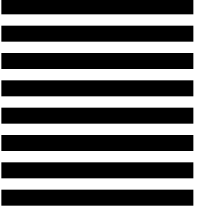


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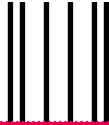
AMERICAN GENERAL  
ATTENTION-MAIL STOP 3T  
PO BOX 1580  
NEPTUNE, NJ 07754-1580

POSTAGE WILL BE PAID BY ADDRESSEE

**BUSINESS REPLY MAIL**  
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NO POSTAGE  
NECESSARY IF  
MAILED IN THE  
UNITED STATES



## SPECIAL NOTICE TO EMPLOYERS

Follow the **3 quick steps** inside  
to simplify your group insurance  
premium payments...

**American General**  
Life Companies

# EASY, CONVENIENT ELECTRONIC FUNDS TRANSFER NOW AVAILABLE FOR GROUP PLANS

*In just a matter of minutes, you can complete the brief form below to authorize payment of your group insurance premiums by electronic funds transfer. No premium checks to write. No postage costs. No hassle.*

## *Here's all you need to do to take advantage of this convenient payment option:*

- 1 Complete, sign and date the form below.
- 2 Attach a check marked "void" to the form (no photocopies, please).
- 3 Moisten all three sides, seal and mail.

That's it! The initial transfer of your payment will be made on the next due date shown on your premium bill. For new customers, the payment transfer will begin once your case is approved by underwriting and becomes effective. Please note that the amount may vary from your current premium depending

on a balance due on the initial bill, or if time lapses before the case is released from underwriting.

Prior to each electronic transfer, you will receive a bill with the next month's due date – typically the 1st or 15th of the month. That is the day your monthly payment will automatically transfer from your account. Your bank statement will be your receipt. If you have selected quarterly, semi-annual or annual payments, automatic transfer will reflect that arrangement.

**Questions? Call your group sales insurance representative or our customer service department at 1-800/346-7692.**

Products underwritten by:  
**The United States Life Insurance Company  
in the City of New York**  
New York, NY  
*Member of American International Group, Inc.*

The underwriting risks, financial obligations and support functions associated with the products issued by The United States Life Insurance Company in the City of New York are solely its responsibility. The United States Life Insurance Company in the City of New York is responsible for its own financial condition and contractual obligations. This is a summary only and is subject to the terms, conditions and limitations of the group policy form number G19000.

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## **AUTHORIZATION FOR PRE-AUTHORIZED PAYMENTS**

**DRAWN AND PAYABLE TO:** *The United States Life Insurance Company*

As a convenience to me, I hereby request and authorize you, or your Agent Bank, to initiate debit entries to my checking account maintained at the bank named below hereof for periodic payment to the company indicated above, hereinafter called Company, of premiums due on the policy shown below.

### **It is agreed that:**

- Debit entries for the total premium due shall be drawn on or about the dates on which payments are due.
- The Company shall incur no liability by reason of the dishonor of any such debit entries.
- This authorization shall not become effective unless and until the coverage under the insurance policy is approved and shall relate only to insurance premiums falling due on or after the issue date of said insurance policy.
- This plan shall continue in effect unless and until terminated by the Company or me by **thirty (30) days written notice** to the other party.
- Amounts drawn shall be distributed by Agent Bank to the Company within fifteen (15) days after presentation of debit entries to bank depositor named hereon.
- This service shall apply to policies listed hereon.

**This authorization is applicable to premium payments for the following:**

**Policy Number/Division:** \_\_\_\_\_ **Policy Holder Name/Insured:** \_\_\_\_\_

Expressly recognizing that the premiums on the above policy are due in accordance with the provision therein and that the Company hereby in no way waives or modifies the premium due date or any other terms of the policy. I request that debit entries be drawn under this authority on the due date (1st or 15th) of each month a premium is due.

**Name of Bank:** \_\_\_\_\_ **Account Number:** \_\_\_\_\_

**Bank Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Signature of Depositor as it Appears on Bank Records:** \_\_\_\_\_ **Date:** / / \_\_\_\_\_

**ATTACH VOIDED CHECK TO COMPLETED FORM**

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