

ASSIGNMENT OF COMMISSION AGREEMENT



Products underwritten by:

American General Life Insurance Company

Houston, Texas

**The United States Life Insurance Company
in the City of New York**

New York, NY

www.americangeneral.com/employeebenefits

The underwriting risks, financial and contractual obligations and support functions associated with the products issued by the above-listed companies are the responsibility of each individual company.

American General Life Insurance Company and does not solicit business in the state of New York.



ASSIGNMENT OF COMMISSION

I, _____ ("Assignor"), for valuable consideration received and which I acknowledge to be sufficient, hereby assign and transfer to _____ ("Assignee") any and all first year and renewal commissions, along with any compensation of any type, now due to me or hereafter to become due under the terms and provisions of the Producer Agreement between me and American General Life Insurance Company and The United States Life Insurance Company in the City of New York (collectively referred to in this agreement as the "Company"), as supplemented or amended.

Payment in accordance with this assignment shall discharge Company from all liability to Assignor for payment of commissions or compensation to the same extent as if payment had been made to Assignor.

This assignment shall be effective as of the date it is accepted and acknowledged by Company. This assignment may be revoked by Assignee but the revocation will not be effective until it is (1) received in writing and (2) accepted and acknowledged by Company.

Assignor and Assignee agree that this assignment is made subject to the right of Company, arising by agreement or otherwise, to offset indebtedness of Assignor or Assignee to Company which is now due or hereafter due. Further, Assignor and Assignee acknowledge that this assignment is subject to prior assignment of interest in the commissions or compensation herein assigned.

The foregoing is accepted and agreed.

ASSIGNOR
Printed Name: _____
Signature: _____
Date: _____
Producer Number: _____

ASSIGNEE
Entity Name: _____
Individual Name: _____
Signature: _____
Title: _____
Date: _____
Producer Number: _____
SSN/TIN: _____

Company accepts this assignment effective this _____ day of _____, 20____ but does not assume responsibility for the validity or legality of the document.

By: _____
Authorized Representative of Company