------------|--------------------|--------------------|------------------------|
| Systolic BP | | | | |
| Diastolic 5th Phase BP | | | | |
| Pulse Rate | | | | |
| Irregularities Per Min. | | | | |

- D. Did you weigh Proposed Insured? yes no
- E. Have any of the following been completed in conjunction with this exam?
 Blood Urine EKG Stress Test Chest x-ray
- F. Is appearance unhealthy or older than stated age? yes no
- G. Do you have any pertinent information not disclosed previously?
 (*Details of yes answers to questions F and G*) yes no

- H. Are you related to the Proposed Insured by blood or marriage or do you have any business or professional relationship with the Proposed Insured? (*If yes, explain.*) yes no

Report By Examining Medical Doctor

Instructions to doctor:

To be completed in private by doctor only. Examination of heart and lungs must be with stethoscope against bare skin.

1) Heart

- a. Is there any cyanosis, edema, or evidence of peripheral vascular disease, arteriosclerosis or other cardiovascular disorder? yes no
- b. Is heart enlarged? (*If yes, describe.*) _____ yes no
- c. Is murmur present? (*If yes, complete 1d.*) _____ yes no
- d. Before exercise, murmur is:
 Constant Transmitted to where? _____
 Inconstant Localized at: Apex Base Elsewhere
 Systolic (*Give details.*) _____
 Diastolic Murmur grade: (*Please circle*) 1/6 2/6 3/6 4/6 5/6 6/6
 After valsalva, murmur is:
 Unchanged Decreased Increased Absent

Your impression _____

Report by Examining Medical Doctor (continued)

2) Has this examination revealed any abnormality of the following: *(Provide details to yes answers below.)*

a) Eyes, ears, nose, mouth and throat? *(If vision or hearing is markedly impaired, indicate degree and correction.)* yes no

Details _____

b) Endocrine system *(including thyroid)?* yes no

Details _____

c) Nervous system *(including reflexes, gait, paralysis)?* yes no

Details _____

d) Respiratory system? yes no

Details _____

e) Abdomen *(including scars)?* yes no

Details _____

f) Genito-urinary system? yes no

Details _____

g) Skin *(including scars), lymph nodes, blood vessels (including varicose veins)?* yes no

Details _____

h) Musculoskeletal system *(including spine, joints, amputations, deformities)?* yes no

Details _____

Signature

Paramedical Examiner/Medical Doctor Signature

I certify that this exam was conducted the _____ day of _____, 20_____, at _____ am pm

Location of Exam _____ **Paramed: Use company stamp below.**

Examiner's Address _____

Examiner's Phone # () _____

Examiner's Name _____

Examiner's Signature **X** _____

(Agent should inform Paramedical Examiner/Medical Doctor of proper location to send form upon completion.)



- Insurance company selection options: American General Life Insurance Company, Houston, TX; The United States Life Insurance Company in the City of New York, New York, NY; AIG Life Insurance Company, Wilmington, DE

Member companies of American International Group, Inc.

The insurance company checked above ("Company") is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Personal Information

1. Primary Proposed Insured

Name John Doe, Social Security # 123-45-6789, Sex M, Birthplace Anytown, USA, Date of Birth 6/01/71, Current Age 35, Tobacco Use no, Driver's License no, U.S. Citizen yes, Address 123 Main Street, City Anytown, USA, ZIP 77704, Home Phone (713)123-4567, Work Phone (713)345-6789, Email Jdoe aol.com, Employer Steel Industries, Occupation Machine Operator, Length of Employment 5 years, Employer Address 123 West Road, City Anytown, USA, ZIP 77704, Duties Operate machines, Supervise other operators, Personal Earned Income \$ 50,000, Household Income \$ 50,000, Net Worth \$ 100,000

2. Other Proposed Insured

Name, Social Security #, Sex, Birthplace, Date of Birth, Current Age, Relationship to Primary Proposed Insured, Tobacco Use, Driver's License, U.S. Citizen, Address, City, State, ZIP, Home Phone, Work Phone, Email, Employer, Occupation, Length of Employment, Employer Address, City, State, ZIP, Duties, Personal Earned Income \$, Household Income \$, Net Worth \$

