

SERFF Tracking Number: AMGN-126148384 State: Arkansas
Filing Company: American General Life and Accident Insurance Company State Tracking Number: 42380
Company Tracking Number: AGLA 09TRM
TOI: L07I Individual Life - Whole Sub-TOI: L07I.111 Single Premium - Single Life
Product Name: AGLA 09TRM Adjustable Premium Term Life Insurance Policy
Project Name/Number: AGLA 09TRM Adjustable Premium Term Life Insurance Policy/AGLA 09TRM

Filing at a Glance

Company: American General Life and Accident Insurance Company

Product Name: AGLA 09TRM Adjustable SERFF Tr Num: AMGN-126148384 State: Arkansas

Premium Term Life Insurance Policy

TOI: L07I Individual Life - Whole SERFF Status: Closed-Approved- State Tr Num: 42380
Closed

Sub-TOI: L07I.111 Single Premium - Single Life Co Tr Num: AGLA 09TRM State Status: Approved-Closed

Filing Type: Form Reviewer(s): Linda Bird

Author: Marilyn Ellis Disposition Date: 05/14/2009

Date Submitted: 05/13/2009 Disposition Status: Approved-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: AGLA 09TRM Adjustable Premium Term Life Insurance Status of Filing in Domicile: Pending Policy

Project Number: AGLA 09TRM

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/14/2009

Explanation for Other Group Market Type:

State Status Changed: 05/14/2009

Deemer Date:

Created By: Marilyn Ellis

Submitted By: Marilyn Ellis

Corresponding Filing Tracking Number: AGLA 09TRM

Filing Description:

AGLA 09TRM Adjustable Premium Term Life Insurance Policy

The above form is being submitted for your consideration and approval. It is new and does not replace any form previously approved by your department. The referenced form has been submitted to our domicile state of Tennessee.

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The policy will not be marketed with an illustration. It will be sold, by all producers who solicit this type of business, to consumers who are purchasing insurance for personal needs.

AGLA 09TRM is an individual, nonparticipating adjustable premium term life insurance policy. It will be used to issue 23 level benefit term plans with initial term periods of 10, 12, 15 through 35 years. We have enclosed a "Term Plans Available Table" listing each of the plans with the initial term period, initial termination date and initial premiums payable period. The policy may be renewed for consecutive one-year periods if the Insured is 94 or less at the time of renewal. The initial premium for each of these term plans is guaranteed only for the portion of the initial term period stated on the Policy Schedule. We reserve the right to change the premium as described on the Policy Schedule. However, premiums will never be greater than the maximum amounts shown in the policy.

The Face Amount, which remains level, is payable at the Insured's death. The policy may be converted, either wholly or partially, to a permanent plan at any time prior to the Conversion Expiry Date shown in the policy.

The Flesch score for policy AGLA 09TRM is 56.7.

Company and Contact

Filing Contact Information

Kathryn Mitchell, Manager kathryn_mitchell@aigag.com
 American General Center 615-749-1139 [Phone]
 Mail Stop 456S 615-749-2521 [FAX]
 Nashville, TN 37250-0001

Filing Company Information

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

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00

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 Retaliatory? No
 Fee Explanation: 1 policy x \$50 = \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life and Accident Insurance Company	\$50.00	05/13/2009	27867460

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	05/14/2009	05/14/2009

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Disposition

Disposition Date: 05/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Term Plans Available Table		Yes
Supporting Document	Statement of Variability		Yes
Form	Adjustable Premium Term Life Insurance Policy		Yes

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Form Schedule

Lead Form Number: AGLA 09TRM

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AGLA 09TRM	Policy/Cont Adjustable Premium Term Life Insurance Policy Certificate	Initial		56.700	AGLA09TRM AR.pdf

American General Life and Accident Insurance Company

American General Center • Nashville, Tennessee 37250-0001

(A STOCK COMPANY)

1-800-888-2452

This Policy is a legal contract between You, the Owner, and Us, American General Life and Accident Insurance Company. As with any other contract, You should **READ THIS POLICY CAREFULLY**.

We, Us and **Our** refer to American General Life and Accident Insurance Company. **You** and **Your** refer to the Owner of this Policy.

POLICY DATA

Insured - [John Doe]	Policy Number - [123456789]
Age - [35]	Policy Date - [May 1, 2009]
Gender - [Male]	Face Amount - [\$100,000]
Premium Class - [Standard-No Tobacco]	Initial Premium - [\$17.54]
Beneficiary - [See Application]	Premium Payment Interval - [One Month]

TWENTY DAYS TO EXAMINE CONTRACT. If You are not satisfied with this Policy for any reason, You may return the Policy to Us or to Our authorized agent within 20 days after You receive it. If You do so, We will cancel this Policy and refund the premium that was paid.

Signed for American General Life and Accident Insurance Company at Nashville, Tennessee.


SECRETARY


PRESIDENT

ADJUSTABLE PREMIUM TERM LIFE INSURANCE POLICY
INSURANCE PAYABLE AT DEATH OF INSURED BEFORE THE TERMINATION DATE
CONVERTIBLE AND RENEWABLE
PREMIUMS PAYABLE FOR PERIOD SHOWN ON THE POLICY SCHEDULE
NONPARTICIPATING

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Any additional benefit riders and a copy of the application are included after Page 11.

POLICY PROVISIONS IN ALPHABETICAL ORDER

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POLICY SCHEDULE

Benefits and Premiums

BASIC POLICY	Amount	Termination* Date	Annual** Premium	Premiums* Payable
Adjustable Premium Term Life Insurance, Convertible and Renewable	[\$100,000]	[05-01-2014]	[\$204.00]	[10 Years]

*For the Initial Term Period. For future periods,
see the "Schedule for Renewal Term Periods".

**For first [five] years of the Initial Term Period.

ADDITIONAL BENEFITS provided by Riders

None

Total Annual Premium: [\$204.00**]

THE ANNUAL PREMIUM SHOWN ABOVE IS GUARANTEED FOR THE FIRST [FIVE] YEARS OF THE INITIAL TERM PERIOD. PREMIUMS FOR THE REMAINING YEARS IN THE INITIAL TERM PERIOD ARE SHOWN IMMEDIATELY BELOW.

