



AG Quick Ticket Worksheet

For agent use only, please upload the completed form with agent signature to AG Quick Ticket

Proposed Insured

Full Name _____ Social Security # _____ Gender: M F
Date of Birth _____ Primary Phone _____ Alternate Phone _____ E-mail Address _____
Street Address _____ City _____ State _____ Zip Code _____
Birthplace USA Foreign Birth State (if USA chosen) _____ Birth Country (if Foreign chosen) _____
Personal Earned Income (Annual) \$ _____ Household Income (Annual) \$ _____ Net Worth \$ _____
Would the Proposed Insured and the Policyowner like to electronically Sign? (Available on term, UL. Must provide an email address for the Insured and Owner.) Yes No
Would the Policyowner like to receive the policy electronically? (Only available for term products)..... Yes
Complete the following question(s) if the Proposed Insured is over the age of 66:
Will the premiums for the policy sought with the application be financed other than pursuant to a split dollar agreement? Yes No
If Yes, Within the past 24 months has the insured had a life expectancy calculation?..... Yes No
Is the Proposed Insured a U.S. Citizen or Permanent Card Holder? Yes No (if no, answer the following)
Does the Primary Proposed Insured have a SSN?..... Yes No
Driver's License State _____ Driver's License Number _____ No Driver's License Reason _____
Country of Citizenship _____ Date of Entry _____ Visa Type _____
Does the Primary Proposed Insured own property or have a mortgage in the U.S.?..... Yes No
Does the Primary Proposed Insured plan to remain in the U.S.? Yes No

Plan of Insurance

Select-a-Term QoL Flex Term Duration _____ years Secure Lifetime GUL 3 QoL Guarantee Plus GUL II
 Max Accumulator+ IUL QoL Max Accumulator+ IUL Value+ Protector IUL QoL Value+ Protector IUL
Application State _____ Face Amount \$ _____
Premium Class Quoted: Preferred Plus Preferred Nontobacco Standard Plus Standard Nontobacco
 Preferred Tobacco Standard Tobacco Special Nontobacco Special Tobacco
Table Rating: _____ Reason: _____
Reason for Insurance: _____
Death Benefit Options: Level Increasing
Death Benefit Compliance Test: CVAT Guideline

Riders

Waiver of Premium Accidental Death Benefit: Amount \$ _____ Child Rider: Amount \$ _____ No Current Children
 Terminal Illness Rider Waiver of Specified Premium Protected Premium Rider LIS Rider
 Select Income Rider: Benefit Duration _____ Monthly Benefit Amount \$ _____
 Other Rider/Benefits _____ Waiver of Monthly Deduction _____
 AAS Rider: Maximum Monthly Benefit: 2%, 4%, Maximum Per Diem Allowable
Lifetime Maximum Benefit Percentage _____ % (50% - 100%)
 Monthly Guarantee Premium Rider Additional Insurance Option \$ _____

Payment

Modal Premium \$ _____ Additional Initial Premium \$ _____
Payment Method: Direct Billing Bank Draft (authorization information will be collected by tele-interviewer)
Frequency of Payments: Annual Semi-annual Quarterly Monthly (Bank Draft only)
Save Age? Yes No

Beneficiary(ies) Individual

Primary Beneficiary _____ DOB _____ SSN _____ Relationship _____ Share _____ %
Address _____ City _____ State _____ Zip _____ Phone _____
Primary Beneficiary _____ DOB _____ SSN _____ Relationship _____ Share _____ %
Address _____ City _____ State _____ Zip _____ Phone _____
Contingent Beneficiary _____ DOB _____ SSN _____ Relationship _____ Share _____ %
Address _____ City _____ State _____ Zip _____ Phone _____



Beneficiary/Owner Entity

Exact Name _____ Tax ID # _____
Address _____ City _____ State _____ ZIP _____
Current Trustee Name _____ Date of Trust _____
Corporate Officer Name _____ Title _____
Email Address of applicable Trustee or Corporate Signer _____
Relationship to Proposed Insured _____ Type of Entity (SCorp, CCorp, DBA, etc.) _____

Owner Individual

First Name _____ MI _____ Last Name _____ Gender M F
SSN _____ DOB _____ Relationship to Proposed Insured _____
Driver's License yes no License State _____ Number _____
U.S. Citizen yes no If no, Country of Citizenship _____ Date of Entry _____
Visa Type _____ Exp. Date _____
Address _____ City _____ State _____ ZIP _____
Primary Phone _____ Email _____

Existing Insurance/Replacements

Does the proposed insured have any existing or Pending Insurance?..... Yes No

No.	Policy Number	Year of Issue	Coverage (see below)	Benefit Period (if DI)	Type (see below)	Coverage Being Replaced?	1035 Exchange
1	Company Name: _____ Proposed Insured Name: _____					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2	Company Name: _____ Proposed Insured Name: _____					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3	Company Name: _____ Proposed Insured Name: _____					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4	Company Name: _____ Proposed Insured Name: _____					<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Coverage: LI=Life, H=Health, A=Annuity, LT=LTC, DI= Disability Income

Type: i=individual, b=business, g=group, p=pending

Note: If there is a 1035 Exchange please complete AGLC0010 and mail to

AIG Life Insurance • PO BOX 4077 • Houston, TX 77210

*1035 Exchanges are not available for the QoL products on AG Quick Ticket.

Reminder: Replacement situations can be submitted using AG Quick Ticket in all states except: NY.

Fund Allocation

Participation Rate Account _____% Declared Interest Account _____% Blend Participation Rate Account _____%
High Cap Rate Account _____% Global Blend Participation Rate Account _____% High Bonus Rate Account _____%
Cap Rate Account _____%



Fund Allocation (Continued)

DCA

A - Deposit all premiums into DCA Account (Not available for Monthly or Quarterly Mode)

DCA Account with _____ % and Declared Interest Account with _____ %

B - Deposit only lump sum premium and/or 1035 Exchange premiums (Internal and External)

By checking this box, I understand 100% of the Lump Sum and/or 1035 Exchange premiums will be allocated to the DCA Account.

Blend Participation Rate Account _____ % High Cap Rate Account _____ % Global Blend Participation Account _____ %

Deposit additional lump sum and/or 1035 exchange premiums with _____ .

Agent Name _____

Date _____