

ELLEN S WISSEMAN TRUST UAD DTD 11/2
ELLEN S WISSEMAN TRUSTEE
11049 VIA AMALFI
BOYNTON BEACH, FL 33437

63-215/631

2321

Date 9/15/2020

Pay to the order of American General Life Insurance \$200,000⁰⁰

Heat Reactive Ink

Dollars

Two hundred Thousand



ACH FIT 061000104

Ellen Wissemann

MEMO: 063102152108806419556210 2321

LOOK FOR FRAUD-DETECTING FEATURES INCLUDING THE SECURITY SQUARE AND HEAT-REACTIVE INK. DETAILS ON BACK.

ELLEN S WISSEMAN

Date _____

Pay to the
order of

Ward \$

Dollars  Security Features
See Back Panel



ACH RT 081000104

Memo _____

AP

⑆063102152⑆1000064195562⑈ 2225

Florida

DRIVER LICENSE



DL# **W255-217-41-550-0** FLORIDA



Handwritten signature

**ROSEMARY ANN
SWISARA
1029 VILANALFI
BOYNTON BEACH, FL 33437**
DOB **02/10/1941** SEX **F** **SAFE DRIVER**
HT **5-02** WT **100** HAIR **B-02**
EYES **A** **HAIR NONE**

EXPIRES **01/01/2018**
ISSUE **01/01/2018**

Department of Transportation, Bureau of Motor Vehicles
Subject to any and all the provisions of law



Immediate Annuity

A single-premium, immediate annuity quote

(Contract No. 01016)

September 14, 2020



Annuities issued by
American General Life Insurance Company (AGL)

Proposed for: Valued Client
Issue State: Florida
Presented by: Eric Holtz
Florida

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Quotation at a glance

We offer protection of your savings and predictable retirement income payments. We are committed to helping protect the financial security of you and your family.

| | |
|--|--|
| Single Premium | \$200,000.00 |
| Payout Option | Lifetime Income with 5 Years Certain Period |
| Income Start Date | October 28, 2020 |
| Monthly Income Payment | \$1,560.55 |
| Non-Taxable Portion of Monthly Income Payment | \$1,560.55 |
| Total Amount of Guaranteed Payments | \$93,632.95 |
| Total Amount of Payments to Annuitant's Age 100 | \$397,940.04[^] |
| Annual Payout Rate | 9.36%[*] |

^{*}Annual Payout Rate is a percentage of the purchase price paid out each full year and includes both interest and return of principal. It is not an interest rate.

[^]Amount assumes annuitant is living through age 100.

Immediate Annuity

A single-premium, immediate annuity quote

(Contract No. 01016)

September 14, 2020

| | | |
|--------------|---------------------------------------|---|
| Proposed for | Valued Client Issue State: Florida | Quote Date: September 14, 2020 Premium Receipt Date: September 28, 2020 Quote Expiration Date: September 28, 2020 |
|--------------|---------------------------------------|---|

| | | |
|-----------------|---|---------------------------------------|
| Presented by: | Eric Holtz | |
| Issuing Company | American General Life Insurance Company (AGL) | P.O. Box 871, Amarillo, TX 79105-0871 |

| | | | |
|-------------------------|------------------|-----------------------|------------------|
| Proposed Annuitant(s) | | | |
| Annuitant Gender | Female | Annuitant Age Nearest | 80 |
| Annuitant Date of Birth | January 01, 1941 | Issue State | Florida |
| Source of Funds | Non-Qualified | Income Start Date | October 28, 2020 |
| Cost Basis | \$200,000.00 | | |

Illustrated Values

| Payout Option | Single Premium | Monthly Payment | Annual Payout Rate* | Exclusion Ratio^ |
|--|----------------|-----------------|---------------------|------------------|
| 1. Lifetime Income with 5 Years Certain Period | \$200,000.00 | \$1,560.55 | 9.36 % | 100.00 % |

Payout Option Description

1. LIFETIME INCOME WITH 5 YEARS CERTAIN PERIOD - Valued Client, the annuitant (or other payee(s) you specify) will receive an income payment of \$1,560.55 Monthly beginning October 28, 2020 for the annuitant's lifetime. If the death of the annuitant occurs prior to the completion of a 5 Years certain period, the beneficiary will continue to receive payments until the end of the certain period.

*Annual Payout Rate is a percentage of the purchase price paid out each full year and includes both interest and return of principal. It is not an interest rate.

^Exclusion Ratio refers to the amount of each payment that is not subject to income tax because it represents a return of principal.

Immediate Annuity

A single-premium, immediate annuity quote

Important Information

Disclosures and assumptions This quote is not a contract. The quote is based on current annuity rates and the factors listed in the illustration, which include: Annuitant Age and Gender, Premium Amount, selected Payout Option, Income Payment frequency, Income Start Date, Premium Receipt Date, and Issue State. A change in any factor may result in a higher or lower income payment. The contract will be issued based on the factors listed on the application. A change in any factor described in this quote will require a new quotation. The annuity has no accumulation value and cannot be surrendered, except as provided by the Right to Cancel clause in the Contract. Please consult your tax or legal advisor.

Current interest rates are subject to change. An annuity quote with correct factors and interest rates is valid until 5:00 PM Central Time on Quote Expiration Date referenced above. A copy of this quote must accompany the annuity application. No contract will be issued if an incorrect rate was used or other quote terms are inconsistent with the application.

Financial products disclaimer The sale of one financial product to fund the purchase of another may have tax consequences, early withdrawal penalties or other costs or penalties as a result of the sale. You should consult an independent tax or financial advisor before selling any such assets.

Applicable laws and regulations are complex and subject to change. Any tax statements in this material are not intended to suggest the avoidance of U.S. federal, state or local tax penalties. Please keep in mind that neither American General Life nor its representatives may give tax, accounting or legal advice. For advice concerning your situation, consult your independent attorney, tax or financial advisor or accountant.

Application submission requirements IF THE PREMIUM AMOUNT, APPLICATION AND OTHER REQUIRED DOCUMENTS ARE NOT RECEIVED AT AMERICAN GENERAL ON OR BEFORE THE QUOTE EXPIRATION DATE INDICATED ABOVE, THE QUOTE WILL NO LONGER BE VALID.

This is a tool for obtaining quotes describing payments to be received from a Single Premium Immediate Annuity Contract 01016 issued by American General Life Insurance Company (AGL). The quotes generated are valid only for the time specified and if accompanied by a properly completed Immediate Annuity Application. Applications can only be submitted by agents properly licensed and appointed under applicable state insurance laws.

Issuing company Annuities issued by American General Life Insurance Company (AGL). Issuing company is responsible for financial obligations of insurance products and is a member of American International Group, Inc. (AIG).

Product description The American Pathway Immediate Annuity is a single premium immediate fixed income annuity.

For Financial Professional Use Please verify with the Home Office that the current rate scale is quoted. Annuity rates are updated in the American Pathway quote program.

The following additional restrictions apply to the purchase of the American Pathway Deferred Income Annuity:

- Minimum Owner issue age is 18, or if earlier, the age of majority as defined by law in the state of issue.
- Non-qualified purchases by non-natural entities require approval from the Home Office on a case-by-case exception basis and must have a minimum premium of \$150,000 in order to be considered.

Quotes can be run for premium of \$1 million or less without home office approval. This includes a \$1 million maximum aggregate premium limit per annuitant or joint annuitant, not per application, including all previous contracts involving the quoted annuitant(s) regardless of funding source or contract Owner. Any combination of applications on any one individual where the sum total of the premium submitted exceeds \$1 million requires approval from the Home Office. (Example. Two \$600,000 Immediate annuity applications - aggregate of \$1,200,000 - submitted on one individual require Home Office pricing and approval.) Quotes over \$1 million may be requested by contacting your AIG Annuities wholesaler.

Annuities issued by American General Life Insurance Company (AGL), Houston, TX. Issuing company AGL is responsible for financial obligations of insurance products and is a member of American International Group, Inc. (AIG).

May not be available in all states and product features may vary by state. Please refer to your contract.



**American General
Life Insurance Company**

A member of American International Group, Inc. (AIG)

**Annuity New Business Transmittal &
Agent Report Form**

New Business Email Inquiries: AnnuityServiceCenter@aig.com
Annuity Service Center Phone Number: 888-438-6933 Option 1

New Business Email: AIGAnnuityService@aig.com
New Business Fax Number: 713-620-3829

Required Section

In order to ensure accurate processing, please fill out this form completely and submit with the annuity application.

Name of Owner Ellen S. Wissemann DOB 2/10/1941 SSN/Tax ID 096-32-1373
 Owner's Email Address is required (if none exists, enter NA) ellen.sara2.ew@gmail.com
 Name of Annuitant Ellen S. Wissemann

Agent Information

| REQUIRED | |
|---|---|
| <p>➔ If a NEW ADDRESS, check this box <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> X</p> <p>Agent/Broker Signature <u>Eric Holtz</u></p> <p>Agent Name (print) <u>067ER</u></p> <p>Agent Number (write "pending" if applicable)</p> <p>Agent SSN (if agent number is pending) <u>2202354</u></p> <p>Agent NPN (required)</p> <p>Agency/Broker Dealer (optional) <u>TruChoice</u></p> <p>IMO/BGA Firm (required)</p> <p>IMO/BGA email address for case updates/missing documents (if applicable) <u>561-472-9781</u></p> <p>IMO/BGA phone number for case updates <u>eric@seemuholtz.com</u></p> <p>Agent e-mail Address <u>301 Yamato Rd Suite# 2222</u></p> <p>Agent Street Address (for contract mailing) <u>Boca Raton FL 33431</u></p> <p>Agent City, State, Zip <u>561-241-3121 ex. 3210</u></p> <p>Agent Phone Number</p> | <p>1. Are you a Registered Representative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Does your firm require a suitability review for (Index, Fixed) Annuities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Are commissions paid through your firm for (Index, Fixed) Annuities? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Split Case <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, complete the following sections.)</p> <p>Percent to Primary Agent <u>100</u>% PLUS Percent to 2nd Agent ___%</p> <p>PLUS Percent to Others ___% = TOTAL PERCENT 100%</p> <p>X Second Agent Signature</p> <p>X Second Agent Name (print)</p> <p>Agent Number</p> <p>Agency Name/Number</p> <p>Agent SSN (if agent number is pending)</p> <p>Agent NPN (required)</p> |

SPECIAL INSTRUCTIONS

Please insert any additional information of who to contact at the IMO or agent's back office regarding New Business, Licensing, Commissions, Suitability, Post Issuance, Contract Set up, etc. that would help AIG Internal team process this case timely.



A member of American International Group, Inc. (AIG)

Key addresses and contact information

New Business Email Inquiries: AnnuityServiceCenter@aig.com
Annuity Service Center Phone Number: 888-438-6933 Option 1
New Business Email: AIGAnnuityService@aig.com
New Business Fax Number: 713-620-3829

Assured Edge Fixed Annuity & Index Annuity Products (except Power Index 7 Products – see below)

| | U.S.Regular Mail | Overnight Mail |
|------------------------|--|---|
| <i>with checks:</i> | P.O. Box 100330 Pasadena, CA 91189-0330 | 2710 Media Center Drive Building #6, Suite 120 Los Angeles, CA 90065-1750 |
| <i>without checks:</i> | P.O. Box 2708 Amarillo, TX 79105-2708 | 1050 North Western Street Amarillo, TX 79106-7011 |

Fixed Annuity (except Assured Edge versions) and Power Index 7 Products

| | U.S.Regular Mail | Overnight Mail |
|---------------------|--|---|
| <i>with checks:</i> | JP Morgan Chase (TX1-0029) ATTN: AGL 650545 Dept AGL 14800 Frye Road 2 nd Floor Fort Worth, TX 76155 | <i>without checks:</i> American General Life Insurance Company 1050 North Western Street Amarillo, TX 79106 |

When you provide complete and accurate information, processing time can be expedited.