Insured's Attained Age	Total Current Annual Premium	Total Maximum Annual Premium
[40]	\$204.00	\$597.00
41	204.00	642.00
42	204.00	696.00
43	204.00	759.00
44	204.00	834.00]

Schedule for Renewal Term Periods (For Term Life Insurance Policy)

Insured's Attained Age	Termination Date	Total Current Annual Premium	Total Maximum Annual Premium	Premiums Payable
[45]	05-01-2020	\$ 719.00	\$ 912.00	1 Year
46	05-01-2021	781.00	993.00	1 Year
47	05-01-2022	830.00	1,056.00	1 Year
48	05-01-2023	871.00	1,110.00	1 Year
49	05-01-2024	922.00	1,176.00	1 Year
50	05-01-2025	984.00	1,257.00	1 Year
51	05-01-2026	1,073.00	1,362.00	1 Year
52	05-01-2027	1,177.00	1,485.00	1 Year
53	05-01-2028	1,303.00	1,635.00	1 Year
54	05-01-2029	1,461.00	1,821.00	1 Year
55	05-01-2030	1,635.00	2,025.00	1 Year
56	05-01-2031	1,850.00	2,241.00	1 Year
57	05-01-2032	2,069.00	2,448.00	1 Year
58	05-01-2033	2,294.00	2,649.00	1 Year
59	05-01-2034	2,568.00	2,892.00	1 Year
60	05-01-2035	2,911.00	3,195.00]	1 Year

POLICY SCHEDULE

(Continued)

**Schedule for Renewal Term Periods
(For Term Life Insurance Policy)
(Continued)**

Insured's Attained Age	Termination Date	Total Current Annual Premium	Total Maximum Annual Premium	Premiums Payable
[61	05-01-2036	\$ 3,247.00	\$ 3,564.00	1 Year
62	05-01-2037	3,640.00	3,996.00	1 Year
63	05-01-2038	4,062.00	4,461.00	1 Year
64	05-01-2039	4,510.00	4,953.00	1 Year
65	05-01-2040	4,973.00	5,463.00	1 Year
66	05-01-2041	5,394.00	5,979.00	1 Year
67	05-01-2042	5,829.00	6,519.00	1 Year
68	05-01-2043	6,277.00	7,083.00	1 Year
69	05-01-2044	6,783.00	7,722.00	1 Year
70	05-01-2045	7,369.00	8,463.00	1 Year
71	05-01-2046	8,228.00	9,369.00	1 Year
72	05-01-2047	9,237.00	10,428.00	1 Year
73	05-01-2048	10,313.00	11,541.00	1 Year
74	05-01-2049	11,483.00	12,738.00	1 Year
75	05-01-2050	12,740.00	14,007.00	1 Year
76	05-01-2051	14,134.00	15,399.00	1 Year
77	05-01-2052	15,761.00	17,016.00	1 Year
78	05-01-2053	17,654.00	18,885.00	1 Year
79	05-01-2054	19,790.00	20,973.00	1 Year
80	05-01-2055	22,178.00	23,283.00	1 Year
81	05-01-2056	24,651.00	25,782.00	1 Year
82	05-01-2057	27,265.00	28,407.00	1 Year
83	05-01-2058	30,113.00	31,254.00	1 Year
84	05-01-2059	33,275.00	34,404.00	1 Year
85	05-01-2060	36,792.00	37,893.00	1 Year
86	05-01-2061	40,569.00	41,703.00	1 Year
87	05-01-2062	44,633.00	45,792.00	1 Year
88	05-01-2063	48,936.00	50,109.00	1 Year
89	05-01-2064	53,423.00	54,597.00	1 Year
90	05-01-2065	57,860.00	59,016.00	1 Year
91	05-01-2066	62,072.00	63,312.00	1 Year
92	05-01-2067	66,449.00	67,776.00	1 Year
93	05-01-2068	71,037.00	72,456.00	1 Year
94	05-01-2069	75,837.00	77,352.00]	1 Year

On the [fifth] Policy anniversary and any later Policy anniversary, We have the right to change the premium for this Policy. See the "Right to Change Premium" provision on Page 5.

[05-01-2069] is the Termination Date of the Last Renewal Term Period referred to in the "Renewal Option" provision on Page 6.

POLICY SCHEDULE

(Continued)

Conversion Schedule

Conversion Expiry Date: [05-01-2019]

Minimum Face Amount: [\$100,000]

See "Conversion Option" provision on Page 7.

Conversion Credit Expiry Date: [05-01-2014]

See "Conversion Credit" provision on Page 7.

[Special Conversion Expiry Date: [05-01-2014]

If You convert this Policy by the Special Conversion Expiry Date; and

- (a) This Policy has Accelerated Death Benefit Rider(s) shown on the Policy Schedule for which no premium is separately stated; and
- (b) You select as a New Policy a Policy that is made available by Us for conversion which, under Our then-current rules, can have attached to it one or more Accelerated Death Benefit Riders which are identical to or substantially similar, as determined by Us, to the Accelerated Death Benefit Riders attached to this Policy, then,

We will attach to such New Policy, at Our option, either:

- (a) The identical Accelerated Death Benefit Rider(s) or
- (b) Such substantially similar Accelerated Death Benefit Rider(s).

We reserve the right, at Our sole option, to make other riders available on a similar basis, but nothing herein shall require Us to do so.]

THE OWNER AND THE BENEFICIARY

OWNER

The Insured is the Owner of this Policy unless otherwise stated in the application, or later changed. A minor Insured who is not the Owner will automatically become the Owner on his or her 18th birthday or on the death of the Owner, whichever occurs earlier. You may have this Policy endorsed so that this change of ownership will occur at a different time. You must request this endorsement before the Insured's 18th birthday.

As Owner, You may exercise all rights in this Policy while the Insured is living. If You are without legal capacity, We will allow Your rights to be exercised by:

- (a) Your legally appointed Guardian; or
- (b) a person who We determine is responsible for Your welfare and support.

To exercise Your rights, You should follow the procedures stated in this Policy. All elections, designations, changes and requests must be made in writing and in a form acceptable to Us.

If You want to request a payment, change a Beneficiary, change an address or request any other action by Us, You should do so on the forms prepared for each purpose. You may request these forms, and advice on any questions You might have, from one of Our authorized representatives or directly from Our Home Office. Home Office means Our main office located at the American General Center in Nashville, Tennessee 37250-0001, or such other location that We may elect.

BENEFICIARY

The Beneficiaries for this Policy are as stated in the application, unless later changed. Each Beneficiary is classified as a First or Second Beneficiary. All surviving Beneficiaries of the same class will share equally in any payments to that class, unless otherwise stated.

We will pay the Death Benefit under this Policy to any First Beneficiaries surviving the Insured. If no First Beneficiaries survive the Insured, We will pay any Second Beneficiaries surviving the Insured. If no stated Beneficiary is living when the Insured dies, We will pay:

- (a) the executor or administrator of the Insured's estate; or
- (b) the spouse, child or parent of the Insured whom We determine is entitled to payment.

If any Beneficiary is without legal capacity, We can pay his or her share of the Death Benefit to any person whom We determine is responsible for his or her welfare and support. Such payment will discharge Our liability for that payment.

CHANGE OF OWNER OR BENEFICIARY

While the Insured is living, You may change:

- (a) the Owner; or
- (b) a Beneficiary designation that is not restricted by a previous designation.

We can require that any change be endorsed on Your Policy. Any change will be effective as of the date the change request was signed, except that it will not apply to any payment We make or any action We take before We record the request in Our Home Office.

