

SEEING DOUBLE?

Your clients may be able to **double their coverage** today — with no exams, no labs and reduced paperwork!



The insurers of American General Life Companies (American General) announce *Double Your Coverage* — an outstanding, limited-time opportunity for many of your in-force American General clients to substantially increase their life insurance coverage. *Double Your Coverage* enables select policy owners who purchased American General coverage within the past three years to obtain additional protection **with minimal paperwork and no exams or lab work**. And you receive full first-year compensation on the new coverage added.

Up to Double the Coverage

Eligible policy owners can increase the insured's life coverage by any amount between the minimum allowable increase of \$100,000 and an amount equal to the coverage provided by their existing policies, subject to the maximum total coverage limits shown on the next page and the insured's written consent.¹

Subject to the limitations outlined in this document, fully underwritten policies issued standard or better within the three-year period ending on the date the increase application is signed are eligible for *Double Your Coverage*. That includes term and permanent coverage, issued in nontobacco and tobacco classes.

Now is a great time to talk to qualifying customers and review additional coverage needs due to life events — new job, new children, marriage, divorce, change in financial circumstances, etc. If they do need more protection, taking advantage of American General's *Double Your Coverage* opportunity is a streamlined manner in which to buy it from a company with whom they are already doing business — and a great way for you to earn additional commissions during the fourth quarter.

Policies issued by:

American General Life Insurance Company

The United States Life Insurance Company in the City of New York

American General
Life Companies

**FOR PRODUCER USE ONLY –
NOT FOR DISSEMINATION
TO THE PUBLIC**

¹Insured's consent required where policy owner and insured are not the same.

Double Your Coverage Program Questions, Answers & Tips

1. What is the Double Your Coverage program?

Double Your Coverage is a special program designed for certain insureds who purchased recently issued, fully underwritten term and permanent life insurance policies. The program offers streamlined underwriting on the basis of an Application, Authorization and Non-Medical.

2. Which policy owners are eligible?

It's simple. Your applicant need only to have been issued, and put in force within the past three years, a fully underwritten (including blood test and urinalysis) standard or better policy for at least \$100,000 total face amount. (Certain other limitations apply.)

3. How much additional coverage is available?

The maximum new coverage available is an amount equal to the current coverage, but not to exceed the overall maximum in the chart below.

CURRENT AGE	MAXIMUM ADDITIONAL FACE AMOUNT AVAILABLE
0-55	\$1,000,000
56-60	\$500,000

4. Is this Guaranteed Issue?

No. In many instances, we may be able to issue a new policy based solely on the information in the new application. However, we reserve the right to order additional requirements such as an APS, rate an applicant and/or decline to issue a policy. Such actions will depend on changes in your client's health and insurability since the original coverage was issued.

5. What if my client has had a change in health since the original policy was issued?

If there has been a change in health (or change in health that would impact our published preferred guidelines), the case may not be eligible for this program. Underwriting will contact you with options.

6. If eligible, is my client guaranteed the full additional face amount available?

Applicants must qualify financially for the additional coverage. The face amount of the additional coverage can't be more than the face amount of the original policy, and within the available limits discussed in Question 3.

7. Do the ages in the chart refer to the current age or the age at issue of the old policy?

Current attained insurance age.

8. Does my client have to apply for the face amount listed in the qualification chart?

No. The amounts listed are maximum available under the Double Your Coverage Program. Your client can apply for any amount up to the maximum listed (as long as it meets published policy minimums).

9. Which products are eligible?

Most Individual Term or Universal policies issued Standard or better in the last 36 months.

10. Which products or policies are NOT eligible?

- > Last Survivor policies
- > VUL policies
- > Whole Life policies
- > Simplified Issue or Guaranteed Issue products
- > Term Conversions
- > USL versions of ContinUL, ContinUL Extend and ContinUL Extend Plus
- > Policies issued with a substandard rating or flat extra
- > Policies issued on a facultative reinsured basis
- > Policies over our internal retention
- > Replacement of an internal or external policy
- > Base (original) policies less than \$100,000
- > Insureds age 61 or older
- > Policies in grace or in disability mode

11. Double Your Coverage involves quick turn-around from Underwriting. What type of time service can I expect?

Since we are streamlining the Underwriting process for these applications, underwriting will be quick in the majority of cases. We are also identifying these cases at the time of submission so we can get you a quick answer, and issue if no questions arise.

12. Is Preferred issue available on the new policy?

Yes. Underwriting will use evidence from the original file and the current application to determine eligibility for Preferred.

13. When completing the Non-Medical, can I just provide the medical history gathered since the last application?

No. We need the complete, up-to-date medical history of all applicants.