**American Pathway Immediate Annuity
Single Premium Immediate
Annuity Application
Florida Version**

American General Life Insurance Company, Houston, TX ("AGL")
Annuity Service Center, P.O. Box 2708, Amarillo, Texas 79105-2708

Instructions: Please type or print in black ink.

1. Annuitant (If Owner and Annuitant are different, check here and also complete Owner Information, #4.)

Sex: Male Female Date of Birth*(MM/DD/YYYY): 2/10/1941

Name (FIRST, MI, LAST): Mr/Mrs/Ms: Ellen S. Wissemann

Address (STREET): 11049 Via Amalfi (City/ST/Zip): Daytona Beach, FL 33437

Owner's Email Address: ellen.sara2.ew@gmail.com

Telephone Number: (561) 742-7102 SSN/TAX ID: 096-32-1373

If Owner/Annuitant/Payee is a person and neither a U.S. citizen nor a U.S. resident, explain residency and citizenship under "Special Requests," #11.
* PROOF OF AGE IS REQUIRED FOR ANY ANNUITANT AND JOINT ANNUITANT IF A LIFETIME INCOME IS SELECTED AND/OR THE CONTRACT IS TO BE ISSUED AS QUALIFIED OR IRA.

1A. Joint Annuitant (Joint contracts only. Also complete #3 Joint Life below) Spouse Other _____

Sex: Male Female Date of Birth*(MM/DD/YYYY): _____

Name (FIRST, MI, LAST): Mr/Mrs/Ms: _____

Address (STREET): _____ (City/ST/Zip): _____

Telephone Number: (____) _____ SSN/TAX ID: _____

2. Premium Payment

Type: Premium Payment Check Trustee Transfer (Qualified)
\$ 200,000.00 Wire transfer \$1035 Exchange
 Actual, Estimated (Circle One)

Source: Nonqualified Roth IRA IRA Deferred Comp. (457 Plans)
 Qualified**(plan type/name) _____ Other _____

** Qualified: Funds from a retirement plan such as a Keogh/HR-10, 401(k), 403(b), TSA, 401(a) Defined Benefit, Money Purchase or Profit Sharing plan.

| | | |
|---------------------------|---|---|
| 3. Income Payments | <input checked="" type="checkbox"/> SINGLE LIFE: | PAYOUT OPTIONS: |
| | <input type="checkbox"/> JOINT LIFE: (Also complete Joint Annuitant Information, #1A) <input type="checkbox"/> Survivor: Payments will be _____% at the death of the Annuitant <input type="checkbox"/> Contingent: Payments will be _____% at the death of either Annuitant <input type="checkbox"/> PERIOD CERTAIN ONLY: | <input type="checkbox"/> Lifetime Income Only (also complete #10) <input checked="" type="checkbox"/> Lifetime Income with Certain Period of <u>5</u> yrs and _____ mos <input type="checkbox"/> Lifetime Income with Cash (lump sum) Refund <input type="checkbox"/> Lifetime Income with Installment Refund <input type="checkbox"/> Period Certain Only of _____ yrs and _____ mos |

Contract Type: Nonqualified IRA Roth IRA Other SEP

Payment Mode (frequency): Monthly Quarterly Semi-Annually Annually

Income Start Date: Will be one modal period from the date the premium is received unless stated here. (MM/DD/YYYY) 10/15/2020

ANNUAL PAYMENT ADJUSTMENT

Level Payments (No Increase)

OR Compounded Percentage Increase: _____% (1% - 5%)

OR Simple Percentage Increase: _____% (1% - 5%)

OR Flat Dollar Increase: \$ _____

**ONLY ONE OF THESE
OPTIONS CAN BE SELECTED**

4. Owner (Complete only if Owner and Annuitant are different)

Individual Non-natural (Non-natural include appropriate documents)
 Trust Qualified Plan or Trust (unisex rates apply) Corporation Partnership Other _____

Name (FIRST, MI, LAST): Mr/Mrs/Ms: _____ Date of Birth (MM/DD/YYYY): _____
 Address (STREET): _____ (City/ST/Zip): _____
 Telephone Number: ____ (____) _____ SSN/TAX ID: _____
 Owner's Email Address is Required (If none exists, enter NA): _____

4A. Joint Owner (Nonqualified Only)

Relationship to Owner _____
 Name (FIRST, MI, LAST): Mr/Mrs/Ms: _____ Date of Birth (MM/DD/YYYY): _____
 Address (STREET): _____ (City/ST/Zip): _____
 Telephone Number: ____ (____) _____ SSN/TAX ID: _____

5. Payee (Complete if Payee is not the Annuitant unless indicated here. If EFT complete #9)

Name (FIRST, MI, LAST): Mr/Mrs/Ms: _____ Relationship to Owner: _____
 Address (STREET): _____ (City/ST/Zip): _____
 Telephone Number: ____ (____) _____ SSN/TAX ID: _____
 List additional payees under "special Requests," #11, or on a separate sheet signed by the Owner and check this box.

6. Purchaser/Premium Payor (Complete only if Purchaser is not the Owner)

Name (FIRST, MI, LAST): Mr/Mrs/Ms: _____ Relationship to Owner: _____
 Address (STREET): _____ (City/ST/Zip): _____
 Telephone Number: ____ (____) _____ SSN/Tax ID: _____

7. Beneficiary Information (If more than one Beneficiary, proceeds will be divided equally unless otherwise indicated.)

Name: Ellen S. Wissemann Trust Address: 11049 Via Amalfi, Boynton Beach FL
100 % SSN/Tax ID: 096-32-1773 Relationship to Owner: Trust 33437
 Name: _____ Address: _____
 _____ % SSN/Tax ID: _____ Relationship to Owner: _____
 If more than 2 Beneficiaries, list on a separate sheet signed by the Owner and check this box

8. Tax Withholding IMPORTANT - READ CAREFULLY

Annuity payments may be subject to Federal and State income tax withholding. If you elect not to have withholding apply to your payments, or if you do not have enough Federal and State income tax withheld, you may be responsible for payment of estimated tax. You may incur tax penalties if your withholding and estimated tax payments are not sufficient. You may revoke your withholding election at any time by completing a new W4-P and returning it to the company. **If a W4-P is not included or withholding is not indicated below, Federal withholding will be for filing as a married person claiming three (3) withholding allowances until revoked by the Owner.**

Federal Tax Withholding:
 Do Not withhold Federal Income Tax
 Do withhold Federal Income Tax based on this information: Allowances _____ Marital Status _____ or \$ _____

State Tax Withholding (if applicable):
 Do Not withhold State Income Tax
 Do withhold State Income Tax: \$ _____ or _____ %.

9. Electronic Funds Transfer

Checking (attach voided check) Savings (attach preprinted deposit slip)

Name on Account: Ellen S Wissemann Account Number: 1000064195562
 Name of Institution: SunTrust ABA Routing/Transit Number:

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 0 | 6 | 3 | 1 | 0 | 2 | 1 | 5 | 2 |
|---|---|---|---|---|---|---|---|---|

I authorize the Company to initiate credit entries and, if necessary, debit entries and other adjustments for any credit entries in error to the account indicated above.

(Owner's Initials) EW

10. Lifetime Income Payout Option

I understand that no further income payments will be made and this contract will terminate at the death of all Annuitants listed in #1 (and #1A, if applicable)

(Owner's Initials) *ew*

11. Special Requests

12. Owner(s) Signatures

(This section must be completed in its entirety):

I represent that:

- A. **Required Minimum Distribution:** I understand that annuities purchased with IRA or Qualified Plan funds are subject to the Minimum Distribution Rules. If I turn age 70 1/2 during this calendar year or if I am currently taking required Minimum Distributions I further understand that the Required Minimum Distribution must be withdrawn **before** transferring funds. AGL will not distribute additional funds in excess of the payout amount applied for after the premium is received by AGL.
- B. **Suitability:** The surrender and withdrawal provisions have been explained to me. I understand that once selected the items in the Income Payment Section (#3) cannot be changed or terminated. I believe this to be a suitable purchase for my financial situation at this time. No bankruptcy proceedings are pending or contemplated. I have read and understand the suitability form as may be required by the state.
- C. **Rights of Succession:** Unless indicated in the "Special Requests," #11, of this Application the ownership succession will be as described in Section 2.06 of the Contract which states: Upon the death of the Owner, ownership rights will succeed as follows: (1) surviving Owner or Joint Owner, if any; (2) Annuitant(s), if any; (3) Beneficiary(ies), if any; (4) Estate or successors of the last Owner or Joint Owner to die.
- D. **Replacement:** (1) Do you currently own existing life insurance coverage with AGL? Yes No
 (2) Will this annuity replace a current AGL policy or contract? If yes, provide policy or contract # _____ Yes No
 (3) Do you have any annuity or insurance contracts? Yes No
 (4) If yes, will the proposed contract replace any existing annuity or insurance contracts? Yes No
 (If yes, complete appropriate replacement documents.)
- E. **Taxation of Income Payments:** I acknowledge that the taxable portion of income payments made each year will be tax reported to me as income for that year, regardless of payee.
- F. **Active Duty Service Member:** Are you an Active Duty Service Member of the US Armed Forces? Yes No
 (If yes, see appropriate disclosure document.)

All statements made in this application are true to the best of my knowledge and belief. I agree to all terms and conditions shown. I have read and understand the State Notices on page 4, if applicable. I further agree that this application will be part of the annuity contract.

Under penalties of perjury, I certify that: (1) That the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding (enter exempt payee code*, if applicable: _____), or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person*, and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA is correct (enter exemption code from FATCA reporting code, if applicable: _____).**Certification instructions. You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

*See General Instructions provided on the IRS Form W-9 from IRS.gov.

**If you can complete a Form W-9 (Request for Taxpayer Identification Number) and you are a U.S. citizen or U.S. resident alien, FATCA reporting may not apply to you. Please consult your own tax advisor with any questions you may have regarding this certification.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

X *Ellen Wessenda* X _____ Date *9/15/2020*
 Owner's Signature (and title if applicable) Joint Owner's Signature (if applicable)
 Signed at (CITY/STATE/ZIP) *Boynton Beach, FL 33437*
 X *Ellen Wessenda* _____ Date *9/15/2020*
 Annuitant's Signature (if Owner and Annuitant are not the same; or if owner is a non-natural person other than in connection with a charitable annuity or nonqualified deferred compensation plan)
 X _____ Date _____
 Joint Annuitant's Signature (if applicable)

13. For Agent /Broker Use Only:

(This section must be completed in its entirety):

- This annuity is suitable for the applicant's financial needs. Yes No
- Does the proposed Owner(s) have any existing annuity or insurance contracts? Yes No
- If yes, will this proposed contract replace any existing annuity or insurance contracts? Yes No
- If yes, have you provided the Owner with all necessary replacement documents as required by state law? Yes No *N/A*

| | | |
|--|------------------------------|--------------------------------|
| I hereby certify all information contained on this application is true to the best of my knowledge and belief. | | |
| X | <u>A308313</u> | <u>9/15/20</u> |
| Agent/Broker Signature | Agent Florida License Number | Date |
| <u>Eric Heltz</u> | | <u>(561) 241-3121 ex. 3216</u> |
| Agent Name (Print) | | Agent Telephone Number |

DISCLOSURES

REDEMPTIONS FROM OPTIONAL RETIREMENT PROGRAMS AND OTHER PLANS: Distributions from employer-sponsored retirement programs, including optional retirement programs, will be subject to any limitations imposed by the plan.

