

Prohibited Transaction Exemption (PTE) 84-24 Disclosure and Acknowledgement Form

Copies of this Form are to be retained by the contract owner and agent and should **not** be submitted with the application to the insurance company.

This disclosure and acknowledgement form ("*Form*") provides important information for you to consider prior to making the purchase of an annuity or other insurance product ("*Contract*") issued by American General Life Insurance Company or The United States Life Insurance Company in the City of New York, collectively the "Insurance Company" with funds from an IRA or other retirement plan subject to the Employment Retirement Security Act of 1974 (*ERISA*), as amended. The information provided in this Form is intended to satisfy the requirements and conditions of U.S. Department of Labor Prohibited Transaction Exemption 84-24 (*PTE 84-24*).

This Form describes:

- The nature of the relationship between the agent and the insurance company
- The sales commission the agent will receive in connection with your purchase of this Contract
- Certain charges and fees that may be imposed in connection with the purchase, holding, exchange, termination, or sale of the Contract

Name of Agent _____

Name of Proposed IRA Owner _____

Product Name ("*the Contract*") _____

Insurance Company (*select one*)

- American General Life Insurance Company
- The United States Life Insurance Company in the City of New York

Relationship of the Agent to the Insurance Company

The Agent can only sell annuity and insurance products which his/her license allows, and which are issued by an insurance company with whom they are authorized to sell. The Agent from whom you are purchasing this annuity Contract is independent of the issuing Insurance Company listed above and is under no contractual obligation to recommend or offer the above Insurance Company's annuity or insurance products. The Agent is licensed and appointed with a number of insurance companies and may recommend annuity contracts that are issued by the Insurance Company listed above, as well as other insurance companies. The Agent may not waive or modify any terms of the Contract.

Commissions Paid by the Insurance Company to the Agent

The Insurance Company will pay sales commissions to the Agent when you purchase this Contract. The commissions are paid by the Insurance Company and one hundred percent of your premium payment(s) will be credited to your Contract. If you purchase the Contract, the Insurance Company will pay the Agent a commission as follows:

_____ % of the gross annual premium received by the Insurance Company during the first year of the Contract; and

_____ % of the account value paid starting in year two (*if applicable*)

Charges

The Contract may include certain charges, fees, discounts, penalties, or adjustments imposed by the Insurance Company as the issuer of the Contract. These may include surrender charges, bonus recapture provisions, market value adjustments, or fees for optional annuity contract features available through a rider to the Contract. The charges and provisions applicable to this Contract are described in detail in the annuity disclosure statement also known as the Owners Acknowledgement that has been provided to you and signed by you in connection with your application to purchase this Contract. It is important that you understand the charges that may be imposed under the Contract you are purchasing. Please ask the Agent if you have any questions or would like additional information.

Acknowledgement of Disclosure/Approval

I acknowledge receipt of the information contained in this Form (*including the Agent's relationship to the issuing Insurance Company, the commission the Agent will receive in connection with the purchase of the Contract, and the charges and fees associated with this Contract*) and the annuity disclosure statement known as the Owner Acknowledgement referenced above. I acknowledge that I received this information prior to the purchase of the Contract. I approve the purchase of the Contract for funding contributions to the IRA. I understand that this Form is not a contract and does not create any enforceable obligations between me and the Agent, any applicable insurance agency, the Insurance Company, or any other party.

Applicant Signature

Date

Agent Certification/Acknowledgement

I certify and acknowledge that I have provided to the applicant all disclosures required in this Form and have satisfied the requirements of PTE 84-24. I certify that I have provided a copy of this Form to the applicant and have retained a copy for my records.

Agent Signature

Date