14. How long will the Double Your Coverage Program be available?

Apps must be submitted between October 1, 2009 and December 31, 2009. Apps signed through December 31, 2009, can be received up to January 15, 2010. Requests for additional coverage through this program cannot exceed 3 years from the effective date of the qualifying policy and the date the application / change form is signed. (For related details, see Question No. 16.)

15. Is this program available for replacement of prior policies?

No. Replacements of prior policies are specifically excluded from the program.

16. How will the new coverage be issued?

For AGL ContinUL, ContinUL Extend and ContinUL Extend Plus policies and all Arizona UL policies, the new coverage will be issued in the form of a new ContinUL Extend Plus policy, available only with the Death Benefit Option 1 (Level Death Benefit). For other Universal Life policies, the new coverage will be processed as a face amount increase.

New term coverage will be issued as a new, separate policy and must be the same product and same duration as the qualifying policy. Approved requests to increase coverage on LTG Ultra C will be filled with the low band of AG Select-a-Term.

17. What forms do I need?

Shown below are Nationwide versions. Use state-specific versions if applicable.

GROUP 1 - Term Products

- > DYC Transmittal (AGLC101371-DYC)
- > Simplified Life Insurance App (AGLC100582-2003)
- > Bank Draft (AGLC102113)
- > HIPAA (AGLC100633 Rev0209)
- > NAIC Replacement Form (AGLC1088 Rev0309) for NAIC states only

NOTE: The Simplified Life Insurance Application contains a built-in Bank Draft form, however, it only offers a monthly and annual payment frequency. Agents may use that Bank Draft form and hand write in quarterly or semi-annual, if applicable. Or agents can use AGLC102113, which has all payment frequencies allowed for selection. Either form will be accepted.

GROUP 2 - AGL ContinUL Series and Arizona Universal Life Products

- > DYC Transmittal (AGLC101371-DYC)
- > SI/GI App (AGLC102503-2007)
- > Bank Draft (AGLC102113)
- > HIPAA (AGLC100633 Rev0209).
- > NAIC Replacement Form (AGLC1088 Rev0309) for NAIC states only

GROUP 3 - All other ULs except USL ContinUL Series products and other ULs previously listed

- > DYC Transmittal (AGLC101371-DYC)
- > InForce Change Form (AGLC100386-2002)
- > Bank Draft (AGLC102113)
- > HIPAA (AGLC100633 Rev0209)

18. How do I get my forms?

Go to Forms Depot, which is accessible through eStation, American General's producer website. Forms are bundled by state. Select "Double Your Coverage" from the Service Type drop-down menu in the basic form search, then select the product type based on the groupings above. The Forms Depot system will automatically bundle the forms you need for your sale. **IMPORTANT:** Be sure to use the special DYC Transmittal (AGLC101371-DYC) on all business.

Policies issued by:

American General Life Insurance Company, 2727-A Allen Parkway, Houston, TX 77019
ContinUL (04337), ContinUL Extend (05337) ContinUL Extend Plus (05337)

The United States Life Insurance Company in the City of New York
70 Pine Street, New York, NY 10270

ContinUL (04337N, 04337NU), ContinUL Extend (05337N) ContinUL Extend Plus (05337N)

The underwriting risks, financial and contractual obligations and support functions associated with the products issued by American General Life Insurance Company (AGL) and The United States Life Insurance Company in the City of New York (USL) are the issuing insurer's responsibility. USL is authorized to conduct insurance business in New York. American General Life Companies, www.americangeneral.com, is the marketing name for the insurance companies and affiliates comprising the domestic life operations of American International Group, Inc., including AGL and USL. **IMPORTANT:** Prior to soliciting business, be certain that you are appropriately licensed and appointed with the insurer and that the product has been approved for sale by the insurer in that state. If uncertain, contact your American General Life Companies representative for assistance. ©2009. All rights reserved.

Submitting Double Your Coverage Applications (See grouping definitions opposite)

1. Paper Submissions

>> Groups 1 & 2 - New Policies to be Issued

American General Life Insurance Company

Applications with original forms, with or without premiums

Regular Mail

American General Life Ins. Co.
Life Profit Center New Business
P.O. Box 4077
Houston, TX 77210-4077

Overnight Mail

American General Life Ins. Co.
Life Profit Center New Business
2727 A Allen Parkway B-F4
Houston, TX 77019

The United States Life Insurance Company in the City of New York *Applications with premiums and original forms*

Regular Mail

The United States Life Ins. Co.
in the City of New York
P.O. Box 4597
Houston, TX 77210-4597