For Louisiana Optional Retirement Program Participants Only: For participants in the Louisiana Optional Retirement Program, withdrawals are limited by the plan and must take the form of an annuity payable over your lifetime or the joint lifetime of you and your beneficiary.

For Texas Optional Retirement Program Participants Only:

- Benefits in the Texas Optional Retirement Program vest after one year and one day of participation in one or more optional retirement plans.
- Benefits under the Texas Optional Retirement Program are available to you only after you attain the age of 70 ½ years, or terminate participation by death, retirement, or termination of employment in all Texas institutions of higher education.
- American General Life Insurance Company (AGLIC) will require written verification from the program administrator of your qualification for any requested redemption of any annuity benefits purchased under the Texas Optional Retirement Program.

California Senior Disclosure: Please be advised that the sale or liquidation of any stock, bond, IRA, certificate of deposit, mutual fund, annuity, or other asset to fund the purchase of this product may have tax consequences, early withdrawal penalties, or other costs or penalties as a result of the sale or liquidation, and you may wish to consult independent legal or financial advice before selling or liquidating any assets and prior to the purchase of any life or annuity products being solicited, offered for sale, or sold.

FRAUD WARNINGS

In some states we are required to advise you of the following: Any person who knowingly intends to defraud or facilitates a fraud against an insurer by submitting an application or filing a false claim, or makes an incomplete or deceptive statement of a material fact, may be guilty of insurance fraud.

Alabama, District of Columbia, Louisiana, and Rhode Island Residents Only: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

Arkansas, North Dakota, South Carolina, South Dakota, and Texas Residents Only: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, commits insurance fraud, which may be a crime and may subject the person to civil and criminal penalties.

Colorado, Kentucky, New Mexico, Ohio, and Pennsylvania Residents Only: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Maryland Residents Only: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Massachusetts Residents Only: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit, or knowingly and willfully presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey Residents Only: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Maine, Tennessee, Virginia and Washington Residents Only: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Oklahoma Residents Only: Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claims for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

USA PATRIOT ACT (this notice is printed in compliance with Section 326 of the USA Patriot ACT) – IMPORTANT INFORMATION ABOUT PROCEDURES FOR APPLYING FOR AN INSURANCE POLICY OR ANNUITY CONTRACT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including insurance companies, to obtain, verify and record information that identifies each person who opens an account, including an application for an insurance policy or annuity contract.

What this means for you: When you apply for an insurance policy or annuity contract, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Rate Lock Policy

All states

American Pathway[®]
Series of fixed and income annuities

Fixed annuities

Interest rate, as used in this section, refers to the interest rate credited to the contract that is guaranteed for the length of the initial interest rate guaranteed term.

For cash with application:

If the contract is issued within 14 calendar days from the date the application is signed, the interest rate credited will be the better of the rates in effect on:

1. The date the application is signed* ; or
2. The date the contract is in good order

If the contract is NOT issued within 14 calendar days from the date the application is signed, the interest rate credited will be the rate in effect on the date the contract is issued.

For 1035 exchange or trustee transfer:

If the contract is issued within 60 (75 for the state of New York) calendar days from the date the application is signed, the interest rate credited will be the better of the rates in effect on:

1. The date the application is signed* ; or
2. The date the contract is issued

If the contract is NOT issued within 60 (75 for the state of New York) calendar days from the date the application is signed, the interest rate credited will be the rate in effect on the date the contract is issued.

IMPORTANT NOTE: Transition rules may apply when the interest rate changes. If paperwork in good order is not received by the end date of the specified transition period, the rate lock will not apply and the contract will be issued with interest rates in effect on the contract issue date.

Income annuities (single premium immediate and deferred income annuities)

The described rate lock, as used in this section, refers to the payout rate and payout amount according to the valid quote submitted.

For cash with application:

If the new business forms, including a valid quote, are received in good order by the quote expiration date, the illustrated amounts based on the valid quote are guaranteed. However, the actual income payment amount calculated on the annuity issue date may differ from the quote submitted when any of the following parameters change:

- Age and gender of annuitant(s)
- Purchase premium amount
- Selected payout option (including any election of a reduction in survivor benefit for joint life payout options), payment frequency, state of residence, and income payment start date (which must be on or after the contract issue date)

If there is any change in these parameters, the contract may be issued with an income payment amount that is higher or lower than what is illustrated. The contract will be issued based on the factors listed on the application and the underlying locked payout rate.

If the contract is NOT issued within 14 calendar days from the quote date, the income payment amount will be calculated based on the payout rate effective on the date the contract is issued.

For 1035 exchange or trustee transfer:

A valid quote, signed application, exchange / transfer form and 60-day (75 for the state of New York) Payout Rate Lock Authorization form must be received in good order on or before the quote expiration date. If the contract is issued within 60 (75 for the state of New York) calendar days from the date the application is signed* and:

- **YES** is selected on the 60-day (75 for the state of New York) Payout Rate Lock Authorization form – the illustrated amounts based on the valid quote are guaranteed (regardless if payout rates are higher or lower at the time of issue). However, the actual income payment amount calculated on the annuity issue date may differ from the valid quote submitted when any of the following parameters change:
 - Age and gender of annuitant(s)
 - Purchase premium amount
 - Selected payout option (including any election of a reduction in survivor benefit for joint life payout options), payment frequency, state of residence, and income payment start date (which must be on or after the contract issue date)

If there is any change in these parameters, the contract may be issued with an income payment amount that is higher or lower than what is illustrated. The contract will be issued based on the factors listed on the application and the underlying locked payout rate.

- **NO** is selected on 60-day (75 for the state of New York) Payout Rate Lock Authorization form – the income payment amount will be calculated based on the payout rate effective the date the contract is issued.

If the contract is NOT issued within 60 (75 for the state of New York) calendar days from the date the application was signed*, the income payment amount will be calculated based on the payout rate effective the date the contract is issued.

*For Regulation 60, the 75 calendar day rate lock begins on the application signed date (1-Step) or the Definition of Replacement signed date (2-Step).

Annuities issued by American General Life Insurance Company (AGL) except in New York, where issued by The United States Life Insurance Company in the City of New York (US Life). Issuing companies AGL and US Life are responsible for financial obligations of insurance products and are members of American International Group, Inc. (AIG).

AIG is a leading international insurance organization serving customers in more than 100 countries and jurisdictions. AIG companies serve commercial, institutional, and individual customers through one of the most extensive worldwide property-casualty networks of any insurer. In addition, AIG companies are leading providers of life insurance and retirement services in the United States. All products and services are written or provided by subsidiaries or affiliates of AIG. Noninsurance products and services may be provided by independent third parties. AIG common stock is listed on the New York Stock Exchange and the Tokyo Stock Exchange. www.aig.com.

May not be available in all states and product features may vary by state. Please refer to your contract.

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AC 356 (03/2017) J101386

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American General Life Insurance Company (AGL)

Client Profile Form

Instructions:

- Complete this form if the contract owner is an individual or a revocable trust.
- This form should be completed using the contract owner's information. If the contract owner is a revocable trust, use the trust grantor's information.
- If the contract owner is a non-natural entity, other than a revocable trust, complete Suitability Form A1005CPT.
- Check that all questions are answered completely and accurately.
- This form must be completed, signed, and dated to consider your application.
- Corrections or updates to information on this form must be initialed by the client.

Incomplete forms will delay processing. Do not leave any questions blank. All responses must be legible.

If any information provided changes before the contract is issued, you must provide notice to AGL. A change in information may require an explanation and further review. You may be asked to verify the accuracy of the information on this form. **Please be aware, AGL may decline to issue an annuity contract based on the suitability information provided on this form.**

Section I – Owner Information

| | | |
|---|---|-------------------------------------|
| 1a. Owner Name Ellen S. Wissemann | 1b. Owner Date of Birth 02/10/1941 | 1c. Owner SSN 096-32-1373 |
| 2a. Joint Owner Name (If applicable) | 2b. Joint Owner Date of Birth | 2c. Joint Owner SSN |
| 3. Please indicate your experience level with financial, insurance, or investment products: <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Extensive | | |
| 4. What is your risk tolerance with respect to the purchase of this annuity? (check one) <input type="checkbox"/> Conservative <i>I prefer little to no market risk.</i> <input checked="" type="checkbox"/> Moderate <i>I am willing to accept some market risk to achieve higher returns.</i> <input type="checkbox"/> Aggressive <i>I am willing to accept maximum market risk to achieve maximum returns.</i> | 5. What are your financial goals for purchasing this annuity? (check all that apply) <input checked="" type="checkbox"/> Guaranteed Income <input type="checkbox"/> Education Financing <input type="checkbox"/> Safety of Principal <input type="checkbox"/> Estate Planning <input type="checkbox"/> Tax Savings <input type="checkbox"/> Other _____ <input type="checkbox"/> Asset Growth _____ | |
| 6. How long do you anticipate keeping this annuity with AGL? <input type="checkbox"/> Less than 3 years <input type="checkbox"/> 4-7 years <input type="checkbox"/> 8-10 years <input checked="" type="checkbox"/> Longer than 10 years | | |
| 7. Do you anticipate taking any withdrawals prior to age 59½? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (Over 59 ½) (If yes, please explain) _____ | | |
| 8. Do you anticipate accessing more than the penalty-free amount in any year during the annuity's surrender charge period? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (Single Premium Immediate Annuity (SPIA) or Deferred Income Annuity (DIA)) | | |
| 9. Do you have any existing life insurance or annuity contracts that were sold to you by the same agent that has recommended this sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

Section II – Financial Information

| | | | | | | | | | |
|--|--|---|---|--|---|---|---|--------------------------------------|--|
| <p>10. What is your total <u>annual</u> household gross income?</p> <p style="margin-left: 20px;">\$ <u>150,000.00</u> (annual amount)</p> | <p>11. Please identify the source(s) of your household income. (check all that apply)</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Employment/Self Employment</td> <td><input checked="" type="checkbox"/> Social Security</td> </tr> <tr> <td><input type="checkbox"/> Pension/Retirement Benefits</td> <td><input checked="" type="checkbox"/> Annuity</td> </tr> <tr> <td><input checked="" type="checkbox"/> Investments</td> <td><input type="checkbox"/> Reverse Mortgage</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table> | <input type="checkbox"/> Employment/Self Employment | <input checked="" type="checkbox"/> Social Security | <input type="checkbox"/> Pension/Retirement Benefits | <input checked="" type="checkbox"/> Annuity | <input checked="" type="checkbox"/> Investments | <input type="checkbox"/> Reverse Mortgage | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Employment/Self Employment | <input checked="" type="checkbox"/> Social Security | | | | | | | | |
| <input type="checkbox"/> Pension/Retirement Benefits | <input checked="" type="checkbox"/> Annuity | | | | | | | | |
| <input checked="" type="checkbox"/> Investments | <input type="checkbox"/> Reverse Mortgage | | | | | | | | |
| <input type="checkbox"/> Other _____ | | | | | | | | | |
| <p>12. What are your approximate <u>annual</u> household living expenses (include housing, insurance, food, healthcare, taxes, etc.)?</p> <p style="margin-left: 20px;">\$ <u>50,000.00</u> (annual amount)</p> | <p>13. What is your federal income tax bracket?</p> <p><input type="checkbox"/> Less than 15%</p> <p><input checked="" type="checkbox"/> 15-28%</p> <p><input type="checkbox"/> Greater than 28%</p> | | | | | | | | |

14. After the purchase of this annuity, will you have sufficient cash or other sources of income available for emergencies?

