

Client Profile Form Enhancements

The enhanced Corebridge Financial *Client Profile Form* (Form) will be available on **July 1, 2024**. The enhancements were designed to comply with recent state Best Interest regulation adoptions, expand on the information collected, and generally expedite the review process.

When is the Client Profile Form required?

Corebridge will require the Form to accompany the product application when Corebridge is responsible for supervising the agent's recommendation. The Form is required for the following annuity products:

- Index Annuities
- Fixed Annuities
- Income Annuities (Single Premium Immediate Annuity or Deferred Income Annuity)

Summary of the changes

While many minor updates were made throughout the Form, some of the more significant changes include:

- Added sections to indicate when and how the client plans to take distributions (if applicable)
- Streamlined the client's Asset Inventory section
- Expanded the Annuity Replacement Grid
- Simplified the agent's Basis for the Recommendation section

Snap-shots of the significant changes are available at the end of this bulletin.

Will there be a transition period?

The enhanced Form will be available starting Monday, July 1, 2024. The previous version of the Form will continue to be accepted if received at Corebridge by Friday, August 2, 2024. Starting **Monday, August 5, 2024**, only the enhanced version of the Form will be accepted.

We can review cases on a pre-sale basis.

To submit a case for preliminary review, complete and send us the Form. We do not require a signed document for a preliminary review. For assistance with suitability questions or pre-sale reviews, please contact the Suitability Review Team at SuitabilityReview@corebridgefinancial.com.

Questions? We're here to help.

If you need help obtaining the enhanced Form or have questions about the Corebridge Financial supervision processes, please contact the Corebridge Sales Desk or your agency's back office.

Client Profile Form enhancement (continued)

Snap-shots of the enhanced Client Profile Form

Client Distributions

6) When do you anticipate taking withdrawals/income/distributions from this annuity? (check one)				
<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1-5 years	<input type="checkbox"/> 5-10 years	<input type="checkbox"/> Longer than 10 years	<input type="checkbox"/> None Anticipated
7) How do you anticipate taking withdrawals/income/distributions from this annuity? (check all that apply)				
<input type="checkbox"/> Living benefit lifetime income withdrawals	<input type="checkbox"/> Required Minimum Distributions (RMDs)			
<input type="checkbox"/> Contractual penalty free withdrawals	<input type="checkbox"/> 72(t)/(q) distributions			
<input type="checkbox"/> Lump sum transfer/surrender	<input type="checkbox"/> Annuitization	<input type="checkbox"/> None anticipated		

Asset Inventory

19) Complete the Asset Inventory below: After the purchase of this annuity, provide the total value for each asset type below for the household. Do not include assets for your dependents. All asset(s) below left blank will be assumed to have a value of \$0.

Expected Premium Amount for this Annuity: _____ (Exclude this amount from the grid below)

Other Annuities Pending Issue (AGL/US Life or other): _____ (Exclude this amount from the grid below)

Asset Types	Qualified Asset Total	Non-Qualified Asset Total
a. Cash/Checking/Savings	a. \$ _____	a. \$ _____
b. Money Market Accounts/Funds	b. \$ _____	b. \$ _____
c. Stocks/Bonds	c. \$ _____	c. \$ _____
d. Certificate of Deposit (CD)	d. \$ _____	d. \$ _____
e. Mutual Funds (exclude Class B funds subject to deferred sales charges)	e. \$ _____	e. \$ _____
f. Class B Mutual Funds (subject to deferred sales charges)	f. \$ _____	f. \$ _____
g. Annuities subject to surrender penalties	g. \$ _____	g. \$ _____
h. Annuities not subject to surrender penalties	h. \$ _____	h. \$ _____
i. Life Insurance Cash Value	i. \$ _____	i. \$ _____
j. Other Qualified Plans (401(k), 403(b), 457, Pension, IRAs, etc.)	j. \$ _____	j. \$ N/A
k. Real Estate Equity (excluding Primary Residence)	k. \$ N/A	k. \$ _____
l. Other: _____	l. \$ _____	l. \$ _____

Annuity Replacement Information

Existing Annuity Contract Information		Existing Contract #1	Existing Contract #2
b.	Product Name		
l.	Other Transactional Costs Assessed on the Amount Being Transferred (processing fees, etc.)	\$ _____	\$ _____
j.	Will there be a bonus recapture as a result of the transfer? If yes, what amount will be recaptured?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: \$ _____

Client Profile Form enhancement (continued)

m.	Living Benefit or Income Rider? (<i>Guaranteed Lifetime Withdrawal Benefit (GLWB), Guaranteed Minimum Withdrawal Benefit (GMWB), Guaranteed Minimum Income Benefit (GMIB), etc.</i>) <i>If yes, complete the following questions regarding the existing contract:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i. What is the guaranteed annual income today?	i. \$ _____	i. \$ _____
	ii. What is the benefit base amount?	ii. \$ _____	ii. \$ _____
	iii. Has the Owner activated their living benefit rider?	iii. <input type="checkbox"/> Yes <input type="checkbox"/> No	iii. <input type="checkbox"/> Yes <input type="checkbox"/> No
	iv. Does the Living Benefit or Income Rider cover single or joint lives?	iv. <input type="checkbox"/> Single <input type="checkbox"/> Joint	iv. <input type="checkbox"/> Single <input type="checkbox"/> Joint
	v. Does the existing Living Benefit or Income Rider have opportunities for increasing the income amount in the future?	v. <input type="checkbox"/> Yes <input type="checkbox"/> No	v. <input type="checkbox"/> Yes <input type="checkbox"/> No
	vi. If the existing Living Benefit or Income Rider has opportunities for increasing the income amount, are those increases guaranteed?	vi. <input type="checkbox"/> Yes <input type="checkbox"/> No	vi. <input type="checkbox"/> Yes <input type="checkbox"/> No

Basis of Recommendation

29) Basis of Recommendation: I am recommending the purchase of this annuity product for the reasons indicated below.
(check all that apply)

Reasons related to Owner's objectives and intended use of the annuity:

<input type="checkbox"/> Growth potential / asset growth	<input type="checkbox"/> Safety of principal / reduce market risk	<input type="checkbox"/> Tax deferred growth
<input type="checkbox"/> Simplifying Owner portfolio	<input type="checkbox"/> Range of index crediting options	<input type="checkbox"/> Guaranteed rate of return
<input type="checkbox"/> Income guarantee/income potential	<input type="checkbox"/> Lifetime income payments	<input type="checkbox"/> Death benefit/estate planning

Reasons related to Replacement:

<input type="checkbox"/> Higher interest rate / index crediting opportunity	<input type="checkbox"/> Greater <u>guaranteed</u> income	<input type="checkbox"/> Greater income <u>potential</u>
<input type="checkbox"/> Reduce market risk	<input type="checkbox"/> Lower/no fees	<input type="checkbox"/> Greater death benefit

Other comments or details supporting the recommendation (please describe): _____

Annuities issued by **American General Life Insurance Company (AGL)**, Houston, TX, except in New York, where issued by **The United States Life Insurance Company in the City of New York (US Life)**.

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