PAYMENT OF INSURANCE BENEFITS

If the Insured dies before this Policy's Termination Date shown on the Policy Schedule and while this Policy is in force, We will pay the Death Benefit to the Beneficiary after We receive due proof of the Insured's death and a proper written claim. Due proof of the Insured's death must include Our Company claim form completed by the Beneficiary and a certified copy of the death certificate of the Insured. We may require any additional information or documentation that We deem necessary to establish the fact of the Insured's death and the manner thereof.

We will pay any amount which becomes payable under this Policy upon the Insured's death as soon as reasonably possible. We will credit interest at an annual rate of eight percent on such amount after 30 days from the date when proof of death is received in Our Home Office until payment is made.

You and/or any other person claiming benefits under this Policy shall cooperate with Us in Our investigation of a claim under this Policy by providing assistance including, but not limited to, the completion and sub-

mission to Us of any questionnaire or authorization form needed, in Our opinion, to conduct such investigation.

DEATH BENEFIT

The Death Benefit is the Face Amount with certain additions and deductions.

We add:

- (a) any insurance on the Insured's life that is payable under any attached riders; and
- (b) any part of a premium paid for coverage beyond the Policy month in which the Insured dies.

We deduct any unpaid premium (but not more than one month's part of the premium) if the Insured dies within the Grace Period.

SUICIDE EXCLUSION

We will not pay the Death Benefit if the Insured dies by suicide, while sane or insane, within two years from the date of application. We will return all premiums paid and this Policy will terminate.

PAYING PREMIUMS

PREMIUM PAYMENT

The Initial Premium for the Premium Payment Interval selected for this Policy is shown in the Policy Data on Page 1. The Annual Premiums for the Initial Term Period and for each available Renewal Term Period are shown on the Policy Schedule.

The Initial Premium is due on the Policy Date. Subsequent premiums for the Initial Term Period and for each Renewal Term Period are due on the first day of each Premium Payment Interval.

Each premium must be paid on or before its due date. You may pay the premiums at Our Home Office, at any office We designate, or to Our authorized representative. We will give a receipt for each premium paid if You request one. This receipt will be signed by Our President or Secretary and countersigned by the person authorized to accept Your premium.

You may change the Premium Payment Interval for this Policy, subject to Our rules at the time of change.

Premiums payable other than annually are equal to a percentage of the Annual Premium and include additional premium charges.

RIGHT TO CHANGE PREMIUM

We reserve the right to change the premium for this Policy on the Policy anniversary specified on Policy Schedule and on any later Policy anniversary, subject to the following terms:

- (a) The Annual Premium will not exceed the applicable Maximum Annual Premium shown on the Policy Schedule.
- (b) Any change in premium will apply to all Insureds with the same Policy benefits and provisions and with the same Policy Date, Age at issue, Gender and Premium Class. We will not change the premium because of a change in an Insured's health, occupation or avocation.

- (c) Any change in premium will take effect only after 30 days prior notice has been given to the Owner of this Policy.
- (d) Any change in premium will be based on changes in Our expectations of future investment earnings, mortality, persistency, administrative and maintenance expenses, premium taxes, corporate income taxes or interest rates. We will not recoup prior losses, if any, nor distribute prior gains, by changing the premium.
- (e) Any change in premium will be determined in accordance with procedures and standards on file with the Insurance Department in the state in which this Policy is issued.

This provision does not apply to any rider attached to this Policy.

GRACE PERIOD

If a premium, other than the Initial Premium, has not been paid on its due date, Your Policy will remain in force for a Grace Period of 31 days.

LAPSE

If any premium is not paid before the end of its Grace Period, this Policy will lapse. The date of lapse is the date on which the unpaid premium was due. Lapse will terminate this Policy unless it is later reinstated.

REINSTATEMENT

We will reinstate this Policy at any time within five years from the date of lapse. To reinstate this Policy You must:

- (a) present evidence of insurability satisfactory to Us; and
- (b) pay any unpaid premiums with interest at 6% per year from their respective due dates.

GENERAL PROVISIONS

THE CONTRACT

The entire contract consists of this Policy, all attached riders and endorsements, the attached copy of the original application, and any attached amendments or supplemental applications. This contract is made in consideration of Your application and the payment of premiums as provided. We have relied on all statements in the application as being complete and true to the best of the knowledge and belief of the person(s) signing the application. In the absence of fraud, these statements are representations and not warranties. We will not use a statement to contest a claim or the validity of this Policy unless it is contained in the application.

No change in this Policy is valid unless it is in writing and signed by one of Our officers. No agent or other field representative has authority to change or waive any Policy provision or extend the time for paying a premium.

AGE AND GENDER

The Insured's Age and Gender on the Policy Date are shown in the Policy Data on Page 1. If the Age or Gender of the Insured is incorrectly stated, any amount payable under this Policy will be the amount that the premium paid would have purchased at the correct Age and Gender. Age means age on the Insured's last birthday. Attained Age means the Insured's Age shown in the Policy Data on Page 1 plus the number of years and completed months from the Policy Date.

POLICY DATE

The Policy Date is shown in the Policy Data on Page 1. It is used to determine premium due dates, Policy years and Policy anniversaries.

INCONTESTABILITY

Except for nonpayment of premiums, We will not contest this Policy after it has been in force during the lifetime of the Insured for two years from the date of application. This provision will not apply to any benefits for disability or accidental death.

ASSIGNMENT

You may assign this Policy. Your rights and those of any other person referred to in this Policy will be subject to the assignment. We are not bound by an assignment unless it is in writing and We have recorded it at Our Home Office. We will not be responsible for the validity of any assignment.

CORRESPONDENCE

Any request, notice or proof shall be filed with Our Home Office.

POLICY SETTLEMENT

In any settlement, We may require the return of this Policy.

CLAIMS OF CREDITORS

All payments under this Policy are exempt from the claims of creditors to the extent permitted by law. Payments may not be assigned or withdrawn without Our consent before becoming payable.

NONPARTICIPATION

This Policy is nonparticipating. Its premiums do not include a charge for participation in surplus.

CONVERSION AND RENEWAL PROVISIONS

CONVERSION OPTION

We agree to convert all or part of this Policy to a New Policy on the life of the Insured. We will not require evidence of insurability.

You must submit a written application and pay the first premium for the New Policy:

- (a) while the Insured is alive;
- (b) while this Policy is in force; and
- (c) before the Conversion Expiry Date for this Policy shown on the Policy Schedule.

You must submit this Policy for cancellation. If You convert less than the Face Amount of this Policy, You may continue the unconverted Face Amount under this Policy if it is at least as much as the Minimum Face Amount shown on the Policy Schedule. The premiums for this Policy thereafter will be the same as the premiums that would be payable if it had been originally issued for the unconverted Face Amount.

NEW POLICY

You may select the plan and amount of insurance for the New Policy. The plan must be:

- (a) a permanent individual life plan;
- (b) a plan that is then regularly issued at the Insured's Attained Age, Premium Class of the New Policy and for the amount of insurance selected; and
- (c) issued by Us or by one of Our affiliated companies and made available to Our Policyowners for conversion purposes.