Yes No

15. Source of funds for this annuity:

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Savings/Checking/Money Market | <input type="checkbox"/> Certificate of Deposit (CD) | <input type="checkbox"/> Home Equity Loan |
| <input type="checkbox"/> Annuity (Page 3 Required) | <input type="checkbox"/> Stocks/Bonds/Mutual Funds | <input type="checkbox"/> Reverse Mortgage |
| <input type="checkbox"/> Life Insurance (Page 3 Required) | <input type="checkbox"/> Employer Retirement Plan (401(k), 403(b), Pension, etc.) | <input type="checkbox"/> Other _____ |

16. Complete the Asset Inventory below: Please provide the total value for each asset type below, **after the purchase of this annuity**. If you do not own a specific asset type, please complete with \$0. All asset(s) below left blank will be assumed to have a value of \$0.

Expected Premium Amount for this Annuity: 200,000.00 (Do not include this value in the grid below)

| Non-Qualified Asset Types | Value | Non-Qualified Asset Types | Value |
|---|------------------------|---|----------------------|
| a. Cash/Checking/Savings/Money Market/CD | \$ <u>100,000.00</u> | b. Real Estate Equity (excluding primary residence) | \$ <u>375,000.00</u> |
| c. Stocks/Bonds | \$ <u>800,000.00</u> | d. Life Insurance Cash Value | \$ <u>0</u> |
| e. Non-Qualified Mutual Funds (exclude Class B funds subject to deferred sales charges) | \$ <u>0</u> | f. Non-Qualified Class B Mutual Funds (subject to deferred sales charges) | \$ <u>0</u> |
| g. Non-Qualified Annuities subject to surrender penalties | \$ <u>0</u> | h. Non-Qualified Annuities <u>not</u> subject to surrender penalties | \$ <u>0</u> |
| Qualified Asset Types | Value | Qualified Asset Types | Value |
| i. Qualified Mutual Funds (exclude Class B funds subject to deferred sales charges) | \$ <u>0</u> | j. Class B Qualified Mutual Funds (subject to deferred sales charges) | \$ <u>0</u> |
| k. Qualified Annuities subject to surrender penalties | \$ <u>1,200,000.00</u> | l. Qualified Annuities <u>not</u> subject to surrender penalties | \$ <u>0</u> |
| m. Other Qualified Plans (401(k), 403(b), 457, Pension, IRA's, etc.) | \$ <u>0</u> | | |

17. Will the purchase of this annuity prevent you from meeting any financial liabilities and/or obligations (including mortgage loans, auto loans, credit card debt, insurance premiums, etc.)?

Yes No
(If yes, please explain) _____

18. Are you purchasing this annuity in order to qualify, 'spend down' or become eligible for any needs-based governmental benefit program, such as Medicaid or a veteran's benefit (exclude Social Security and Medicare)?

Yes No
(If yes, please explain) _____

Note: AGL Annuity products are not designed with the intent of satisfying the requirements of 'spend down' strategies typically associated with qualifying for needs-based governmental benefit programs, such as Medicaid or veteran's benefits.

19. Do you expect significant changes in your financial situation or needs, annual income, existing assets, liquidity needs, liquid net worth or tax status during the surrender charge period?

Yes No
(If yes, please indicate whether any of the financial information provided above will be impacted.) _____

Section III – Replacement Information

20. Will the purchase of this annuity result in the replacement of an existing annuity contract or life insurance policy?
 Yes No (If no, please skip questions 21-24 and the table below)

21. Please indicate the type of replacement taking place:
 Annuity to Annuity (Please complete the table below) Life Insurance to Annuity **N/A**

22. Are you replacing your life insurance and/or annuity policy(ies) because the annuity being purchased is better suited for your current financial goals?
 Yes No **N/A**

23. Excluding this replacement, have you had any other annuity exchange or replacement within the past 36 months (60 months in California & Minnesota)?
 Yes No

COMPLETE TABLE IF THIS IS AN ANNUITY-TO-ANNUITY REPLACEMENT ONLY

Please complete this section in its entirety. If the requested information is unknown, please contact your existing annuity company. If information is not applicable, please fill in "not applicable" or "N/A".

If replacing more than one contract, please completely fill in the information for each replacement. If replacing more than two contracts, complete additional charts, and the owner(s) and agent(s) should sign and date the additional paperwork.

| Existing Annuity Contract Information | Existing Contract #1 | Existing Contract #2 |
|--|--|--|
| Company Name | | |
| Contract Number | | |
| Annuity Type (Fixed, Index or Variable) | | |
| Contract Issue Date | | |
| Current Contract Value | \$ _____ | \$ _____ |
| Death Benefit Value | \$ _____ | \$ _____ |
| Actual or Estimated Amount Being Transferred to AGL | \$ _____ | \$ _____ |
| Surrender Charge or Penalty Assessed on Amount Being Transferred | \$ _____ | \$ _____ |
| Market Value Adjustment (MVA)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Estimated MVA amount that will apply (if none, list \$0). Indicate if the MVA amount will be added (+) to or subtracted (-) from the amount being transferred as listed above. | \$ _____ | \$ _____ |
| Optional Living Benefit | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fixed Annuity Interest Rates (Also Fixed Account where applicable for Variable and Index Annuities) | Current: _____% Minimum: _____% | Current: _____% Minimum: _____% |
| Same selling agent on existing contract and new contract? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

24. Please provide a summary explaining why the annuity contract being replaced is no longer meeting your financial objectives and how the replacing annuity contract will meet your current needs and financial objectives.

Section IV – Complete for SPIA or DIA Only

25. Is the "Lifetime Income Only" payout option selected?
 Yes No N/A (Fixed or Index Annuity)
Note: If yes, no further income payment will be made and this contract will terminate at the death of the annuitant(s).

26. Are you aware that the income annuity being purchased permanently converts your premium to a guaranteed stream of payments and your access to the premium used to purchase the annuity will be restricted?
 Yes No N/A (Fixed or Index Annuity)

27. If this purchase will result in a replacement of a deferred annuity, will the income annuity being purchased provide a higher income stream than what you would be able to receive under the terms of your existing annuity contract that is being replaced?
 Yes No N/A (Not a replacement, or purchasing Fixed or Index Annuity)
 (If no, please explain) _____

Section V – Disclosure

American General Life Insurance Company requires that your licensed agent determine whether the purchase of an annuity is consistent with your financial needs and objectives. AGL relies on the information presented on this form to validate whether the annuity purchase is suitable for you.

For New Jersey residents only:
 The sale and suitability of annuities is regulated by the Department of Banking and Insurance, you may obtain assistance by visiting the Department's website at www.state.nj.us/dobi or by contacting (609) 292-7272 or (800) 446-7467.

Section VI – Acknowledgements and Signatures

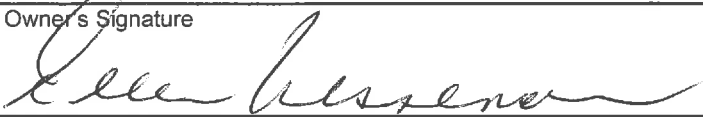
OWNER:
 By signing this form, I (and Joint Owner, if any) affirm each of the following: To the best of my knowledge and belief, the information I provided to my agent and shown above is true and complete, and was obtained prior to my purchase of the annuity. I understand that my failure to provide true and complete information may affect the ability of my agent and AGL to determine the suitability of the product being applied for and may limit the protection provided by regulations regarding suitability of the annuity being purchased.

I have been informed of the various features of the annuity being purchased, and I certify that it is suitable for me based on my financial needs and objectives.

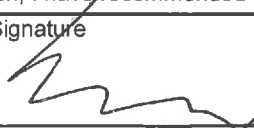
If I am purchasing this annuity contract for a Traditional or Roth IRA, I understand that a Traditional IRA already provides tax deferral or that Roth IRAs, subject to certain restrictions, provide tax-free accumulation and that such deferral will NOT be enhanced by this annuity contract. I understand that I should consult my tax advisor if I have any questions about tax savings and the purchase of this annuity.

For Index and Fixed Deferred Only: I understand that access to the funds used to purchase this annuity, in excess of the free withdrawal amount during the withdrawal charge period, may result in a penalty.

For SPIA or DIA Only: I understand that, with limited exceptions, I am permanently converting my premium into an income stream.

| | |
|--|-------------------|
| Owner's Signature  | Date 9/15/2020 |
| Joint Owner's Signature | Date |

AGENT:
 By signing this form, I affirm the following: To the best of my knowledge and belief, the information on the form is true and complete, and was obtained prior to the purchase of the annuity. Based on information provided by the owner(s) and my review of such information, I have recommended this annuity as suitable for the financial needs and objectives of the owner(s).

| | |
|--|-----------------|
| Agent's Signature  | Date 9/15/20 |
| Broker/Dealer, Firm or Affiliation Seenan Holtz | |

60-DAY PAYOUT RATE LOCK AUTHORIZATION

The 60-Day payout rate lock is available for income annuity cases (limited up to \$1,000,000 of premium) involving 1035 Exchanges or Trustee-to-Trustee transfers. If the payout rate lock is selected, the payout rates used for determining annuity payments will be locked for 60 calendar days from the date the application paperwork was signed, regardless of the current payout rates (whether higher or lower) in effect at the time the funds are received by AGL. If the rate lock is not selected, the payout rates used to determine annuity payments will be the payout rates in effect at the time the funds are received by AGL. In the case of multiple exchanges/transfers, the payout rates used will be the ones in effect at the time the last transfer is received by AGL. In the event the transfer of funds takes longer than 60 calendar days, the rate lock will expire and the payout rate will be the current rate at the time all transfers are received by AGL. If no selection is made, you will be deemed to have checked the "No" box below, and AGL will use the payout rates in effect at the time all funds are received from the current trustee/custodian.

If no selection is made, you will be deemed to have checked the "No" box below, and AGL will use the payout rates in effect at the time all funds are received from the current trustee/custodian.

The payout rates are based upon the quote provided with the completed Single Premium Income Annuity Application. If for some reason the quote provided is invalid or expired when received by AGL, a new quote will be generated at that time and that quote date will be the first day of the new 60 day period.

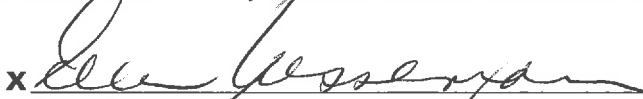
If transfer is for \$1 million or less, select an option by checking the appropriate box.

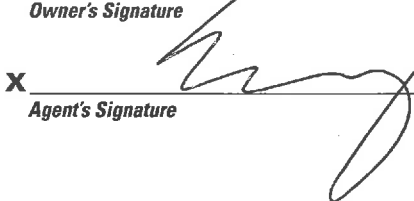
Yes, lock the current payout rates available at the time the application paperwork was signed.
I understand the payout rate lock expires in 60 calendar days.

