

**Your Claim Form Must Be  
Submitted On or Before  
August 28, 2023**

## ***Buck et al. v. American General Life Insurance Company***

United States District Court for the District of New Jersey (Case No. 1:17-cv-13278)

### **PROOF OF CLAIM**

If you are an AGLIC Policyholder<sup>1</sup> and have not received individualized notice from AGLIC that you are a Settlement Class Member, but you believe you meet the Identified Damages Settlement Class Member Criteria set forth below, you must submit a Claim to be eligible for compensation from the Settlement. To submit a Claim, you must complete, sign, and return the enclosed form, along with the relevant Proof Needed to establish that you meet the criteria.

<b>Identified Damages Settlement Class Member Criteria</b>		
<i>Administrative System<sup>2</sup></i>	<i>Criteria</i>	<i>Proof Needed</i>
ULA	For Active Policies or Inactive Policies, the Policyholder received a DEFRA Letter on or after December 19, 2011; or	<ul style="list-style-type: none"> <li>• Life insurance policy on relevant administrative system</li> <li>• DEFRA Letter received on or after December 19, 2011</li> </ul>
	For Active Policies, (i) before August 1, 2017, the Policy (a) had a death benefit option change from an increasing death benefit to a level death benefit, (b) had a rider terminated; (c) has had a decrease in the Specified Amount, or (d) experienced a rate class change; or (ii) the Policy is projected to, through the continued payment of Planned Premiums, reach or exceed the premium limits contained in and imposed by IRC § 7702	<ul style="list-style-type: none"> <li>• Life insurance policy on relevant administrative system</li> <li>• Proof that policy is active</li> <li>• Endorsement or other written confirmation from AGLIC showing relevant transaction (i.e., death benefit option change from an increasing death benefit to a level death benefit, rider termination, decrease in Specified Amount, or a rate class change), before August 1, 2017; or letter from actuary or certified public accountant stating that through continued payment of Planned Premiums, Policy is projected to reach or exceed the premium</li> </ul>

<sup>1</sup> Unless otherwise defined, capitalized terms used herein shall have the same meaning as in the Settlement Agreement.

<sup>2</sup> Refer to Appendix A of the Long-Form Settlement Notice to determine which administrative system is associated with your Policy.

		limits contained in and imposed by IRC § 7702.
LifeComm 86 LifeComm 90	For Active Policies or Inactive Policies, the Policyholder received a DEFRA Letter on or after December 19, 2011	<ul style="list-style-type: none"> <li>• Life insurance policy on relevant administrative system</li> <li>• DEFRA Letter received on or after December 19, 2011</li> </ul>
	For Active Policies, the Policy is projected to, through the continued payment of Planned Premiums, reach or exceed the premium limits contained in and imposed by IRC § 7702;	<ul style="list-style-type: none"> <li>• Life insurance policy on relevant administrative system</li> <li>• Proof that policy is active</li> <li>• Letter from actuary or certified public accountant stating that through continued payment of Planned Premiums, Policy is projected to reach or exceed the premium limits contained in and imposed by IRC § 7702.</li> </ul>
ALS	For Active Policies or Inactive Policies, the Policyholder received a DEFRA Letter on or after December 19, 2011	<ul style="list-style-type: none"> <li>• Life insurance policy on relevant administrative system</li> <li>• DEFRA Letter received on or after December 19, 2011</li> </ul>
	For Active Policies, (i) before April 30, 2019, the Policy had a death benefit option change from an increasing death benefit to a level death benefit; or (ii) the Policy is projected to, through the continued payment of Planned Premiums, reach or exceed the premium limits contained in and imposed by IRC § 7702;	<ul style="list-style-type: none"> <li>• Life insurance policy on relevant administrative system</li> <li>• Proof that policy is active</li> <li>• Endorsement or other written confirmation from AGLIC showing a death benefit option change before April 30, 2019; or letter from actuary or certified public accountant stating that through continued payment of Planned Premiums, Policy is projected to reach or exceed the premium limits contained in and imposed by IRC § 7702.</li> </ul>
ALIP	For Active Policies or Inactive Policies, the Policyholder received a DEFRA Letter on or after December 19, 2011	<ul style="list-style-type: none"> <li>• Life insurance policy on relevant administrative system</li> <li>• DEFRA Letter received on or after December 19, 2011</li> </ul>
	For Active Policies, (i) on or before June 1, 2019, the Policy had a death benefit option change from an increasing death benefit to a level death benefit, or had a decreased Specified Amount; or (ii) the Policy is projected to, through the continued payment of Planned Premiums, reach or exceed the premium limits contained in and imposed by IRC § 7702	<ul style="list-style-type: none"> <li>• Life insurance policy on relevant administrative system</li> <li>• Proof that policy is active</li> <li>• Endorsement or other written confirmation from AGLIC showing a death benefit option change from an increasing death benefit to a level death</li> </ul>