Overnight Mail

The United States Life Ins. Co.
in the City of New York
Amegy Bank
Attn: Lockbox Department
Lockbox #4597
1801 Main Street
Houston, TX 77002

The United States Life Insurance Company in the City of New York *Applications and other paperwork WITHOUT premiums*

Regular Mail

The United States Life Ins. Co.
in the City of New York
P.O. Box 4077
Houston, TX 77210-4077

Overnight Mail

The United States Life Ins. Co.
in the City of New York
2727 A Allen Parkway B-F4
Houston, TX 77019

>> Group 3 - UL Increases

Send AGL and USL increases to:

American General Life Insurance Company (or)
The United States Life Insurance Company in the City of New York
P.O. Box 4373
Houston TX 77210-4373

2. Fax Submissions

>> Groups 1 & 2 - New Policies to be Issued

Fax Number: 1-800-915-9937

>> Group 3 - UL Increases

Fax Number: 1-713-620-6653

3. Image Only

>> Groups 1 & 2 - New Policies to be Issued

- Both AG supported image systems, ExamOne Image Only and CRL ZipzAPP, support eSubmissions for these applications. Use the same criteria used from the original application submission when submitting the DYC application.
- The applications will appear in the pending feed as any other application data appears.
- To ensure proper processing, please be sure to include the special DYC Transmittal (AGLC101371-DYC) with the other required paperwork previously addressed

>> Group 3 - UL Increases

Image Only processing is not available for UL increases.

Eligible Policies

Double Your Coverage is available to in-force, fully underwritten Term and Permanent policies issued by American General Life Insurance Company (AGL) or The United States Life Insurance Company in the City of New York (USL). The application to increase coverage must be signed within three years of the original policy's effective date and submitted during the Program Period. The existing policy must have been issued Standard or better. Both Nontobacco and Tobacco classes are eligible.

Existing policies in the following categories **are not eligible**:

- ▶ Issued on a simplified or guaranteed issue basis
- ▶ Term conversions
- ▶ ContinUL, ContinUL Extend and ContinUL Extend Plus policies issued by United States Life
- ▶ Issued with substandard table ratings or flat extras
- ▶ Insured was declined by any carrier subsequent to issue of existing policy
- ▶ Policies subject to facultative reinsurance
- ▶ Last Survivor Universal Life policies
- ▶ VUL policies
- ▶ Whole Life policies
- ▶ Internal/External replacements
- ▶ Policies in grace or disability mode

Minimum Face Amount

To be eligible for *Double Your Coverage*, the face amount of the in-force policy must be \$100,000 or greater.

Available Increase

The minimum increase allowed is \$100,000. The increase in coverage cannot exceed the existing policy coverage, and the total of existing and new coverage cannot exceed the total coverage maximum shown below.

Maximum Total Coverage

The total coverage amount, after the increase, cannot exceed:

- ▶ \$2,000,000 for insureds whose attained insurance age is 0-55
- ▶ \$1,000,000 for insureds whose attained insurance age is 56-60

Maximum total coverage must be within our internal retention.

Maximum Age

Existing insureds whose attained insurance age is 60 or younger on the date the increase in coverage is issued are eligible.

Program Period

Double Your Coverage business must be submitted between October 1, 2009, and December 31, 2009. We cannot accept an application dated more than three years after the effective date of the original policy.

Requirements

Double Your Coverage is not a guaranteed issue program. The company will check the MIB and Rx database. An APS or other underwriting requirements may be requested if needed, based on underwriter's sole discretion. See FAQ for complete case submission requirements.

For AGL ContinUL, ContinUL Extend and ContinUL Extend Plus policies, the new coverage will be issued in the form of a new, separate policy, available with the Death Benefit Option 1 (Level Death Benefit) only. For other Universal Life policies, the new coverage will be processed as a face amount increase. New term coverage will be issued as a new, separate policy and must be the same product and same duration as qualifying policy.

AGL and USL (Insurers) reserve the right to extend or terminate the Double Your Coverage program at their sole discretion without prior notice, and all decisions regarding the program will be at the Insurers' sole discretion, and decisions shall be final and binding.



For more information, contact:

Policies issued by:

American General Life Insurance Company
2727-A Allen Parkway, Houston, TX 77019

ContinUL (04337), ContinUL Extend (05337) ContinUL Extend Plus (05337)

The United States Life Insurance Company in the City of New York
70 Pine Street, New York, NY 10270

ContinUL (04337N, 04337NU), ContinUL Extend (05337N) ContinUL Extend Plus (05337N)

The underwriting risks, financial and contractual obligations and support functions associated with the products issued by American General Life Insurance Company (AGL) and The United States Life Insurance Company in the City of New York (USL) are the issuing insurer's responsibility. USL is authorized to conduct insurance business in New York.