No, do not lock the current payout rates, instead use the payout rates available at the time all funds are received by AGL.

AGL will diligently seek payment of funds during the 60 day period. In the event AGL finds payment of the funds is being delayed as a result of actions on your part, or the part of any person or entity directly or indirectly under your control, the 60 Day payout rate lock will be deemed to have expired, and AGL will use the payout rate available at the time all funds are received by AGL.

I understand that my selection above is irrevocable once the Exchange/Transfer request is completed and signed.

X  _____ 9/15/2020 _____
Owner's Signature Date

X  _____ 9/15/20 _____
Agent's Signature Date

American General Life Insurance Company

Mailing Address: Annuity Service Center • P.O. Box 2708 • Amarillo, TX 79105-2708

Overnight Mailing Address: Annuity Service Center • 1050 North Western Street • Amarillo, TX 79106-7011 **Owner Acknowledgement**

**American Pathway[®] Immediate Annuity
Single Premium Immediate Annuity**

www.aig.com/annuities

Contract Number: _____

This is a summary document and is not a part of your contract with the insurer. It provides basic information about costs and benefits of your contract. Your annuity contract contains complete details.

General Description: The American Pathway Immediate Annuity is a fixed single-premium immediate annuity issued by American General Life Insurance Company (“the Company”). This annuity is single premium which means you buy it with one premium (payment). This annuity is immediate, which means it provides periodic income payments which begin within one year of your Contract Date. It is also irrevocable, which means that you permanently convert your premium into a guaranteed stream of payments and access to your money will be restricted. **THE AMERICAN PATHWAY IMMEDIATE ANNUITY HAS NO CASH VALUE OR SURRENDER VALUE.**

If you have questions about this annuity, please ask your agent, broker or advisor, or contact a company representative at 800-975-7978.

Right to Examine Contract: If after reading the contract you are not satisfied for any reason, you may return the contract to us within ten (10) days (or longer in some states) after receiving it and receive a prompt refund of the premium paid. Mail or surrender the contract, along with a written request for cancellation, to the address at the top of this page.

Owner – The person(s) or entity entitled to the ownership rights as specified in the “Owner” provisions of the annuity.

Annuitant – The “measuring life” on the annuity designated by the Owner in the application.

Beneficiary – The person or persons who will receive payment of any death benefit as designated by the Owner.

Premium and Maximum Issue Age – Minimum initial purchase premium is \$10,000 and the minimum income payment is \$100. Total premium paid may not exceed \$1,000,000 without prior home-office approval. The maximum issue age is 90 and 85 for lifetime income only payment options.

INCOME PAYMENTS:

The following payout options may be selected on a single life or joint life basis:

- Lifetime income only
- Lifetime income with certain period
- Lifetime income with cash (lump sum) refund
- Lifetime income with installment refund
- Certain period only (no lifetime income)

If you select a single life only or joint life only payment option, income payments will cease upon the death of the Annuitant (or the surviving Annuitant, for the joint life only option) and no additional payments will be made.

The amount of each income payment is dependent upon:

- The single premium used to purchase the annuity;
- The payout option and features selected;
- The Annuitant’s age and gender; and
- The current annuity rates in effect at the time the contract is issued.

Optional annual payment adjustments (annual percentage increase and flat dollar increase) are available with this annuity.

If you die before income payments begin, the single premium less any withdrawals will be paid as provided under the terms of your contract.

INCOME END DATE: For certain period contracts with no life contingency, the contract terminates at the end of the specified payout period. For life contingent contracts, the contract terminates on the date that all guaranteed income payments have been made and no Annuitant is living.

NON-SURRENDERABILITY: The American Pathway Immediate Annuity is irrevocable; it permanently converts your single Premium to a stream of income payments. There is no cash value and payments may not be advanced, accelerated or commuted except as may be otherwise stated in the contract and any applicable riders or endorsements.

ADVANCE PAYMENT OPTION: If you are receiving income payments on a monthly basis, the Annuity Income Payment Advance Rider allows you to request a lump-sum payment equal to the value of the next six months' worth of income payments. Your regularly scheduled income payments will resume after six months. You may exercise this option if you are age 59 ½ or older and the contract is a non-qualified plan. Accelerated income payments are fully taxable. This option may only be elected twice during the payout period.

COMMUTATION WITHDRAWAL BENEFIT RIDER: The Withdrawal Benefit Rider permits Owners who elect certain payout options to access the commuted value of part or all of remaining guaranteed income payments. One year after your income payments begin you may elect this one-time lump sum withdrawal of up to 100% of the present value of your remaining guaranteed income payments. This withdrawal is subject to certain restrictions. There is no charge for this rider but amounts withdrawn may be subject to a surrender charge as follows:

| Surrender Charge Schedule | | | | | | | | | | |
|--------------------------------------|-----|-----|----|----|----|----|----|----|----|------------|
| Contract Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Thereafter |
| Charge | N/A | N/A | 7% | 6% | 5% | 4% | 3% | 2% | 1% | 0% |
| % of commuted value withdrawn | | | | | | | | | | |

A commutation will reduce any remaining guaranteed income payments by the same percentage as the withdrawal. The amount of any lifetime income payments will not change.

This option IS NOT available with lifetime income only, certain period only, or any income payment option that includes an annual payment increase. There is a 6 month waiting period if the Advance Payment Option is exercised. The benefit is available only for non-qualified and Roth IRA contracts.

TAXES: If you purchase the annuity with pre-tax dollars, then your annuity is considered to be qualified. If you purchase with after-tax dollars, then your annuity is considered to be non-qualified. The tax status of your annuity is shown on your application. If your application reflects you are purchasing this contract as an Individual Retirement Annuity (IRA) or Roth IRA, the appropriate endorsement will be included with your contract.

For contracts purchased with qualified funds, payments are fully taxable as ordinary income. For contracts purchased with non-qualified funds, a portion of each income payment is considered a return of the original investment and is excludable from gross income until fully recouped, and a portion is considered earnings and taxed as ordinary income. Once the original investment in the contract is exhausted, all future payments will be fully taxable. Other types of payments/withdrawals are taxed as ordinary income and may reduce any future guaranteed income payments and any death benefit. A withdrawal tax penalty may apply on any taxable income payments or withdrawals if taken before age 59½. There may be some exceptions to this tax penalty; therefore, you may wish to consult a tax advisor for further guidance.

This single premium income product may not be appropriate for use with contributory IRAs (IRA, Roth, SEP) if you plan to make ongoing contributions. Annuities offer tax deferral. Keep in mind, if your purchase is tax-qualified (such as an IRA), the annuity provides no additional tax-deferred benefit beyond that provided by the plan. However, annuities do provide other features such as guaranteed payments and lifetime income. You should only use an annuity in a tax-qualified plan if you want to benefit from features other than tax deferral. Please consult with your financial and tax advisor regarding your individual situation.

This information is general in nature, may be subject to change, and does not constitute legal, tax or accounting advice from any company, its employees, financial professionals or other representatives. Applicable laws and regulations are complex and subject to change. Neither the issuing insurance company nor its distributors or representatives give tax, accounting, or legal advice. You should consult qualified tax counsel or a qualified tax advisor about all tax issues relating to this contract. Any tax statements in this material are not intended to suggest the avoidance of U.S. federal, state or local tax penalties.

OTHER IMPORTANT INFORMATION:

- The Company may change your annuity contract to comply with federal or state laws and regulations. If changes are required, you will be notified about the changes in writing.
- The Company pays the agent, broker or firm for selling the annuity to you. They may receive more compensation for selling this annuity contract than for selling other annuity contracts.
- Product rates and features may vary by state and selling firm.

Not a deposit | Not insured by any federal government agency
May lose value | No bank or credit union guarantee | Not FDIC/NCUA/NCUSIF insured

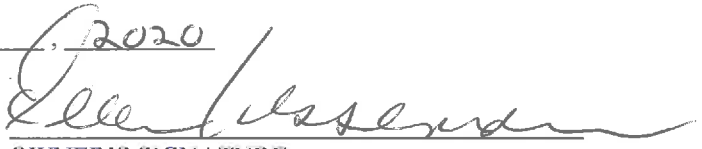
Regarding sales subject to the Department of Labor (“DOL”) Fiduciary Rule, the company is not acting as a fiduciary or supervising fiduciary activity of agents.

OWNER’S STATEMENT: The undersigned Owner(s) acknowledges that he/she:

- (a) Has read and understands the above items;
- (b) Has received a copy of this Owner Acknowledgement;
- (c) Has paid a single premium of \$ 200,000.00 to purchase a Lifetime with certain 5 year period certain (payout option) immediate annuity with payments of \$ 150.55 per Month (frequency of payments) from American General Life Insurance Company; and
- (d) Has applied for a qualified non-qualified annuity.

Signed this 15th day of September, 2020

Ellen S. Wissemann
OWNER’S NAME (Please Print)


OWNER’S SIGNATURE

JOINT OWNER’S NAME, IF ANY (Please Print)

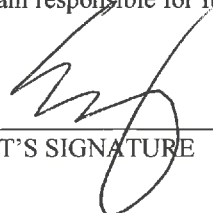
JOINT OWNER’S SIGNATURE

AGENT’S STATEMENT: I have provided accurate information to the client regarding this annuity. I have made my client aware that this product is intended to provide periodic income payments and has no cash value or surrender value.

Based on the suitability information gathered by me, I have a reasonable basis to believe that: (a) the applicant would benefit from the elected features of the annuity; (b) this annuity, as a whole, is suitable, and (c) if this is a replacement, the sale of this annuity is a reasonable product for the applicant.

By signing below, I, as the agent (or on behalf of all agents, if there is a split commission) acknowledge my obligation to comply with any applicable federal and state laws and regulations applicable to the solicitation of this product including, as applicable, compliance with the DOL Fiduciary Rule's impartial conduct standards and disclosure requirements. I further acknowledge and agree that I am responsible for fulfilling any fiduciary obligations resulting from the DOL Fiduciary Rule.