		benefit or decrease in Specified Amount between January 1, 2014, and April 30, 2019; or letter from actuary or certified public accountant stating that through continued payment of Planned Premiums, Policy is projected to reach or exceed the premium limits contained in and imposed by IRC § 7702.
Vantage	For Inactive Policies, between January 1, 2011, and April 1, 2019, the Policy had a death benefit option change from an increasing death benefit to a level death benefit, or between January 1, 2014, and April 1, 2019, the Policy had a decrease in the Specified Amount; and the Policyholder received a DEFRA Letter both after December 19, 2011, and the date of the death benefit option change or decrease in death benefit amount.	<ul style="list-style-type: none"> <li>• Life insurance policy on relevant administrative system</li> <li>• Endorsement or other written confirmation from AGLIC showing a death benefit option change from an increasing death benefit to a level death benefit between January 1, 2011, and April 1, 2019, or showing a decrease in Specified Amount between January 1, 2014, and April 1, 2019</li> <li>• DEFRA Letter received on or after December 19, 2011, and after the date of the death benefit option change or decrease in Specified Amount.</li> </ul>
	For Active Policies, between January 1, 2011, and April 1, 2019, the Policy had a death benefit option change from an increasing death benefit to a level death benefit, or between January 1, 2014, and April 1, 2019, the Policy had a decrease in the Specified Amount.	<ul style="list-style-type: none"> <li>• Life insurance policy on relevant administrative system</li> <li>• Proof that policy is active</li> <li>• Endorsement or other written confirmation from AGLIC showing a death benefit option change from an increasing death benefit to a level death benefit between January 1, 2011, and April 1, 2019, or showing a decrease in Specified Amount between January 1, 2014, and April 1, 2019</li> </ul>
VFLEX AGNIS	For Active Policies and Inactive Policies, the Policyholder received an Illustration on or before April 30, 2019.	<ul style="list-style-type: none"> <li>• Life insurance policy on relevant administrative system</li> <li>• Illustration on or before April 30, 2019</li> </ul>

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**PROOF OF CLAIM**

If you are acting in a representative capacity on behalf of a policyholder (such as an executor, administrator, trustee, or other representative), you must also submit evidence of your current authority to act on behalf of that policyholder. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.

You must fully complete and sign this Proof of Claim Form and submit it, along with your proof, by First-Class Mail, postmarked no later than **August 28, 2023**, to the Settlement Administrator, at the following address:

AGLIC Settlement Administrator  
P.O. Box 4725  
Baton Rouge, LA 70821

UNLESS YOU WERE ADVISED BY AGLIC THAT YOU HAVE BEEN IDENTIFIED AS A MEMBER OF THE DAMAGES SETTLEMENT CLASS, IF YOU MEET THE ABOVE CRITERIA, YOUR FAILURE TO SUBMIT A CLAIM AND PROOF BY **AUGUST 28, 2023**, WILL RESULT IN A REJECTION OF YOUR CLAIM AND PRECLUDE YOU FROM RECEIVING ANY MONETARY BENEFIT FROM THE SETTLEMENT OF THIS ACTION. YOU NEVERTHELESS WILL BE BOUND BY THE SETTLEMENT, INCLUDING THE RELEASE, AND THE FINAL APPROVAL ORDER AND JUDGMENT OF THE COURT, UNLESS YOU EXCLUDED YOURSELF FROM THE SETTLEMENT IN ACCORDANCE WITH THE TERMS OF THE SETTLEMENT AGREEMENT AND CLASS NOTICE.

SUBMISSION OF A PROOF OF CLAIM WITH YOUR PROOF DOES NOT ASSURE THAT YOU WILL SHARE IN THE BENEFITS OF THE SETTLEMENT. YOU MUST MEET THE ABOVE CRITERIA.

DO NOT MAIL OR DELIVER YOUR CLAIM AND PROOF TO THE COURT OR TO ANY OF THE PARTIES OR THEIR COUNSEL, IF YOU DO SO, YOUR CLAIM WILL NOT BE CONSIDERED TO HAVE BEEN SUBMITTED. SUBMIT YOUR CLAIM ONLY TO THE SETTLEMENT ADMINISTRATOR.

**I. Claimant Information**

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Middle Initial	Last Name
<input type="text"/>		
Business Name		
<input type="text"/>		
Mailing Address: Street Address/P.O. Box (include Apartment/Suite/Floor Number)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	
Day Phone	Evening Phone	
<input type="text"/>		
Email		
<input type="text"/> - <input type="text"/> - <input type="text"/>	OR	<input type="text"/> - <input type="text"/>
Social Security Number		Taxpayer Identification Number (for estates, trusts, corporations, etc.)

**II. Policy Number**

<input type="text"/>
Policy Number

### III. Proof

- Enclosed are the documents in my possession proving that the above policy meets the criteria for compensation as detailed in the Proof of Claim.
  
- Also enclosed, where applicable, is official proof of my legal authority to act in a representative capacity on behalf of a policyholder (such as an executor, administrator, trustee, or other representative).

### IV. Certification

UNDER THE PENALTIES OF PERJURY UNDER THE LAWS OF THE UNITED STATES, I (WE) CERTIFY THAT ALL OF THE INFORMATION I (WE) PROVIDED ON THIS PROOF OF CLAIM IS TRUE, CORRECT, AND COMPLETE AND ALL OF THE ENCLOSED DOCUMENTS ARE ACCURATE AND TRUE COPIES.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Claimant or Claimant's legal representative and title (If this claim is being made on behalf of Joint Claimants, then each must sign)

### Reminder Checklist

1. Complete all sections of this Claim Form.
2. Sign and date the Claim Form in Section IV.
3. Keep copies of the completed Claim Form and documentation for your own records.
4. Mail your completed Claim Form to the Settlement Administrator at the address at the top of Page 1 of this Claim Form.
5. It is your responsibility to notify the Settlement Administrator of any changes to your contact information after the submission of your Claim Form. You can contact the Settlement Administrator at 1-877-540-4332 or by email at [info@AGLICClassAction.com](mailto:info@AGLICClassAction.com)
6. Please visit the settlement website at [www.AGLICClassAction.com](http://www.AGLICClassAction.com) for more information about this settlement.