



AIG Life Insurance Company*

Wilmington, Delaware

A member company of American International Group, Inc.

Administrative Office: Office: 3600 Route 66, P. O. Box 1599, Neptune, NJ 07754-1599

(800) 236-4537

*This company does not solicit business in New York.

EMPLOYER NAME: POLICY NUMBER: GL
COVERAGE REQUESTED: (please check all that apply) Excess Group Life LTD STD

EMPLOYEE INFORMATION: *ALL Fields Must Be Completed or Application Will be Returned

Employee Name: Social Security No.:
Employee Address: Street City State Zip
Employee Phone No.: Date of Hire: Title:
Annual Salary: \$ Current Basic Life Amt: Current Supplemental Amount: \$

APPLICANT INFORMATION: *ALL Fields Must Be Completed or Application Will be Returned

**Check One - Insurance Requested is For Employee Spouse

Applicant Name: Social Security No.:
Applicant Date of Birth: Height: Weight: Male Female
City and State of Birth: Current Supplemental/Spouse Life Amount through Employer: \$
Additional Amount of Supplemental/Spouse Requested: \$ Total Amount of Supplemental/Spouse Desired: \$

- 1. YES NO Have you ever had a request for life or disability declined, postponed, rated, or restricted in any way, or are any applications for insurance pending or contemplated?
2a. YES NO Within the past two years have you flown or taken instructions as a pilot or engaged in any kind of racing, scuba or sky diving, hang gliding, or do you intend to?
2b. YES NO Do you fly other than regularly scheduled airlines?
3. YES NO Within the past five years have you used amphetamines, narcotics, barbiturates, hallucinogens, or marijuana, or received retreatment for drug or alcohol use?
4. YES NO Have you ever had or ever been treated for or told you had heart or blood vessel disease, high blood pressure, brain, nervous system, kidney, liver or lung disease, cancer, diabetes, ulcer, alcoholism or drug abuse, venereal disease, any recent weight loss, or any other serious disorder?
5. YES NO Have you ever been treated or diagnosed by a physician for "AIDS" (Acquired Immune Deficiency Syndrome), "AIDS" related complex, or do you have enlarged lymph nodes?
6. YES NO Are you presently taking any medication?

Name and address of personal physician

Date and reason last seen

If answer to any question is "yes", please give particulars below including name and address of any physician and date attended.

PLEASE KEEP THIS FOR YOUR RECORDS.

NOTICE TO APPLICANT - PART ONE

In order to properly underwrite and administer your insurance program, AIG Life Insurance Company (we, our) and our reinsurers will rely heavily on information provided by you. We may also ask for medical or other information about you from others, such as medical professionals who have treated you and the Medical Information Bureau, Inc. In some situations, and in compliance with applicable law, we may disclose necessary items of information to third parties without your specific authorization. Upon written request, you may have access to the information in your file (medical information will be disclosed only to your attending physician, if permitted by law). You also have the right to seek correction of information you believe to be inaccurate.

In making this application for insurance, it is understood that an investigative consumer report may be prepared whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of this investigation. You also have the right to request to be interviewed in connection with preparation of such report. You may receive a copy of the report upon written request.

NOTICE TO APPLICANT - PART TWO

Information regarding your insurability will be treated as confidential. We may, however, make a brief report thereon to the Medical Information Bureau, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a Company, the Bureau, upon request, will supply such company with information in its file. We or our reinsurers may also release information in our files to other life insurance companies to which you may apply for life or health insurance or to which a claim for benefits may be submitted.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file (medical information will be disclosed only to your attending physician, if permitted by law). If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information office is: P.O. Box 105, Essex Station, Boston, MA 02112, telephone number (617) 426-3660. If you would like to receive a more detailed explanation of our procedures and your rights, please send your request to: AIG American General, Director of Medical Underwriting, 3600 Route 66, Mailstop 3-N, Neptune, NJ 07753.