You may elect from all policies available for conversion purposes, whether issued by Us or by one of Our affiliated companies, the Policy to which You wish to convert.

The amount of insurance cannot be more than the Face Amount of this Policy or less than the minimum face amount for the plan selected.

The premium for the New Policy will be determined by Our published rates, or by the published rates of Our affiliated company if You convert to such a company's

available plan, for the Insured's Attained Age and the Premium Class of the New Policy.

The Premium Class of the New Policy will be the same as the Premium Class of this Policy. If the plan and amount selected are not available in that Premium Class at the Insured's Attained Age, the Premium Class will be the Premium Class which We, or Our affiliated company if applicable, determine to be the most nearly comparable.

The New Policy will not include any ADDITIONAL BENEFITS provided by riders unless agreed to by Us or Our affiliated company if applicable.

CONVERSION CREDIT

If a New Policy is issued, We, or Our affiliated company as applicable, will provide a Conversion Credit as described below.

If the New Policy is issued for at least the Face Amount of this Policy, the Conversion Credit will be the annual premium paid for this Policy, excluding the premiums for any attached riders. However, if such conversion occurs before the first Policy anniversary, the Conversion Credit will be the annual premium multiplied by the number of months for which premiums have been paid and divided by 12.

If the New Policy is less than the Face Amount of this Policy, the Conversion Credit will be the annual premium for this Policy, excluding the premiums for any attached riders, multiplied by the ratio of the Face Amount of the New Policy to the Face Amount or Specified Amount, as the case may be, of this Policy.

If You convert this Policy before the Conversion Credit Expiry Date shown on the Policy Schedule and select a New Policy, other than a flexible premium adjustable life insurance Policy, issued by Us or by one of Our affiliated companies, We or such affiliated company will reduce the first annual premium for the New Policy. If premiums are payable other than annually, We or such affiliated company will distribute the reduction equally over the premiums payable for the first Policy year.

CONVERSION AND RENEWAL PROVISIONS

(Continued)

If You convert this Policy before the Conversion Credit Expiry date and select as Your New Policy a flexible premium adjustable life insurance Policy issued by Us or by one of Our affiliated companies and made available for conversion purposes, We or such affiliated company will pay a Conversion Credit into the accumulation value of the New Policy. On the New Policy's first monthly deduction day, only one-twelfth (1/12) of the Conversion Credit will be included in the New Policy's cash value for all purposes and the remaining eleven-twelfths (11/12) of the Conversion Credit will not be deemed a part of the Policy's cash value. An additional one-twelfth (1/12) of the Conversion Credit in the Policy's accumulation value will be deemed a part of the Policy's cash value on each subsequent monthly deduction day while the New Policy remains in force until the entire Conversion Credit has been accounted for in the New Policy's cash value for all purposes.

RENEWAL OPTION

If this Policy is in force on the Termination Date for the Initial Term Period, You may renew it for a Renewal Term Period of one year. If this Policy is in force on the Termination Date for each subsequent Renewal Term Period, You may renew it for similar successive Renewal Term Periods of one year until the Termination Date of the Last Renewal Term Period shown on the Policy Schedule. Any renewal of this Policy will be effective as of the renewal date if the first renewal premium is paid on such date or within a Grace Period of 31 days thereafter.

The amount of the premium payable during each Renewal Term Period is shown on the Policy Schedule.

We will automatically renew this Policy on any renewal date if premiums for this Policy are being waived for Total Disability. We will continue to waive premiums during the Renewal Term Period, subject to the terms of the Waiver of Premium Rider.

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SETTLEMENT OPTIONS

Any amount payable under this Policy may be applied under one or more of the following Settlement Options. The payee under any Settlement Option will be the person who would have received the amount applied if a Settlement Option had not been elected.

OPTION ONE - PAYMENTS OF INTEREST ONLY

Periodic payments will be made of the interest credited on the amount applied.

OPTION TWO - PAYMENTS OF A CHOSEN AMOUNT

Periodic payments for the amount chosen will be made until the amount applied, together with interest credited, is paid.

OPTION THREE - PAYMENTS FOR A CHOSEN PERIOD

Periodic payments will be made so that the amount applied, together with interest credited, will be paid over the period chosen. The period must be at least 5 years and not more than 30 years.

OPTION FOUR - PAYMENT FOR LIFE WITH A GUARANTEED PERIOD

The amount applied will be used to provide a life annuity with a guaranteed payment period. The amount of the annuity payments per \$1,000 of the amount applied is shown in the Option Four Table on Page 11. The guaranteed payment period must be 10 or 20 years. The payee must submit proof of age satisfactory to Us.

OPTION FIVE - OTHER PLANS OF PAYMENTS FOR LIFE

The amount applied will be used to provide a life annuity of any kind We issue on the date this option is elected. The amount of the annuity payments will be based on the same mortality and interest rates We then use to determine Our published rates for a single premium annuity of like kind. The payee must submit proof of age satisfactory to Us.

PERIODIC PAYMENTS

Monthly, quarterly, semiannual or annual periodic payments may be selected. However, each periodic payment must be at least equal to the minimum required under Our current rules at the time payments are made.

INTEREST

We guarantee interest under Settlement Options One, Two, Three and Four at the rate of 2% per year. At Our

sole discretion, We can pay or credit interest at a higher rate for such times and in such manner as We may determine.

ELECTION OF OPTIONS

Settlement Options may be elected or changed:

- (a) by You, while the Insured is living; or
- (b) by the Beneficiary when the Insured dies and before any payments have been made.

Settlement Options Four and Five cannot be changed after the first payment is made.

You may request that the Policy be endorsed to prevent the Beneficiary from changing a Settlement Option You have elected. You must request this endorsement while the Insured is living.

We can require that any election, or later change of election, be endorsed on the Policy. Any election will be effective as of the date the election was signed, except that it will not apply to any payment We may make or any action We take before We record the election in Our Home Office.

LIMITATIONS

We have the right to pay any amount payable under this Policy in a lump sum, rather than under a Settlement Option, if the payee is:

- (a) an assignee;
- (b) a fiduciary; or
- (c) not a natural person (such as a corporation).

All Settlement Options will be subject to Our rules at the time payments under the Option begin. These include withdrawal rights, designation of payees and evidence of age and survival.

Settlement Options cannot be assigned. To the extent permitted by law, they will be exempt from the claims of creditors.

DEATH OF PAYEE

If the payee dies and We have not agreed to other arrangements, We will pay to the payee's estate:

- (a) any unpaid amount applied and accrued interest under Option One;
- (b) the discounted value of any remaining payments under Options Two and Three; or
- (c) the discounted value of any remaining guaranteed payments under Options Four and Five.

The discounted values for Options Two, Three, Four or Five will be calculated using the interest rate that was used to determine the amount of the annuity payments selected.