Ownership

3. A. Complete if the Primary Proposed Insured is not the Owner (If contingent Owner is required, use Remarks section.)

Name, Social Security or Tax ID #, Date of Birth, Address, City, State, ZIP, Home Phone, Relationship to Primary Proposed Insured, Email

B. Complete if Owner is a trust (If trustee is premium payor, also complete section 14 D.)

Exact Name of Trust, Trust Tax ID #, Address, City, State, ZIP, Email, Current Trustee(s), Date of Trust

*for identification purposes only

Product Information

4. **Product Name** (Complete appropriate supplemental application if applicable.) Elite Universal Life
Amount Applied For: Base Coverage \$ 50,000 Supplemental Coverage (If applicable) \$ _____
Death Benefit Compliance Test Used (If applicable): Guideline Premium Cash Value Accumulation
Automatic Premium Loan (If applicable): Yes No Premium Class Quoted _____
Reason for Insurance family protection

5. **Dividend Options** (For participating policy only.)
 Cash Premium Reduction Paid-up Additions Deposit Earning Interest Other (Explain) _____

6. **Premium Allocation** (For Indexed UL only if applicable.)
Indicate how each premium received is to be allocated. **Total allocations must equal 100%. Use whole percentage only.**
Indexed Interest Account _____% Excess Interest Account _____% Total 100%

7. **Death Benefit Options** (For UL & VUL only.) Option 1 - Level Option 2 - Increasing Option 3 - Level Plus Return of Premium

8. **Riders/Benefits**
 Child Rider Amount \$ _____ **(Complete Child Rider Attachment)** or No current children
 Waiver of Premium Waiver of Monthly Deduction Waiver of Monthly Guarantee Premium
 Maturity Extension Rider - Accumulation Value Maturity Extension Rider - Death Benefit Terminal Illness Rider
 Accidental Death Benefit Amount \$ _____ Other Insured/Spouse Rider Amount \$ _____
 Disability Income Rider (Complete the following if DI Rider is requested)
Number of Units (1 unit = \$100): _____ Occupational Class (Please check): 1 2
 Adjustable Return of Premium Rider - (Provide % of Premium) _____
 Scheduled Increase Rider
 Other Riders/Benefits #1 _____ Amount/Unit(s) _____
 Other Riders/Benefits #2 _____ Amount/Unit(s) _____

Beneficiary

9. **Primary** Name Jane Doe Relationship wife Share 100% %
Name _____ Relationship _____ Share _____ %
Name _____ Relationship _____ Share _____ %
Name _____ Relationship _____ Share _____ %
10. **Contingent** Name _____ Relationship _____ Share _____ %
Name _____ Relationship _____ Share _____ %
Name _____ Relationship _____ Share _____ %

11. **Trust Information (if Beneficiary)** Exact Name of Trust _____
Trust Tax ID # _____ Current Trustee(s) _____ Date of Trust _____

12. **Rider Beneficiaries** (Complete if other than Primary Proposed Insured.)
Other Insured/Spouse Rider _____ Relationship _____
Child Rider _____ Relationship _____

Business Coverage

13. **Business Insurance Details** (Complete only if applying for business coverage.)
Does any Proposed Insured have an ownership interest in the business? yes no
If yes, what is the percentage of ownership for the: Primary Proposed Insured _____% Other Proposed Insured _____%
Net Profit of Business \$ _____ Fair Market Value of Business \$ _____
If buy-sell, stock redemption, or key person insurance, will all partners or key people be covered? yes no
Describe any special circumstances. _____

Premium

- 14. Premium Payment** Modal \$ 600 Single \$ _____ Additional Initial \$ _____
- A. Frequency of modal premium:** Annual Semi-annual Quarterly Monthly (*Bank Draft only*)
- B. Method:** Direct Billing Bank Draft (*Complete Bank Draft Authorization.*) List Bill: Number _____
 Credit Card - Initial Premium Only (*Complete Credit Card Authorization.*)
 Other (*Please explain.*) _____
- C. Amount submitted with application \$** 600
- D. Premium Payor** (*Complete if other than Owner.*)
 Name _____ Social Security or Tax ID # _____
 Relationship to Primary Proposed Insured _____
 Address _____ City, State _____ ZIP _____