American General Life Companies, www.americangeneral.com, is the marketing name for the insurance companies and affiliates comprising the domestic life operations of American International Group, Inc., including AGL and USL.

IMPORTANT: Prior to soliciting business, be certain that you are appropriately licensed and appointed with the insurer and that the product has been approved for sale by the insurer in that state. If uncertain, contact your American General Life Companies representative for assistance.

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American General

Life Companies

Double Your Coverage Transmittal Form

Independent Agency Group

Life Brokerage Group



Qualifying Policy Number _____

Policy Number _____ Applicant Name _____ DOB _____

IMO/BGA/Agency Number _____ IMO/BGA/Agency Name _____

Agent Number _____ Agent Name _____ Date _____

New Application

Informal (Quote- Authorization required w/personal information)

Underwriting Requirements

Other _____

Reissue (Indicate instructions below)

Previous Quote Number _____

Delivery Requirements

CONTACT INFORMATION FOR CASE FOLLOW UP

Name: _____

Phone: _____ ext: _____

Fax: _____

E-mail: _____

SPECIAL ISSUE INSTRUCTIONS

Save Age Advance Date _____ (Not available for IUL or VUL) Date Current

Draft Initial Premium This is a Companion Case Issue w/Companion Policy # _____

Applicant Name as it should appear on Policy _____

More than one application on same applicant _____ (Indicate Additional or Alternate Application)

If approved other than applied for, do not issue until we have accepted offer

At approval, hold for issue instructions List Bill # _____ Name: _____

OTHER INFORMATION

Inspection Report: _____

APS (Dr. Name): _____

APS (Dr. Name): _____

Agent Ordered Carrier to Order

Agent Ordered Carrier to Order

Agent Ordered Carrier to Order

Check Amount \$ _____ Name on Check: _____

OTHER SPECIAL INSTRUCTIONS

Remember: <http://estation.aglife.com> is your source for policy and form information.

By providing complete and accurate information, processing time can be expedited.

LETTER TO QUALIFYING CLIENTS – AGL VERSION

This letter has been approved for use as written. No changes may be made without further approval from the company.

<Date>

<Policy Owner's Name>

<Address>

<City, State, ZIP>

Dear <Name>:

Do you need to increase your life insurance coverage?

Now may be the time to act because American General Life Insurance Company is offering the opportunity to increase the life insurance coverage you already have with the company – with no exams, no labs and minimal paperwork*.

If events in your life have changed since you purchased your policy and you find yourself in need of additional insurance coverage, I strongly encourage you to look into this opportunity.

Let's plan to sit down for a brief policy review to see if your policy still covers your changing needs. If we determine that additional insurance is recommended, you may be able to add **up to** double your coverage in a hassle-free way.

This opportunity is available for a limited time only. I will contact you shortly to schedule a policy review. Or feel free to call my office to schedule an appointment.

As always, I appreciate the confidence you've placed in me by allowing me to assist with your insurance planning. I look forward to seeing you soon.

Sincerely,

<Agent's Name>

<Agent's Phone Number>

*This is not a guaranteed issue program. Underwriting requirements may be requested if needed, based on underwriter discretion.

Policies issued by American General Life Insurance Company
2727-A Allen Parkway, Houston, TX 77019

LETTER TO QUALIFYING CLIENTS – USL VERSION

This letter has been approved for use as written. No changes may be made without further approval from the company.

<Date>

<Policy Owner's Name>

<Address>

<City, State, ZIP>

Dear <Name>:

Do you need to increase your life insurance coverage?

Now may be the time to act because The United States Life Insurance Company in the City of New York is offering the opportunity to increase the life insurance coverage you already have with the company – with no exams, no labs and minimal paperwork*.

If events in your life have changed since you purchased your policy and you find yourself in need of additional insurance coverage, I strongly encourage you to look into this opportunity.

Let's plan to sit down for a brief policy review to see if your policy still covers your changing needs. If we determine that additional insurance is recommended, you may be able to add **up to** double your coverage in a hassle-free way.

This opportunity is available for a limited time only. I will contact you shortly to schedule a policy review. Or feel free to call my office to schedule an appointment.

As always, I appreciate the confidence you've placed in me by allowing me to assist with your insurance planning. I look forward to seeing you soon.

Sincerely,

<Agent's Name>

<Agent's Phone Number>

*This is not a guaranteed issue program. Underwriting requirements may be requested if needed, based on underwriter discretion.

Policies issued by The United States Life Insurance Company in the City of New York
70 Pine Street, New York, NY 10270