Eric Holtz
AGENT’S NAME (Please Print)


AGENT’S SIGNATURE

ANNUITY SUITABILITY QUESTIONNAIRE

Owner: Last Wisseman First Ellen Middle Sara
 Date of Birth 02 / 10 / 1941 Age 79 Sex Female
 Entity: N/A
 Tax Status Single Relationship to Annuitant(s): Self
 Form of Ownership: Self
 Supporting documents (list): _____

| | |
|--|---|
| Annual Income: | <u>150,000.00</u> |
| Source of Income: | <u>SS, annuity, investments</u> |
| Annual Household Income: | <u>150,000.00</u> |
| Existing Assets: | <u>2,875,000.00</u> |
| Existing Liquid Net Worth: | <u>1,100,000.00</u> |
| Do you currently own any annuities? Please list: <u>Nationwide Annuity 1.2 million value</u> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you currently own life insurance? Please list: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Does your income cover all your living expenses including medical? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you expect changes to your living expenses? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Do you anticipate changes in your out-of-pocket medical expenses? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Is your income sufficient to cover future changes in your living and/or out-of-pocket medical expenses during the surrender charge period? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have an emergency fund for unexpected expenses? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Why are you purchasing this annuity? Guaranteed Income

What are your financial objectives for this purchase? (Check all that apply)

- Income Growth (long term) Safety of Principal and Income
- Safety of Principal and Growth Pass assets to a beneficiary or beneficiaries at death
- Other: _____

Ellen Wisseman
 Owner's Signature

9/15/2020
 Date Signed

Describe your risk tolerance: (Check all that apply)

- Conservative Moderately conservative Moderate Moderately aggressive
 Aggressive Other: _____

Comments: _____

Describe your investment experience by type and length of time: 60 years of stocks, bonds, private investment and 25 years of annuities

What is the source of the funds for the purchase of the proposed annuity? Savings account

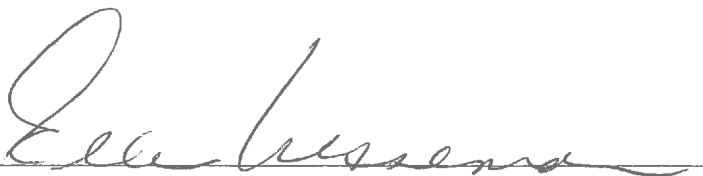
How many years from today will you need access to your funds without a penalty? 0

Will the proposed annuity replace any product? Yes No

If yes, will you pay a penalty or other charge to obtain these funds? N/A Yes No

If yes, the amount of the charge or penalty? \$ _____

Additional Information:


Owner's Signature

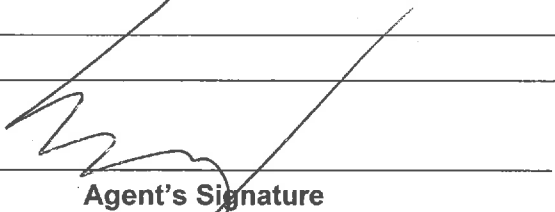
9/15/2020
Date Signed

Note: The following three sections to be completed by the agent, insurer, or Managing General Agent proposing purchase; each section requires a response; no section may be left blank or contain a response consisting of "None" or "N/A".

Advantages of purchasing the proposed annuity: Guaranteed Lifetime Income

Disadvantages of purchasing the proposed annuity: Going up my asset

The basis for my recommendation to purchase the proposed annuity or to replace or exchange your existing annuity (ies): Guaranteed Lifetime Income


Agent's Signature

9/15/20
Date Signed

Note: No questions or response areas are to be left blank when offered to the Owner for signature. If any information requested is unavailable, not applicable or unknown, the insurance agent or insurer must indicate that.

ACKNOWLEDGEMENTS AND SIGNATURES

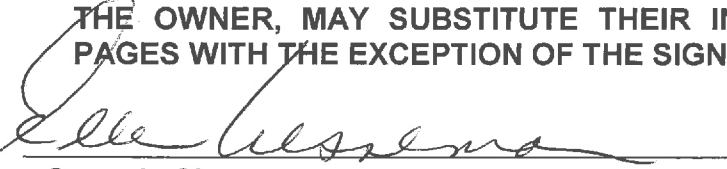
I understand that should I decline to provide the requested information or should I provide inaccurate information, I am limiting the protection afforded me by the Florida Statutes regarding the suitability of this purchase.

- I **REFUSE** to provide this information at this time.
- I have chosen to provide **LIMITED** information at this time.
- My annuity purchase **IS NOT BASED** on the recommendation of this agent or the insurer.
- My annuity purchase **IS BASED** on the recommendation of this agent or the insurer.

APPLICANT:

DO NOT SIGN THIS FORM IF ANY ITEM HAS BEEN LEFT BLANK, BEFORE CAREFULLY REVIEWING THE INFORMATION RECORDED, OR IF ANY OF THE INFORMATION RECORDED IS NOT TRUE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

THE OWNER, MAY SUBSTITUTE THEIR INITIALS FOR SIGNATURES ON ALL FORM PAGES WITH THE EXCEPTION OF THE SIGNATURES BELOW, WHICH ARE REQUIRED.


Owner's Signature

9/15/2020
Date Signed

EXPLANATION OF TERMS

“Age” is the natural person’s attained age on the day the form is completed.

“Tax Status” is the owner’s Federal Income Tax filing status such as “single” or “married filing jointly”; if “Exempt”, so state.

“Form of Ownership” is the type of entity, other than a natural person, including a corporation, trust, partnership, limited liability company, or other business or not-for-profit entity.

“Supporting documents” are the documents that provide a basis for the relationship between the Proposed Annuitant, and the Owner as it may exist.

“Annual income” is income received during a calendar year, whether earned or unearned.

“Source of annual income” is the income-generating source, such as pension income, dividends, or earned income etc.

“Annual household income” is the combined annual income received by all household members each calendar year.

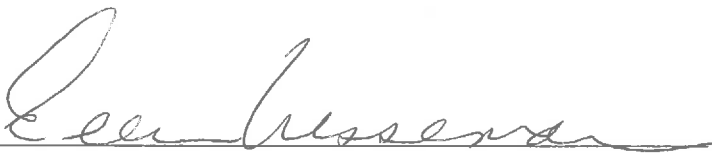
“Existing Assets” are financial assets including life insurance and annuities.

“Existing Liquid Net Worth” is applicable to those net assets that can readily be converted into their cash equivalent, without loss of principal after all surrender charges or other deductions have been taken.

“Financial Objectives” are the owner’s stated goals as described to the insurance agent or insurer, if no insurance agent is involved. These may include but are not limited to the following: (1) Income, (2) Growth (long term capital appreciation), (3) Safety of Principal and Income, (4) Safety of Principal and Growth, (5) To pass the investment to a beneficiary or beneficiaries at death.

“Risk Tolerance” means the degree of uncertainty that an investor can reasonably tolerate with regard to a negative change in his or her investments. Examples of risk tolerance levels may include the following: (1) Conservative (prefer little or no risk), (2) Moderately conservative (some risk, reduced safety of principal), (3) Moderate (average risk with potential losses and potentially higher returns), (4) Moderately aggressive (above average risk with potential losses, risk of principal and potentially higher returns), (5) Aggressive (willing to sustain losses or loss of principal in pursuit of higher returns).

“Source of the funds” to be used to purchase the proposed annuity means from where the funds will come to purchase the annuity, and may include but are not limited to; (1) An existing annuity or life insurance contract, (2) Liquid Assets, including but not limited to, cash in banks, maturing certificates of deposit, and money market accounts, (3) Personal Loans, (4) Equity Loans, (5) Mortgages, Reverse Mortgages, (6) Death Benefit Proceeds, (7) Funds received upon retirement from employment, including but not limited to, 401(k) accounts, pensions, and other tax-sheltered funds, (8) Equities, mutual funds, or bonds, (9) Proceeds from real estate transactions.



Owner’s Signature



Date Signed

FIRST AMENDMENT TO RESTATED AND AMENDED TRUST AGREEMENT

Grantor, ELLEN S. WISSEMANN, hereby amends the Restated and Amended Declaration of the ELLEN S. WISSEMANN Trust dated April 24, 2014, pursuant to Article III thereof, as follows:

ITEM I

Article VII is hereby deleted in its entirety and replaced with the following language:

Upon the death of the Grantor, the Successor Trustee shall distribute the rest, residue and remainder of the Trust Estate as follows:

1. A Specific Bequest of the Grantor's house, located at 11049 Via Amalfi, Boynton Beach, Florida 33437, shall be distributed to BRANDY MICHELE GOLDSTEIN, if living.
2. The rest, residue and remainder shall be distributed as follows:
 - A. One-Sixth (1/6) to the MAKE-A-WISH FOUNDATION OF AMERICA, located in Phoenix, Arizona, to be distributed in memory of JACOB FREEMAN and ZELDA FREEMAN. In the event that such organization is no longer in existence at the time of the Grantor's death, then this share shall instead be distributed to the Grantor's remaining named beneficiaries under this Paragraph 2, in equal shares.
 - B. One-Sixth (1/6) to YAD VASHEM, THE HOLOCAUST MARTYRS' AND HEROES' REMEMBRANCE AUTHORITY, located in Jerusalem, Israel, to be distributed in memory of JACOB FREEMAN and ZELDA FREEMAN. In the event that such organization is no longer in existence at the time of the Grantor's death, then this share shall instead be distributed to the Grantor's remaining named beneficiaries under this Paragraph 2, in equal shares.
 - C. One-Sixth (1/6) to RONALD MCDONALD HOUSE CHARITIES, INC., located in Chicago, Illinois, to be distributed in memory of JACOB FREEMAN and ZELDA FREEMAN.



In the event that such organization is no longer in existence at the time of the Grantor's death, then this share shall instead be distributed to the Grantor's remaining named beneficiaries under this Paragraph 2, in equal shares.

D. One-Sixth (1/6) to the UNLIMBITED FOUNDATION, located in Jupiter, Florida, to be distributed in memory of JACOB FREEMAN and ZELDA FREEMAN. In the event that such organization is no longer in existence at the time of the Grantor's death, then this share shall instead be distributed to the Grantor's remaining named beneficiaries under this Paragraph 2, in equal shares.

E. One-Sixth (1/6) to SPECIAL COMPASS, INC., located in Cooper City, Florida, to be distributed in memory of JACOB FREEMAN and ZELDA FREEMAN. In the event that such organization is no longer in existence at the time of the Grantor's death, then this share shall instead be distributed to the Grantor's remaining named beneficiaries under this Paragraph 2, in equal shares.

F. One-Sixth (1/6) to the KINGS ACADEMY, INC., located in West Palm Beach, Florida, to be distributed in memory of JACOB FREEMAN and ZELDA FREEMAN. In the event that such organization is no longer in existence at the time of the Grantor's death, then this share shall instead be distributed to the Grantor's remaining named beneficiaries under this Paragraph 2, in equal shares.

3. The Grantor has made no provisions for the Grantor's children, SCOTT PETER WISSEMAN, LANA GAYLE WISSEMAN and DAVID MARC WISSEMAN, for reasons best known to the Grantor.

ITEM II

Article XI, Paragraph A is hereby deleted in its entirety and replaced with the following language:

A. As Successor Trustee of all Trusts created hereunder, the Grantor names her friend, EDWARD R. LEVITT, to act. In the event that the Grantor's friend, EDWARD R. LEVITT, is



unable or unwilling to act, the Grantor names her friend, RAYE FESETTE, to act as Successor Trustee.

All Successor Trustees shall be qualified to act without qualification or any other affirmative action whatsoever. Whenever the context requires, wherever the word Trustee appears, the singular shall include the plural. All Successor Trustees shall have all of the powers given the original Trustees. No Successor Trustee shall be liable for any act or omission of any predecessor and may accept the property received, without a prior accounting, without incurring any liability for doing so.

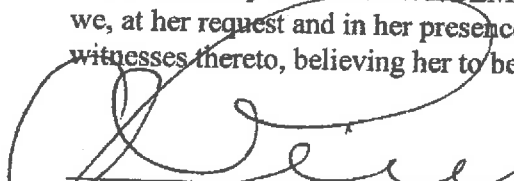
ITEM III

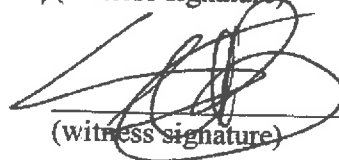
In all other respects Grantor confirms the Restated and Amended Declaration of Trust dated April 24, 2014, except as modified by this First Amendment, reserving the right to further amend or revoke the same and this First Amendment thereto.