Limited Temporary Life Insurance Eligibility

- 15. Health and Age Questions** (*Regarding the Primary Proposed Insured and the Other Proposed Insured under a joint life or survivorship policy, if the correct answer to either question below is "yes" or any question is answered falsely or left blank, coverage is not available under the Limited Temporary Life Insurance Agreement ("LTLIA") and it is void, and any payment submitted will be refunded. Read the LTLIA for additional terms and conditions of coverage.*)
- A.** Has any Proposed Insured ever had a heart attack, stroke, cancer, diabetes or disorder of the immune system, or during the last two years been confined in a hospital or other health care facility or been advised to have any diagnostic test or surgery not yet performed? yes no
- B.** Is any Proposed Insured age 71 or above? yes no

Existing Coverage

16. Existing Coverage

A. Life and Annuity Coverage

Does any Proposed Insured have any existing or pending annuities or life insurance policies? yes no

(*If yes, complete the following regarding such annuities or life insurance policies.*)

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* | 1035 Ex |
|--------------------------|---------------|-------------------|---------------------|---------------|-------------|--|------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes |
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes |
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes |
| _____ | _____ | _____ | _____ | _____ | _____ | <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes |

***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.

B. Disability Coverage (*Complete only if Disability Income Rider coverage requested.*)

Does any Proposed Insured have any existing or pending Disability insurance policies? yes no

(*If yes, complete the following regarding existing and pending disability insurance*)

| Insurance Company | Benefit Amount | Benefit Period | Elimination Period | Year Issued |
|-------------------|----------------|----------------|--------------------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Nonmedical Questions

17. Background Information (Complete questions A through F. If yes answer applies to any Proposed Insured, provide details specified after each question.)

A. Does any Proposed Insured intend to travel or reside outside of the United States or Canada within the next two years? yes no

(If yes, list country, date, length of stay and purpose.) _____

B. In the past five years, has any Proposed Insured participated in, or does he or she intend to participate in: any flights as a trainee, pilot or crew member; scuba diving; skydiving or parachuting; ultralight aviation; auto racing; cave exploration; hang gliding; boat racing; mountaineering; extreme sports or other hazardous activities? yes no

(If yes, circle or list the applicable activities and complete the Aviation and/or Avocation Questionnaire.) _____

C. Has any Proposed Insured:

1) During the past 90 days submitted an application for life insurance to any company or begun the process of filling out an application? yes no

(If yes, list company name, amount applied for, purpose of insurance and if application will be placed.) _____

2) Ever had a life or disability insurance application modified, rated, declined, postponed, withdrawn, canceled or refused for renewal? yes no

(If yes, list date and reason.) _____

D. Has any Proposed Insured ever filed for bankruptcy? yes no

(If yes, list chapter filed, date, reason and discharge date.) _____

E. In the past five years, has any Proposed Insured been charged with or convicted of driving under the influence of alcohol or drugs or had any driving violations? yes no

(If yes, list date, state, license no. and specific violation.) _____

F. Has any Proposed Insured ever been convicted of or pled guilty or no contest to a criminal offense or currently have any felony or misdemeanor charge pending? yes no

(If yes, list date, state and charge.) _____

Remarks

18. Details and Explanations

The above listed life insurance company ("Company") as selected on page one of this application is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Agreement, Authorization to Obtain and Disclose Information and Signatures

I, the Primary Proposed Insured and Owner signing below, agree that I have read the statements contained in this application and any attachments 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: (1) will consist of Part A, Part B, and if applicable, related attachments including supplement(s) and addendum(s); and (2) shall be the basis for any policy and any rider(s) issued. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

Except as may be provided in any Limited Temporary Life Insurance Agreement, I understand and agree that even if I paid a premium no insurance will be in effect under this application, or under any new policy or any rider(s) issued by the Company, unless or until all three of the following conditions are met: (1) the policy has been delivered and accepted; and (2) the full first modal premium for the issued policy has been paid; and (3) there has been no change in the health of any Proposed Insured(s) that would change the answers to any questions in the application before items (1) and (2) in this paragraph have occurred. I understand and agree that if all three conditions above are not met: (1) no insurance will begin in effect; and (2) the Company's liability will be limited to a refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

Limited Temporary Life Insurance Agreement ("LTLIA") – If I have received and accepted the LTLIA, I understand and agree that such insurance is available only on the life of the Primary Proposed Insured under the life policy (and the Other Proposed Insured under a joint and survivorship life policy, if applicable) and only if the following four conditions are met: (1) the full first modal premium is submitted with this application and paid; and (2) only "no" answers have been truthfully given to the Health and Age Questions in section 15; and (3) Part A and Part B of the application must be completed, signed and dated; and (4) all medical exam requirements must be satisfied. I understand and agree that such insurance is not available with any riders or any accident and/or health insurance.