SETTLEMENT OPTION TABLES

OPTION THREE - PAYMENTS FOR A CHOSEN PERIOD Monthly Payments for each \$1,000 of Amount Applied

No. of Years Payable	Monthly Payment								
5	\$17.49	10	\$9.18	15	\$6.42	20	\$5.04	25	\$4.22
6	14.72	11	8.42	16	6.07	21	4.85	26	4.10
7	12.74	12	7.80	17	5.77	22	4.67	27	3.98
8	11.25	13	7.26	18	5.50	23	4.51	28	3.87
9	10.10	14	6.81	19	5.26	24	4.36	29	3.77
								30	3.68

PAYMENTS OTHER THAN MONTHLY - To determine the annual, semiannual, or quarterly payment equivalent to any given monthly payment shown above for Option Three, multiply the monthly payment by 11.84, 5.96, or 2.99, respectively.

OPTION FOUR - PAYMENTS FOR LIFE WITH A GUARANTEED PERIOD Monthly Payment for each \$1,000 of Amount Applied

Age	Male		Female		Age	Male		Female	
	Guaranteed 10 Years	Guaranteed 20 Years	Guaranteed 10 Years	Guaranteed 20 Years		Guaranteed 10 Years	Guaranteed 20 Years	Guaranteed 10 Years	Guaranteed 20 Years
10 *	\$2.20	\$2.20	\$2.13	\$2.13	46	\$3.24	\$3.19	\$3.01	\$2.98
11	2.22	2.21	2.15	2.14	47	3.30	3.24	3.05	3.03
12	2.23	2.23	2.16	2.16	48	3.35	3.29	3.10	3.07
13	2.25	2.24	2.17	2.17	49	3.42	3.34	3.16	3.12
14	2.26	2.26	2.19	2.18	50	3.48	3.40	3.21	3.17
15	2.28	2.28	2.20	2.20	51	3.55	3.45	3.27	3.22
16	2.30	2.29	2.21	2.21	52	3.62	3.51	3.33	3.28
17	2.31	2.31	2.23	2.23	53	3.69	3.57	3.39	3.33
18	2.33	2.33	2.24	2.24	54	3.77	3.63	3.45	3.39
19	2.35	2.34	2.26	2.26	55	3.85	3.70	3.52	3.45
20	2.37	2.36	2.28	2.27	56	3.93	3.76	3.59	3.51
21	2.39	2.38	2.29	2.29	57	4.03	3.83	3.67	3.57
22	2.41	2.40	2.31	2.31	58	4.12	3.90	3.75	3.64
23	2.43	2.42	2.33	2.33	59	4.22	3.96	3.84	3.71
24	2.45	2.44	2.35	2.34	60	4.32	4.03	3.93	3.78
25	2.47	2.47	2.37	2.36	61	4.44	4.10	4.02	3.85
26	2.50	2.49	2.39	2.38	62	4.55	4.17	4.12	3.92
27	2.52	2.51	2.41	2.40	63	4.67	4.24	4.22	4.00
28	2.55	2.54	2.43	2.43	64	4.80	4.31	4.34	4.07
29	2.57	2.56	2.45	2.45	65	4.94	4.37	4.45	4.15
30	2.60	2.59	2.47	2.47	66	5.08	4.44	4.58	4.23
31	2.63	2.62	2.50	2.49	67	5.22	4.50	4.71	4.30
32	2.66	2.65	2.52	2.52	68	5.37	4.56	4.85	4.37
33	2.69	2.68	2.55	2.54	69	5.53	4.62	4.99	4.45
34	2.72	2.71	2.58	2.57	70	5.69	4.67	5.15	4.52
35	2.75	2.74	2.60	2.60	71	5.85	4.72	5.31	4.58
36	2.79	2.77	2.63	2.63	72	6.02	4.77	5.48	4.64
37	2.83	2.81	2.66	2.66	73	6.20	4.81	5.65	4.70
38	2.87	2.85	2.70	2.69	74	6.37	4.85	5.84	4.75
39	2.91	2.88	2.73	2.72	75	6.55	4.88	6.03	4.80
40	2.95	2.92	2.76	2.75	76	6.73	4.91	6.22	4.84
41	2.99	2.96	2.80	2.79	77	6.91	4.93	6.42	4.88
42	3.04	3.00	2.84	2.82	78	7.09	4.96	6.63	4.91
43	3.08	3.05	2.88	2.86	79	7.27	4.98	6.83	4.94
44	3.13	3.09	2.92	2.90	80 +	7.44	4.99	7.03	4.96
45	3.19	3.14	2.96	2.94					

PAYMENTS OTHER THAN MONTHLY - To determine the annual, semiannual or quarterly payment equivalent to any given monthly payment shown above for Option Four, multiply the monthly payment by 11.68, 5.98 or 2.99, respectively.

*and under

+ monthly payments for ages above 80 will be furnished upon request

American General Life and Accident Insurance Company

American General Center • Nashville, Tennessee 37250-0001

SERFF Tracking Number: AMGN-126148384 State: Arkansas
 Filing Company: American General Life and Accident Insurance State Tracking Number: 42380
 Company
 Company Tracking Number: AGLA 09TRM
 TOI: L07I Individual Life - Whole Sub-TOI: L07I.111 Single Premium - Single Life
 Product Name: AGLA 09TRM Adjustable Premium Term Life Insurance Policy
 Project Name/Number: AGLA 09TRM Adjustable Premium Term Life Insurance Policy/AGLA 09TRM

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachments:

ARCERT5.pdf

AGLA120Z49REV0807.pdf

ARCERT2.pdf

87-1.pdf

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

The attached application will be used to apply for the policy form being submitted and was previously approved by your department via a paper filing on 4/7/05.

Attachment:

1000-1LQ AR JD AT.pdf

Item Status: **Status Date:**

Satisfied - Item: Term Plans Available Table

Comments:

Attachment:

AGLA 09TRM- TERM PLANS AVAILABLE TABLE.pdf

Item Status: **Status Date:**

Satisfied - Item: Statement of Variability

Comments:

Attachment:

Statement of Variability in Policy Form 09TRM.pdf

**American General Life and
Accident Insurance Company**

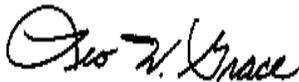
American General Center
Nashville, TN 37250-0001

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 09MGP Monthly Guarantee Premium Rider

This is to certify that the above form, to the best of my knowledge and belief, meets the provision of Arkansas Rule and Regulation 19 as well as all applicable requirements of the State of Arkansas Department of Insurance.