IN WITNESS WHEREOF, Grantor has signed this First Amendment this 17th day of July, 2019.


ELLEN S. WISSEMAN

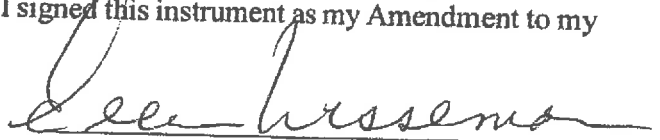
WE HEREBY CERTIFY that the above instrument was on the date thereof signed, sealed and declared by ELLEN S. WISSEMAN as her Amendment to her Trust in our presence, and that we, at her request and in her presence and in the presence of each other, have signed our names as witnesses thereto, believing her to be of sound mind and memory at the time of signing.


(witness signature) _____ residing in Palm Beach County, Florida


(witness signature) _____ residing in Palm Beach County, Florida

State of Florida
County of Palm Beach

I, ELLEN S. WISSEMANN, declare to the officer taking my acknowledgment of this instrument, and to the subscribing witnesses, that I signed this instrument as my Amendment to my Trust.


ELLEN S. WISSEMANN, Grantor

WE,

Ashley Lilly

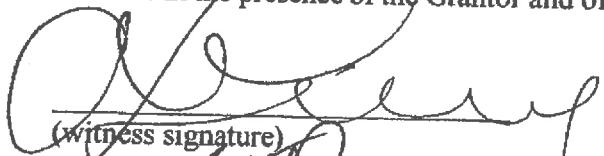
, and

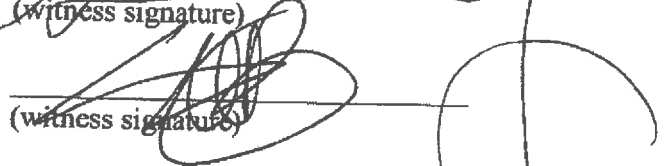
Samantha Bodle

(witness print name)

(witness print name)

have been sworn by the officer signing below, and declare to that officer on our oaths that the Grantor declared the instrument to be the Grantor's Amendment to her Trust and signed it in our presence and that we each signed the instrument as witnesses in the presence of the Grantor and of each other.


(witness signature)


(witness signature)

Acknowledged and subscribed before me by ELLEN S. WISSEMANN, the Grantor, who is personally known to me or who has produced a driver's license as identification, and sworn to and subscribed before me by

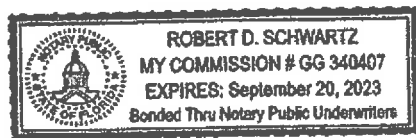
Ashley Lilly, and

(witness print name)

Samantha Bodle

(witness print name)

the witnesses, who are personally known to me or have produced driver's licenses as identification, and subscribed by me in the presence of the Grantor and the subscribing witnesses, all on July 17, 2019.




Notary Public

My commission expires:

This document prepared by:
ROBERT D. SCHWARTZ, P.A.
1901 S. Congress Avenue, Suite 215
Boynton Beach, Florida 33426
(561) 736-3440
Toll Free 1-888-615-8641

FIRST CODICIL TO THE LAST WILL & TESTAMENT

OF

ELLEN S. WISSEMAN

I, the undersigned, a permanent resident of Palm Beach County, Florida, declare this to be my First Codicil to my Last Will and Testament, executed by me on April 24, 2014, in the presence of Brittany Ellis and Maygen Sears, and hereby ratify, republish and reaffirm said Last Will and Testament in all respects, except as hereinafter modified, to wit:

ITEM I

I do hereby delete Article VIII in its entirety and replace it with the following language:

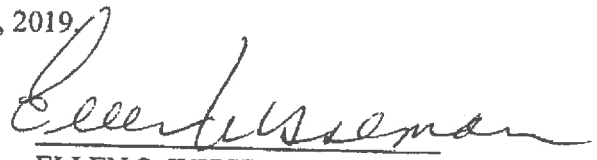
I appoint my friend, EDWARD R. LEVITT, as Personal Representative of this my Last Will and Testament. In the event that my friend, EDWARD R. LEVITT, is unwilling or unable to act, I nominate and appoint my friend, RAYE FESETTE, as Successor Personal Representative. I direct that the Personal Representative and or any successor Personal Representative shall serve without bond and security.

ITEM II

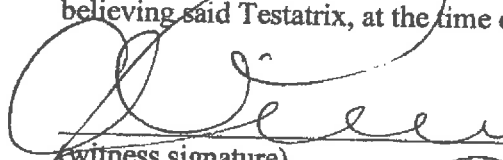
I hereby ratify and confirm my said Last Will and Testament, except as modified by this First Codicil to my Last Will and Testament.

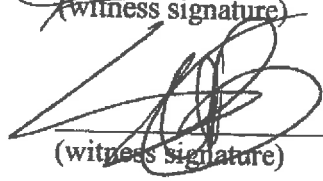


IN WITNESS WHEREOF, I have hereunto set my hand and seal to this First Codicil, at
Palm Beach County, Florida, this 17th day of July, 2019.


ELLEN S. WISSEMANN

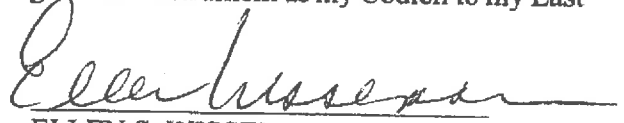
WE HEREBY CERTIFY that the foregoing instrument was on the day and date hereof signed, sealed, published and declared by the Testatrix, ELLEN S. WISSEMANN, as and for her Codicil to her Last Will and Testament, in our presence, who at her request, in her presence and in the presence of each other, have subscribed our names hereto as Witnesses to the execution hereof, believing said Testatrix, at the time of so signing, to be of sound mind and memory.


(witness signature) residing in Palm Beach County, Florida


(witness signature) residing in Palm Beach County, Florida

State of Florida
County of Palm Beach

I, ELLEN S. WISSEMANN, declare to the officer taking my acknowledgment of this instrument, and to the subscribing witnesses, that I signed this instrument as my Codicil to my Last Will and Testament.


ELLEN S. WISSEMANN, Testatrix

WE,

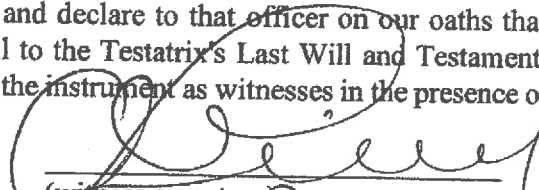
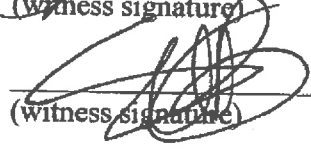
Ashley Lilly

Samantha Bodle

(witness print name)

(witness print name)

have been sworn by the officer signing below, and declare to that officer on our oaths that the Testatrix declared the instrument to be a Codicil to the Testatrix's Last Will and Testament and signed it in our presence and that we each signed the instrument as witnesses in the presence of the Testatrix and of each other.


(witness signature)

(witness signature)

Acknowledged and subscribed before me by ELLEN S. WISSEMANN, the Testatrix, who is personally known to me or who has produced a driver's license as identification, and sworn to and subscribed before me by

Ashley Lilly

Samantha Bodle

(witness print name)

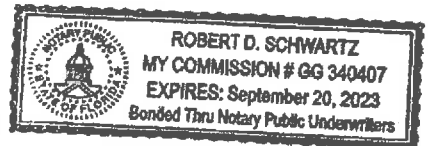
(witness print name)

the witnesses, who are personally known to me or have produced driver's licenses as identification, and subscribed by me in the presence of the Testatrix and the subscribing witnesses, all on July 17, 2019.



Notary Public
My commission expires:

This document prepared by:
ROBERT D. SCHWARTZ, P.A.
1901 S. Congress Avenue, Suite 215
Boynton Beach, Florida 33426
(561) 736-3440
Toll Free 1-888-615-8641



DURABLE FAMILY POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS, that I, ELLEN S. WISSEMAN, appoint my friend, EDWARD R. LEVITT, as my true and lawful ATTORNEY IN FACT, hereby revoking and declaring null and void any and all Powers of Attorney by me at any time heretofore made. In the event that my friend, EDWARD R. LEVITT, is unable or unwilling to act, I appoint my friend, RAYE FESETTE, as my true and lawful ATTORNEY IN FACT. My ATTORNEY IN FACT shall act for me and do the following:

BANKING: My ATTORNEY IN FACT shall have the authority to conduct banking transactions as provided in section 709.2208(1) Florida Statutes in all forms of accounts, including but not limited to all forms of retirement accounts and Individual Retirement Accounts. My ATTORNEY IN FACT shall have full authority to do the following: establish, continue, modify, or terminate an account or other banking arrangement with a financial institution; contract for services available from a financial institution, including renting a safe deposit box or space in a vault and to have access to my safe deposit boxes and to withdraw assets therefrom; withdraw, by check, order, electronic funds transfer, or otherwise, money or property of the principal deposited with or left in the custody of a financial institution; receive statements of account, vouchers, notices, and similar documents from a financial institution and act with respect to them; purchase cashiers checks, official checks, counter checks, bank drafts, money orders and similar instruments; endorse and negotiate checks, cashiers checks, official checks, drafts, and other negotiable paper of the principal or payable to the principal or the principal's order, transfer money, receive the cash or other proceeds of those transactions, and accept a draft drawn by a person upon the principal and pay it when due; apply for, receive, and use debit cards, electronic transaction authorizations, and traveler's checks from a financial institution; use, charge, or draw upon any line of credit, credit card, or other credit established by the principal with a financial institution; and consent to an extension of the time of payment with respect to commercial paper or a financial transaction with a financial institution.

SECURITIES: To conduct investment transactions as provided in section 709.2208(2), Florida Statutes in all forms of accounts, including but not limited to all forms of retirement accounts and Individual Retirement Accounts. My ATTORNEY IN FACT shall have full authority to do the following: buy, sell, and exchange investment instruments; establish, continue, modify, or terminate an account with respect to investment instruments; pledge investment instruments as security to borrow, pay, renew, or extend the time of payment of a debt of the principal; receive certificates and other evidences of ownership with respect to investment instruments; exercise voting rights with respect to investment instruments in person or by proxy, enter into voting trusts, and consent to limitations on the right to vote; and sell commodity futures contracts and call and put options on stocks and stock indexes.

REAL PROPERTY: To sell, or otherwise transfer, any real property which I own or have an interest in, including my home or my homestead, and to execute deeds; and to make such warranties as appropriate in deeds, and affidavits regarding the title and any liens or encumbrances. Additionally, to purchase real estate on my behalf, including the execution of any documents to effectuate that purchase.

PERSONAL PROPERTY: To sell, or otherwise transfer, any personal property which I own or have any interest in, and to execute, acknowledge and deliver bills of sale and other

documents required to effectuate a complete transfer of title. This power shall include all motor vehicles.

BORROWING: To borrow monies in my name, and to mortgage any real property or pledge personal property which I may own as security for monies borrowed.

INSURANCE: To surrender for cash value, to process claims on, to borrow against and make any disposition on any policies of insurance owned by me.

TRANSFERS TO TRUSTS: To transfer securities and other property, real or personal, to any trust established by me, whether before or after execution of this power.

