

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.