I understand and agree that no agent is authorized to: accept risks or pass upon insurability; make or modify contracts; or waive any of the Company's rights or requirements.

I have received a copy or have been read the Notices to the Proposed Insured(s).

I give my consent to all of the entities listed below to give to the Company, its legal representatives, American General Life Companies LLC ("AGLC") (an affiliated service company), and affiliated insurers all information they have pertaining to: medical consultations; treatments; surgeries; hospital confinements for physical and/or mental conditions; use of drugs or alcohol; drug prescriptions; or any other information for me, my spouse or my minor children. Other information could include items such as: personal finances; habits; hazardous avocations; motor vehicle records from the Department of Motor Vehicles; court records; or foreign travel, etc. I give my consent for the information outlined above to be provided by: any physician or medical practitioner; any hospital, clinic or other health care facility; pharmacy benefit manager or prescription database; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; or the Medical Information Bureau (MIB).

I understand the information obtained will be used by the Company to determine: (1) eligibility for insurance; and (2) eligibility for benefits under an existing policy. Any information gathered during the evaluation of my application may be disclosed to: reinsurers; the MIB; other persons or organizations performing business or legal services in connection with my application or claim; me; any physician designated by 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. I understand this consent may be revoked at any time by sending a written request to the Company, 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. I authorize AGLC or affiliated insurers to obtain an investigative consumer report on me. I understand that I may: request to be interviewed for the report; and receive, upon written request, a copy of such report. Check if you wish to be interviewed.

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; and (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).

Proposed Insured(s)/Owner Signature

Signed at (city, state) Anytown, USA On (date) 10/01/06

Primary Proposed Insured John Doe
(If under age 15, signature of parent or guardian)

Other Proposed Insured _____
(If under age 15, signature of parent or guardian)

Owner (If other than Primary Proposed Insured) _____

Agent(s) Signature(s)

I certify that the information supplied by the Primary Proposed Insured(s)/Owner has been truthfully and accurately recorded on the Part A application.

Writing Agent Name (please print) John Smith Writing Agent # 5678

Writing Agent Signature John Smith Countersigned _____
(Licensed resident agent if state required)

Agent's Report

1. Statements

- A.** Number of years you have known Primary Proposed Insured: _____
Other Proposed Insured: _____
- B.** Does any Proposed Insured have any existing or pending annuities or life insurance policies? yes no
If yes, do you have any information that indicates that any Proposed Insured may replace, change, or use any monetary value of any existing or pending life insurance policy or annuity with any company in connection with the purchase of insurance? yes no
(If yes, please provide details in the Remarks section below and attach all replacement-related forms. 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.)
- C.** Are you aware of any other information that would adversely affect any Proposed Insured's eligibility, acceptability, or insurability? *(If yes, please provide details in the Remarks section below, and do not provide limited temporary life insurance.)* yes no
- D.** Did you provide the Owner with a Limited Temporary Life Insurance Agreement? yes no

2. Remarks, Details and Explanations *(Please include information on any collateral assignment, etc.)*

3. Commission, Agent/Agency Information *(Please list servicing agent first.)*

| Agent(s) to Receive Commission | Agency Number | Agent Number | Percent of Split |
|--------------------------------|---------------|--------------|------------------|
| _____ | _____ | _____ | _____ % |
| _____ | _____ | _____ | _____ % |
| _____ | _____ | _____ | _____ % |
| _____ | _____ | _____ | _____ % |

Writing Agent Name *(Please print)* _____ Date _____
Writing Agent Signature **X** _____
State License # _____ Phone # _____
Email _____ Fax # _____

4. If a translator was used, complete the following:

Name *(Please print)* _____
Address _____ City, State _____ ZIP _____

For Home Office use

Processing Center _____ Contact Person _____ Phone # _____
Servicing Agent (if other than writing agent) send policy/delivery requirements to _____