Leo W. Grace
Vice President

DATE: May 13, 2009



CHANGING THE WAY AMERICANS THINK
ABOUT, PURCHASE AND USE LIFE
INSURANCE.®

LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

**The Arkansas Life and Health Insurance Guaranty Association
c/o The Liquidation Division
1023 West Capitol
Little Rock, Arkansas 72201**

**Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904**

(please turn to back of page)

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract, issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are **NOT** protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals).
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

American General Life and Accident Insurance Company

American General Center • Nashville, Tennessee 37250-0001

AGLA

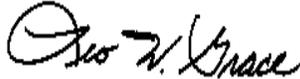
American General Life and Accident Insurance Company

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

ARKANSAS CERTIFICATION

Subject: AGLA 09TRM Adjustable Premium Term Life Insurance Policy

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



Leo W. Grace
Vice President

DATE: May 13, 2009



AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY
American General Center • Nashville, Tennessee 37250-0001
(615) 749-1523

Service for the attached policy will be provided by:

The Arkansas Department of Insurance has requested we provide you with the addresses and telephone numbers, as follow:

Customer Services
American General Life and Accident Insurance Company
American General Center - 305N
Nashville, Tennessee 37250
PH: 1-800-888-2452

State of Arkansas
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904
PH: 1-800-852-5494

APPLICATION FOR LIFE INSURANCE
American General Life and Accident Insurance Company
 American General Center • Nashville, Tennessee 37250-0001

1. a. Primary Proposed Insured Name (Print full name) John Doe

b. Address 123 4th Street Little Rock AR 72203
Street City State Zip Code

Birth Date and Place					Age	Gender
Month	Day	Year	State	Country		<input checked="" type="checkbox"/> M <input type="checkbox"/> F
01	01	1972	AR	USA	36	

c. Social Security No. 111-22-3333

d. Marital Status: Single Married Widowed Divorced

e. Height & Weight: 6 ft 0 ins 195 lbs

f. Driver's License No. 87654321 g. State of Issue AR

If over age 16 and no license, please explain why. _____

h. Current Occupation Mechanic i. How long in Current Occupation 10 yrs

j. Current Employer Doe's Garage k. Job Duties _____

l. Annual Earned Income _____ m. Other Sources of Income _____

Answer the following questions if Disability Income Rider is being applied for or if premium mode is payroll deduction.

n. Length of Time Employed by Current Employer _____ o. Average No. of Hours Worked per Week in Occupation _____

p. Is Primary Proposed Insured actively at work and able to perform all regular job duties? Yes No

If "No," please explain why. _____

2. a. Plan Name Adjustable Term Amount \$ 100,000 UL Death Benefit Option A Option B

b. Benefits & Riders

Waiver Rider AD

LTR \$ _____ Amt CTR \$ _____ Amt

SLTR \$ _____ Amt AIR \$ _____ Amt

AIO TIR

DIR 2 - Primary Insured DIR 2 - Additional Insured
 Monthly Benefit _____ Monthly Benefit _____
 Occ. Class _____ Occ. Class _____

DIR 5 - Primary Insured DIR 5 - Additional Insured
 Monthly Benefit _____ Monthly Benefit _____
 Occ. Class _____ Occ. Class _____

Other _____ \$ _____ Amt

Other _____ \$ _____ Amt

3. a. Premium \$ 17.54

b. Payment Mode: A S Q M
 Other _____

Automatic Bank Check

Payroll Deduction

AG Payroll Deduction (AGLA employees only)

Add to existing ABC account, policy no. _____

Add to existing PD account no. _____

c. Is Automatic Premium Loan Provision to be in effect?
 Yes No

Answer the following question if premium mode is payroll deduction.

d. Are premiums to be paid with pre-tax dollars under a Section 125 (cafeteria) plan sponsored by your employer? Yes No

4. Owner Name (If other than Primary Proposed Insured) _____
 Address _____
Street City State Zip Code

Social Security No. _____ Relationship to Primary Proposed Insured _____

5. Premium Payor Name (If other than Primary Proposed Insured) _____
 Address _____
Street City State Zip Code

Social Security No. _____ Relationship to Primary Proposed Insured _____

REMARKS

6. First Beneficiary Jane Doe Name Wife Relationship 33 Age

Second Beneficiary _____ Name _____ Relationship _____ Age _____

7. Additional Proposed Insured (If coverage applied for)

a. Name _____ Birth Date and Place: Month _____ Day _____ Year _____ State _____ Country _____

b. Social Security _____ c. Relationship _____ d. Age _____ e. Height & Weight: _____ ft _____ ins _____ lbs

f. Driver's License No. _____ g. State of Issue _____

If over age 16 and no license, please explain why. _____

h. Current Occupation _____ i. How long in Current Occupation _____

j. Current Employer _____ k. Job Duties _____

l. Annual Earned Income _____ m. Other Sources of Income _____

Answer the following questions if Disability Income Rider is being applied for or if premium mode is payroll deduction.

n. Length of Time Employed by Current Employer _____ o. Average No. of Hours Worked per Week in Occupation _____

p. Is Additional Proposed Insured actively at work and able to perform all regular job duties? Yes No

If "No," please explain why. _____

8. Enter names of children and legally adopted children for whom application for coverage is made who are: (1) members of your immediate family and household; and (2) under the age of 18.

Full Name	Age	Birth Date			Gender	Relationship (If stepchild, consent required)
		Month	Day	Year		
a. _____						
b. _____						
c. _____						
d. _____						

9. **Any child under age one (including Primary Proposed Insured)**

Birth Weight _____ lbs. _____ oz. Weight Now _____ lbs. _____ oz.

BACKGROUND/HEALTH QUESTIONS

	YES	NO
--	-----	----

10. Does any proposed insured have a life insurance policy or annuity contract in force or have any pending application for a life insurance policy or annuity contract with this Company or any other company?..... YES NO

If "Yes," Insured's Name _____ Co. Name _____

Type of Coverage _____ Amt. of Coverage _____ Pol. No. _____

11. Will any existing insurance coverage or annuity contract be replaced or changed if the policy applied for is issued?..... YES NO

If "Yes," Insured's Name _____ Co. Name _____

Type of Coverage _____ Amt. of Coverage _____ Pol. No. _____

12. Has any proposed insured ever had an application for insurance modified, rated, declined, postponed, or withdrawn?..... YES NO

13. Within the past 10 years, has any proposed insured been diagnosed as having or been treated for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), or tested positive for the Human Immunodeficiency Virus (HIV)? YES NO

14. Within the last 10 years, has any proposed insured been diagnosed as having or been treated for any of the following?..... YES NO

If "Yes," check applicable boxes below.

<input type="checkbox"/> Alzheimer's disease	<input type="checkbox"/> leukemia
<input type="checkbox"/> cancer	<input type="checkbox"/> malignant tumor
<input type="checkbox"/> cirrhosis of the liver	<input type="checkbox"/> melanoma
<input type="checkbox"/> hemophilia	<input type="checkbox"/> non Hodgkin's lymphoma
<input type="checkbox"/> Hodgkin's disease	<input type="checkbox"/> sickle cell anemia
<input type="checkbox"/> kidney failure	

15. Within the past 10 years, has any proposed insured been diagnosed as having or been treated for any of the following?..... YES NO

If "Yes," check applicable boxes below.