GOVERNMENT BENEFITS: To receive and process Social Security benefits, Medicare and other benefits; to sign and file income and other tax returns; to handle tax audits;

ADDITIONAL PROVISIONS: My ATTORNEY IN FACT shall have the authority to act for me and do following if initialed by me at the time of execution of this Durable Power of Attorney:

EW (initials) To apply for or seek maintenance on my behalf from all available sources to receive public assistance, including, but not limited to, the Supplemental Security Income Program (SSI); the Old Age Survivor and Disability Insurance Program (OASDI); the Medicaid Program; the Veterans Administration, and additional, similar, or successor programs; and any private support sources.

EW (initials) To transfer, surrender, cash-in, or redeem assets considered "resources" and to use any acceptable asset preservation planning practices in order to qualify me for any public assistance benefits, including but not limited to creating contracts for providing me personal services, purchasing annuities, if necessary, executing self-canceling installment loans, or making gifts to persons, including my ATTORNEY IN FACT.

EW (initials) To make gifts for estate planning or long term care needs planning purposes to my family members, including gifts to my ATTORNEY IN FACT; The amount of the gift shall not be limited by the annual dollars limits of the federal gift tax exclusion and can be any amount as determined by my ATTORNEY IN FACT.

EW (initials) To establish, revoke or change beneficiary designations, or to designate new or additional primary or contingent beneficiaries, including designation of my ATTORNEY IN FACT as a beneficiary, for any life insurance policy, annuity contract, tax-qualified retirement plan, non-qualified retirement plan, individual retirement account, brokerage account, or any other account at financial institutions controlled by beneficiary designations after my death.

EW (initials) To create or fund revocable or irrevocable trusts for the death benefit of myself or of other persons; and consent to the creation or extension of trusts established by other persons for my benefit.

DIGITAL ACCESS: To access, use, and control my digital devices, including but not

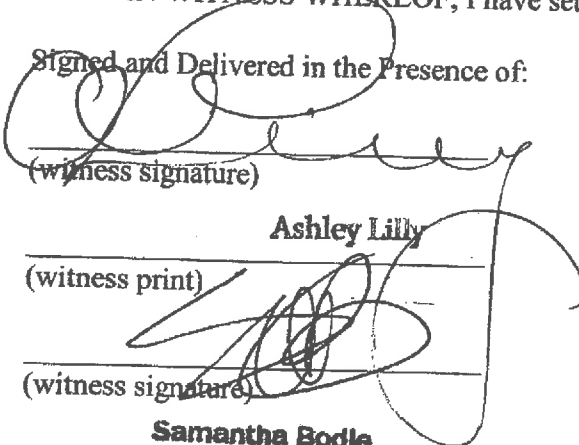
limited to, desktops, laptops, tablets, peripherals, storage devices, mobile telephones, smart phones, and any similar devices, which currently exists or may exist as technology develops for the purposes of accessing, modifying, deleting, controlling, or transferring my digital assets; to access, modify, delete, control, and transfer my digital assets, including but not limited to, emails received, email accounts, digital music, digital photographs, digital videos, software licenses, social network accounts, file sharing accounts, web hosting accounts, tax preparation services accounts, online stores, affiliate programs, other online accounts, and similar digital items which currently exist or may exist as technology develops; and to obtain, access, modify, delete, and control my passwords and other electronic credentials associated with my digital devices and digital assets described above.

GENERAL POWERS: In addition to the foregoing powers, I grant unto my said attorney-in-fact the full power, without any limitation, to perform any act on my behalf.

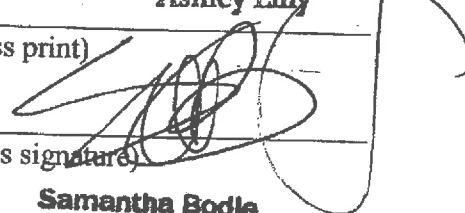
DURABLE: This Durable Family Power of Attorney shall not be affected by my disability, except as provided by Florida Statute 709.08.

IN WITNESS WHEREOF, I have set my hand this 17th day of July, 2019.

Signed and Delivered in the Presence of:




(witness signature)
Ashley Lilly

(witness print)


(witness signature)
Samantha Bodle

(witness print)



ELLEN S. WISSEMANN

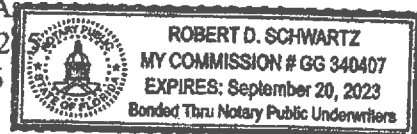
State of Florida
County of Palm Beach

The foregoing instrument was acknowledged before me this 17th day of July, 2019, by ELLEN S. WISSEMANN, who is personally known to me or who has produced a driver's license as identification and who did not take an oath.

My commission expires:

Notary Public 

This document prepared by:
ROBERT D. SCHWARTZ, P.A.
1901 S. Congress Avenue, Suite 2
Boynton Beach, Florida 33426
(561) 736-3440
Toll Free 1-888-615-8641



HEALTH CARE SURROGATE

KNOW ALL PERSONS BY THESE PRESENTS that I, ELLEN S. WISSEMANN, a resident of Palm Beach County, Florida, hereby appoint a health care surrogate ("surrogate") to make medical care decisions on my behalf.

I. Appointment of Surrogate(s).

1. I appoint my friend, EDWARD R. LEVITT, as my surrogate.
2. If my friend, EDWARD R. LEVITT, is unable or unwilling to act, I hereby appoint my friend, RAYE FESETTE, as my surrogate with the same powers and authority that my friend, EDWARD R. LEVITT, would have had.
3. To establish that any surrogate is no longer able to act, the following documents may be relied upon:
 - A. a death certificate for the surrogate;
 - B. a certificate showing that a guardian or conservator has been appointed for the surrogate;
 - C. a letter from a physician stating that the surrogate is not capable of managing his or her own affairs;
 - D. a letter from the surrogate stating his or her unwillingness to act or delegation to the successor surrogate; or
 - E. an affidavit by the successor surrogate that the surrogate is not available or is incapable of acting.

II. Powers.

1. General and complete authority. I authorize my surrogate to make any and all decisions respecting my medical care. My surrogate's authority to receive my health information and to make health care decisions on my behalf takes effect immediately. Pursuant to §765.204(3), Florida Statutes, any instructions or health care decisions I make, either verbally or in writing, shall supersede any instructions or health care decisions made by my surrogate that are in material conflict with those made by me.
2. Specific illustrations. By way of illustration and not limitation of the foregoing authority, my surrogate may:
 - A. Consent or refuse. Consent to, or decline to consent to any medical, dental, or surgical treatment or procedure;
 - B. Admit or discharge. Authorize my admission to or discharge from, with or against medical advice, any nursing home, hospital, or other medical care facility;

C. Employ or discharge. Employ and discharge medical personnel responsible for my care;

D. Inspect medical records. Review any and all information in my medical records, and disclosing same, as he or she may deem appropriate;

E. Make or withhold payments. Expend or withhold my funds for any treatment, and determine to the same extent that I could what claims for benefits may be submitted to any insurer or agency that may be liable for the costs of my care.

3. Execute consents and waivers. My surrogate may do anything else whatsoever that I could do with respect to my medical care, including (but not limited to) signing consents or waivers of liability for injury or wrongful death.

4. Waive right to trial by jury. If there are judicial proceedings to appoint a guardian of my person, I authorize my surrogate to waive my right to trial by jury if he or she believes that would be in my best interests.

5. Suing on my behalf. My surrogate may sue on my behalf, at the expense of my Estate, to compel compliance with my wishes as determined by my surrogate, or to seek damages (including punitive damages) for the failure to comply.

III. Construction of power.

1. Broad construction. This is a durable health care surrogate, and it should be interpreted and honored as such. The specification of rights, acts or powers is for illustration and not a limitation of the general powers granted to my surrogate. Any other interpretation is contrary to my intent in executing this health care surrogate.

2. Standard for decision-making. My surrogate shall consent to such medical procedure or treatment that he or she may determine is in my best interest, and my surrogate shall decline to consent to any such procedure or treatment whatsoever that he or she determines is not in my best interest.

3. Revocation of earlier powers. I revoke any health care surrogates granted by me before the date of this health care surrogate. I reaffirm any general or financial powers of attorney, as well as any special, restricted or limited powers in connection with any banking or investment institutions that I may earlier have granted.

4. Effective date. This health care surrogate shall go into effect on the day it is executed, and shall remain in full force and effect until revoked by me.

5. Durability. This health care surrogate shall not be affected by my disability or incapacity, under any law of this or of any other jurisdiction that now or hereafter authorizes powers of attorney that survive the incompetence of the principal or that provides specifically for medical powers of attorney.

6. Ratification. I hereby ratify and confirm all that my surrogate or his or her

substitute or substitutes shall lawfully do or cause to be done by virtue of this health care surrogate and the rights and powers herein granted. All such acts shall inure to the benefit of and bind me and my heirs, assigns and personal representatives.

7. Separable. The powers delegated under this power of attorney are separable, so that the invalidity of one or more powers shall not affect any others.

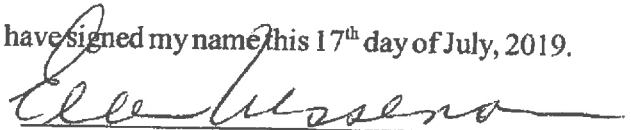
IV. Purpose.

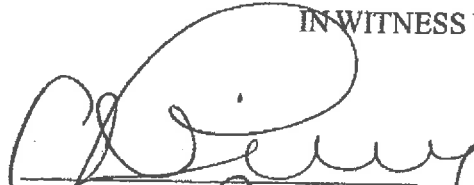
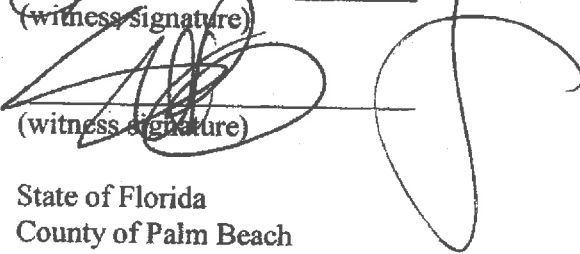
1. My purpose in executing this health care surrogate is to ensure that my surrogate will be able to do whatever he or she believes is required with respect to my medical care and treatment.

2. I intend by this power of attorney to avoid a court-supervised guardianship. Should my attempt be defeated, I ask that my surrogate, or my surrogate's substitute or such person as my surrogate may nominate, be appointed as guardian or conservator of my person.

V. Definition. By medical care, treatment, or procedure, I mean any type of medical treatment or procedure whatsoever, including (but not limited to) surgery, the administration of drugs, the performance of tests, and the use of mechanical and other devices that diagnose, aid, assist, supplant, promote or otherwise affect any bodily function, including, but not limited to, artificial respiration, nutrition and hydration.


IN WITNESS WHEREOF, I have signed my name this 17th day of July, 2019.


ELLEN S. WISSEMANN

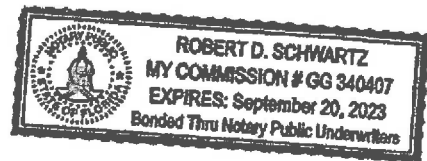

(witness signature)

(witness signature)

State of Florida
County of Palm Beach

The foregoing instrument was acknowledged before me this 17th day of July, 2019, by ELLEN S. WISSEMANN, who is personally known to me or who has produced a driver's license as identification and who did not take an oath.


NOTARY PUBLIC, State of
Florida at Large.

My Commission Expires:



This document prepared by:
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