



**American General Life Insurance Company**  
 A member company of American International Group, Inc.  
 Midwest Operations Center: P.O. Box 401, Milwaukee, WI 53201-0401

**Direct Deposit Authorization**  
**AIG Life Brokerage Group**

Please be advised this form cannot be processed unless all sections are completed per the instructions below.

<b>Agent Codes</b> #1 _____ #2 _____ #3 _____	<b>Tax Identification Number (TIN)</b>	<b>Corporation Name</b>	<b>Transaction Type</b> <input type="checkbox"/> Enroll <input type="checkbox"/> Revise <input type="checkbox"/> Cancel
	<b>Social Security Number</b>	<b>Agent Name</b>	

<b>Financial Institution</b>			<b>Phone</b>	
<b>Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Bank Identification Number</b> <i>*Cannot begin with the number 5</i>		<b>Account Number</b>		<b>Type of Account</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings <i>Please attach a copy of a VOIDED CHECK</i>

<b>AUTHORIZATION STATEMENT</b> I authorize American General Financial Group and the Bank indicated to deposit my net commissions automatically into my account each commission cycle. If funds to which I am not entitled are deposited into my account, I authorize American General Financial Group to direct the bank to return said funds. This authority will remain in effect until I have either cancelled it in writing or upon issuance of written notice from the Company.	
<b>Signature</b>	<b>Date Signed</b>

<p><b>INSTRUCTIONS:</b></p> <p>Section 1 Please fill in your Name/Corporation Social Security Number/Tax ID Number, Agent Code(s) and check the Enroll box. <b>NOTE:</b> If you already have Direct Deposit and wish to change your bank or account, check the Revise box.</p> <p>Section 2 Please complete Financial Institution information.</p> <p><b>Please attach a Voided Check for Checking Accounts.</b>  <b>Please attach a Deposit Slip for Savings Accounts.</b></p> <p>Section 3 Read authorization statement, sign, date and submit to:  <b>FAX: 1-800-337-0961 or MAIL: Midwest Operations Center, Attn: Compensation Department</b>                  750 West Virginia St., P.O. Box 401, Milwaukee, WI 53201-0401</p> <p><b>If you have any questions please call 1-888-653-5463 Hunt Group 3003</b></p> <p>Not for use by Policy Holder</p>
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