<input type="checkbox"/> chest pain	<input type="checkbox"/> disease or disorder of the musculoskeletal system
<input type="checkbox"/> diabetes	<input type="checkbox"/> disease or disorder of the nervous system
<input type="checkbox"/> disease or disorder of the digestive system	<input type="checkbox"/> disease or disorder of the reproductive system
<input type="checkbox"/> disease or disorder of the heart, blood or blood vessels	<input type="checkbox"/> disease or disorder of the thyroid or other gland(s)
<input type="checkbox"/> disease or disorder of the kidneys	<input type="checkbox"/> high blood pressure
<input type="checkbox"/> disease or disorder of the liver	<input type="checkbox"/> mental illness, brain disorder
<input type="checkbox"/> disease or disorder of the lungs or respiratory system	<input type="checkbox"/> stroke

OWNER'S CERTIFICATION

Under penalties of perjury, I certify that the following number, 111-22-3333, is my correct taxpayer identification number, AND

Under penalties of perjury, I certify that I am not subject to backup withholding because:

- (a) I am exempt from backup withholding, or
- (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or
- (c) the IRS has notified me that I am no longer subject to backup withholding, AND

Under penalties of perjury, I certify that I am a U.S. person (including a U.S. resident alien).

You must cross out item (b) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends in your tax return.

X John Doe 5/01/2009
 Signature of Owner Date

Consent to Insurance on Life of Minor Primary Proposed Insured

I hereby consent to the insurance plan, amount and beneficiary designation shown on the application and also reaffirm the answers to the health questions as they pertain to the Minor Primary Proposed Insured.

X _____
 Signature of Father, Mother or Legal Guardian Date

Consent to Insurance on Life of Minor who is Stepchild of Primary Proposed Insured

I hereby consent to the insurance plan and amount shown on this application as to any biological and adopted child(ren) of mine listed in this application. I understand that the beneficiary of such applied-for coverage on such child(ren) will be the Owner of the policy. I affirm the answers to the health questions on this application as to such child(ren).

X _____
 Signature of Biological/Adoptive Parent Date

ACKNOWLEDGEMENT - AGREEMENT - AUTHORIZATION - NOTICE

I, the Primary Proposed Insured (and any Owner or Additional Proposed Insured signing below), by my signature set forth hereafter: **ACKNOWLEDGE THAT, IF A CONDITIONAL RECEIPT WAS ISSUED TO ME AS A RESULT OF THIS APPLICATION, I HAVE READ, OR WILL BE GIVEN THE OPPORTUNITY TO READ OR HAVE READ TO ME, ALL TERMS AND PROVISIONS OF SUCH CONDITIONAL RECEIPT. AGREE TO THE FOLLOWING: (A) UNDER THE CONDITIONAL RECEIPTS GIVEN TO ME AS A RESULT OF THIS APPLICATION, IF ANY, AND ANY ADDITIONAL, PENDING APPLICATION FOR OTHER LIFE, ACCIDENT AND/OR HEALTH INSURANCE COVERAGE FROM AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY ("THE COMPANY"), THE AGGREGATE LIABILITY ON ACCOUNT OF ALL COVERAGES APPLIED FOR WITH THE COMPANY WILL BE THE AMOUNT OF COVERAGE APPLIED FOR OR \$250,000.00, WHICHEVER IS LESS. (B) ANY TEMPORARY INSURANCE ARISING UNDER THE TERMS OF ANY CONDITIONAL RECEIPT GIVEN TO ME AS A RESULT OF THIS APPLICATION SHALL BECOME EFFECTIVE ONLY IF AND WHEN SUCH CONDITIONAL RECEIPT IS DELIVERED TO THE OWNER. FURTHER AGREE** to the following: (a) All statements and answers in this application are complete and true to the best of my knowledge and belief. (b) Except as stated in any Conditional Receipt, if such conditional receipt was given to me as a result of this application, the insurance shall take effect on the Policy Date shown in the policy if the first full premium has been paid within 31 days of the Policy Date. (c) No agent has authority to waive any answer or otherwise modify this application or to bind the Company in any way by making any promise or representation which is not set out in writing in this application. **AUTHORIZE:** (a) the Company to obtain an investigative consumer report on me; (b) any consumer reporting agency, employer, the Medical Information Bureau ("MIB"), and any governmental or other entity possessing non-health-related information concerning me to disclose such information to the Company, its reinsurers, and its legal representative. Any data obtained will be used by the Company to determine eligibility for insurance and will not be released by the Company to any person or organization, except to the Company's reinsurers, the MIB, other companies to whom I have applied or may apply for insurance coverage, other persons or organizations who perform business or legal services in connection with my application, and any entity to which release of such data is required by law. I know that I or my authorized representative may request to receive a copy of this Authorization. I agree that a facsimile of this Authorization shall be as valid as the original and that this Authorization shall be valid for the purpose of collecting information in connection with a claim for: (1) two and one-half years from the date shown below for the purpose of collecting information in connection with an application for insurance, (2) the term of coverage of the applied-for insurance policy, and (3) the duration of a claim for benefits. **ACKNOWLEDGE** receipt of the following notices: (a) "Notice of Information Practices" required by Public Law 91-508 and other information practices statutes; (b) MIB Pre-Notice; and (c) Investigative Consumer Report. **NOTICE: Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.**

PRIMARY PROPOSED INSURED - If an investigative consumer report is prepared in connection with this application:

I elect to be interviewed. I elect NOT to be interviewed.

ADDITIONAL PROPOSED INSURED - If an investigative consumer report is prepared in connection with this application:

I elect to be interviewed. I elect NOT to be interviewed.

AGENT - To the best of your knowledge, is the insurance applied for intended to replace any existing insurance? Yes (Explain) No

Signed at Little Rock AR 5/01, 2009 X John Doe
 City State Date SIGNATURE OF PRIMARY PROPOSED INSURED

X _____ X _____
 SIGNATURE OF ADDITIONAL INSURED SIGNATURE OF OWNER AND RELATIONSHIP
 (IF INCLUDED AS A PROPOSED INSURED) (IF OTHER THAN PRIMARY PROPOSED INSURED)

X _____ X Sally Shield
 SIGNATURE OF WITNESS (IF APPLICABLE) SIGNATURE OF LICENSED AGENT

TERM PLANS AVAILABLE TABLE
 (Alternative values based on plan chosen by applicant)

Initial Term Period	Termination Date for Initial Term Period	Premiums Payable for Initial Term Period
10 years	05-01-2019	10 years
12 years	05-01-2021	12 years
15 years	05-01-2024	15 years
16 years	05-01-2025	16 years
17 years	05-01-2026	17 years
18 years	05-01-2027	18 years
19 years	05-01-2028	19 years
20 years	05-01-2029	20 years
21 years	05-01-2030	21 years
22 years	05-01-2031	22 years
23 years	05-01-2032	23 years
24 years	05-01-2033	24 years
25 years	05-01-2034	25 years
26 years	05-01-2035	26 years
27 years	05-01-2036	27 years
28 years	05-01-2037	28 years
29 years	05-01-2038	29 years
30 years	05-01-2039	30 years
31 years	05-01-2040	31 years
32 years	05-01-2041	32 years
33 years	05-01-2042	33 years
34 years	05-01-2043	34 years
35 years	05-01-2044	35 years

- The Termination Date of the Last Renewal Term Period for all specimen plans shown above issued to a 35 year old person on 05/01/2009 is 05/01/2069 and is based on Policy Date and Age at issue.
- The initial premium for each of the term plans shown above is guaranteed only for the portion of the Initial Term Period stated on the Policy Schedule.

Statement of Variability in Policy Form AGLA 09TRM

Policy Data

Insured	This field must be variable to reflect the name of the insured. The name is fixed at issue.
Age	This field must be variable to reflect the issue age of the insured. The range of values is from 20 – 70 with the maximum age dependent on the initial term period. This amount is fixed at issue.
Gender	This field must be variable to reflect the gender of the insured. The possible values are either Male or Female. The gender is fixed at issue.
Premium Class	<p>This field must be variable to reflect the premium class of the insured. The possible values are as follows:</p> <p>Preferred Plus – No Tobacco Preferred – No Tobacco Standard Plus – No Tobacco Standard – No Tobacco Rated <Table> - No Tobacco Preferred –Tobacco Standard – Tobacco Rated <Table> - Tobacco</p> <p>Table ratings are available from Table B through Table H. The premium class is fixed at issue.</p>
Beneficiary	This field must be variable to reflect the name(s) of the beneficiary(ies) chosen by the insured. The beneficiary(ies) is(are) fixed at issue.
Policy Number	This field must be variable to reflect the policy number. The policy number is a nine digit number that is fixed at issue.
Policy Date	This field must be variable to reflect the policy issue date. The range of values is from 07-01-2009 to 12-31-9999. This date is fixed at issue.
Face Amount	This field must be variable to reflect the face amount of the base coverage. The range of values is from \$100,000 - \$20,000,000. This amount is chosen by the policyholder and fixed at issue.
Initial Premium	This field must be variable to reflect the initial premium paid by the policyholder. The value in this field is chosen by the policyholder. The range of values is from \$10 - \$1,000,000. This value is fixed at issue.
Premium Payment Interval	<p>This field must be variable to reflect the premium payment interval that the policyholder has chosen to pay. The possible values are as follows:</p> <p>One Year Six Months Three Months One Month</p>

This value is fixed as the policyholder's choice.

Benefits and Premiums

Amount	This field must be variable to reflect the amount of each coverage. The range of values is from \$5,000 - \$20,000,000. This amount is chosen by the policyholder and fixed at issue.
Termination Date	This field must be variable to reflect the termination date of the initial term period. This value is defined as the date that is the number of years of the initial term period from the policy date. The range of values is from the 07-01-2019 to 12-31-9999. For any policy date/initial term period combination, this value is fixed.
Annual Premium	<p>This field must be variable to reflect the annual premium to be paid by the policyholder for the specified coverage. The factors that determine this value are gender, issue age, premium class, face amount, and initial term period. The range of values is from \$10 - \$1,000,000. For any factor combination, this value is fixed.</p> <p>The note to this field refers to the number of years that this annual premium is due. The number of years must be variable to reflect how many years this premium is guaranteed. The only factor that determines this value is the company's discretion of the guarantee period. This value is fixed at issue.</p>
Premiums Payable	This field must be variable to reflect the number of years in the initial term period. This amount is chosen by the policyholder and fixed at issue.
Total Annual Premium	This field must be variable to reflect the total annual premium to be paid by the policyholder for all coverages. The factors that determine this value are gender, issue age, premium class, face amount for each coverage, and initial term period. The range of values is from \$10 - \$1,000,000. For any factor combination, this value is fixed.
Insured's Attained Age	This field must be variable to reflect the insured's attained ages for the 6 th policy year until the end of the initial term period. For any issue age/initial term period combination, these values are fixed.
Total Current Annual Premium	This field must be variable to reflect the annual premiums due for the 6 th policy year until the end of the initial term period on a current basis. The factors that determine this value are gender, issue age, premium class, face amount for each coverage, and initial term period. The range of values is from \$10 - \$1,000,000. For any factor combination, these values are fixed.
Total Maximum Annual Premium	This field must be variable to reflect the annual premiums due for the 6 th policy year until the end of the initial term period on a guaranteed maximum basis. The factors that determine this value are gender, issue age, premium class, face amount for each coverage, and initial term period. The range of values is from \$10 - \$1,000,000. For any factor combination, these values are fixed.

Schedule for Renewal Term Periods

Insured's Attained Age	This field must be variable to reflect the insured's attained ages for each year after the end of the initial term period until age 94. For any issue age/initial term period combination, these values are fixed.
Termination Date	This field must be variable to reflect the termination date of the renewal term period. The first value is defined as one year after the Termination Date in the "Benefits and Premiums" section described above. All subsequent values are defined as one year after the prior value until the insured's attained age 94. The range of values is from the 07-01-2020 to 12-31-9999. For any policy date/initial term period combination, these values are fixed.
Total Current Annual Premium	This field must be variable to reflect the annual premiums due for each year after the end of the initial term period until age 94 on a current basis. The factors that determine this value are gender, issue age, premium class, face amount for each coverage, and initial term period. The range of values is from \$10 - \$1,000,000. For any factor combination, these values are fixed.
Total Maximum Annual Premium	This field must be variable to reflect the annual premiums due for each year after the end of the initial term period until age 94 on a guaranteed maximum basis. The factors that determine this value are gender, issue age, premium class, face amount for each coverage, and initial term period. The range of values is from \$10 - \$1,000,000. For any factor combination, these values are fixed.

The first note in this section refers to the first policy anniversary at which the initial premium is no longer guaranteed. The number of this anniversary must be variable to reflect how many years the initial premium is guaranteed. The range of this value is from 1 to 10 years as determined by the company. This value is fixed at issue.

The second note in this section refers to the Termination Date of the Last Renewal Term period. This value must be variable to reflect this date and is defined as the policy anniversary of the insured's attained age 94. This value is fixed at issue.

Conversion Schedule

Conversion Expiry Date	This field must be variable to reflect the termination date of the Conversion Option. The factors that determine this value are the policy date and the initial term period. The range of values is from the 07-01-2017 to 12-31-9999. For any policy date/initial term period combination, this value is fixed.
Conversion Credit Expiry Date	This field must be variable to reflect the termination date of the Conversion Credit. This value is defined as the date that is at least 1

year, but not more than 30 years, from the policy date. The range of values is from the 07-01-2014 to 12-31-9999. For any policy date, this value is fixed.

Special Conversion Expiry Date

This field must be variable to reflect the termination date of the Special Conversion. This value is defined as the date that is at least 1 year, but not more than 30 years, from the policy date. The range of values is from the 07-01-2014 to 12-31-9999. For any policy date, this value is fixed. The Special Conversion language will not appear on the Policy Schedule if the original term policy is issued without accelerated death benefit rider(s).

Minimum Face Amount

This field must be variable to reflect the face amount of the. The range of values is from \$100,000 - \$20,000,000. This amount is chosen by the policyholder and fixed at issue.