



Guaranteed Issue Whole Life (GIWL) Rate Calculator

Annual Premium Rate per \$1,000*

*Does not include annual \$24 policy fee

Rates good as of 02/05/2021

Product Overview
Issue ages: 50 – 80
Face amounts: \$5,000 - \$25,000
Payment options:
ACH
Credit card: Visa, Mastercard
Direct Express

- Highlights:**
- One page application
 - Guaranteed approval
 - No health questions
 - No medical exam
 - Two year graded death benefit
 - Required premium payments stop at or before age 90. See page 2 for details.
 - Chronic Illness Benefit Rider included at no cost*
 - Terminal Illness Benefit Rider included at no cost*
- * All riders are not available in all states: Chronic Illness and Terminal Illness ABRs not available in CA; Chronic Illness ABR not available in DC.

Modal Factor	
Payment Mode	Modal Factor
Annual	1.000
Semi-Annual	0.500
Quarterly	0.250
Monthly	0.0834

Calculation Details	
Gender	Male
Age	60
Face	\$15,000
Payment mode	Monthly

ISSUE AGE	FACE AMOUNTS									
	MALE ¹					FEMALE ¹				
	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
50	64.73	64.73	64.73	64.73	64.73	43.86	43.86	43.86	46.63	46.63
51	65.77	65.77	65.77	65.77	65.77	44.96	44.96	44.96	50.13	50.13
52	66.95	66.95	66.95	69.21	69.21	46.66	46.66	46.66	53.12	53.12
53	67.99	67.99	67.99	73.23	73.23	49.18	49.18	49.18	55.84	55.84
54	69.19	69.19	69.19	76.73	76.73	51.44	51.44	51.44	58.31	58.31
55	71.19	71.19	71.19	79.85	79.85	53.47	53.47	53.47	60.51	60.51
56	73.32	73.32	73.32	82.18	82.18	55.73	55.73	55.73	62.98	62.98
57	75.21	75.21	75.21	84.26	84.26	57.49	57.49	57.49	64.92	64.92
58	76.90	76.90	76.90	86.08	86.08	59.28	59.28	59.28	66.88	66.88
59	78.06	78.06	78.06	87.38	87.38	60.94	60.94	60.94	68.69	68.69
60	79.30	79.30	79.30	88.28	88.28	62.27	62.27	62.27	70.12	70.12
61	84.97	84.97	84.97	94.90	94.90	66.18	66.18	66.18	74.40	74.40
62	90.69	90.69	90.69	101.13	101.13	69.76	69.76	69.76	78.29	78.29
63	96.15	96.15	96.15	107.10	107.10	72.85	72.85	72.85	81.67	81.67
64	101.40	101.40	101.40	112.81	112.81	75.21	75.21	75.21	84.26	84.26
65	106.51	106.51	106.51	118.39	118.39	77.24	77.24	77.24	86.47	86.47
66	111.03	111.03	111.03	123.32	123.32	81.41	81.41	81.41	91.00	91.00
67	114.95	114.95	114.95	127.60	127.60	84.86	84.86	84.86	94.77	94.77
68	118.62	118.62	118.62	131.62	131.62	88.06	88.06	88.06	98.27	98.27
69	121.85	121.85	121.85	135.12	135.12	91.17	91.17	91.17	101.65	101.65
70	124.70	124.70	124.70	138.25	138.25	94.02	94.02	94.02	104.76	104.76
71	136.36	136.36	136.36	150.96	150.96	103.53	103.53	103.53	115.14	115.14
72	147.78	147.78	147.78	163.42	163.42	112.58	112.58	112.58	125.01	125.01
73	158.49	158.49	158.49	175.10	175.10	121.25	121.25	121.25	134.48	134.48
74	168.49	168.49	168.49	186.00	186.00	129.23	129.23	129.23	143.17	143.17
75	177.05	177.05	177.05	195.34	195.34	136.36	136.36	136.36	150.96	150.96
76	207.36	207.36	207.36	228.43	228.43	156.57	156.57	156.57	173.02	173.02
77	236.51	236.51	236.51	247.25	247.25	175.63	175.63	175.63	193.78	193.78
78	243.99	243.99	243.99	247.50	247.50	193.46	193.46	193.46	213.25	213.25
79	244.49	244.49	244.49	247.75	247.75	210.11	210.11	210.11	231.41	231.41
80	244.99	244.99	244.99	248.00	248.00	224.86	224.86	224.86	244.98	244.98

1. On premium chart lookup annual premium rate for male, \$15,000 face amount, age 60. **\$79.30**
2. Multiply by face amount and divide by 1000. **\$1,189.50 = \$79.30 * 15000 / 1000**
3. Round to nearest cent. **\$1,189.50**
4. Add \$24 policy fee. **\$1,213.50**
5. Multiply by appropriate modal factor (in this case monthly). **\$101.21 = \$1,189.50 * .0834**
6. Round to nearest cent to obtain final modal premium. **\$101.21**

¹ Unisex rates available in Montana only. Contact: GIWLTeam@aglife.com, with questions.

Maximum Payment Age

Premiums will be required to be paid to the maximum age shown in the below chart. Maximum payment age varies by age, gender and face amount.

ISSUE AGE	MALE		FEMALE	
	Death benefit equal to or below \$15,000	Death benefit equal to or higher than \$15,001	Death benefit equal to or below \$15,000	Death benefit equal to or higher than \$15,001
	MAXIMUM PAYMENT AGE		MAXIMUM PAYMENT AGE	
50	80	81	90	90
51	81	81	90	90
52	81	81	90	89
53	82	80	90	89
54	82	80	90	88
55	83	80	90	88
56	83	81	90	88
57	83	81	90	88
58	84	81	90	88
59	84	82	90	88
60	85	83	90	89
61	84	82	90	88
62	84	82	90	88
63	84	82	90	88
64	84	82	90	88
65	84	82	90	88
66	84	83	90	88
67	85	83	90	88
68	85	84	90	89
69	86	84	90	89
70	86	85	90	89
71	86	85	90	89
72	86	85	90	88
73	86	85	90	88
74	86	85	90	88
75	87	86	90	89
76	86	85	89	88
77	86	86	89	88
78	87	87	89	88
79	88	88	89	88
80	89	89	89	89

Premiums paid may exceed amount of coverage. For an estimate of the year the premiums may exceed the amount of coverage, divide the face amount by the annual premium.

Policies issued by American General Life Insurance Company (AGL), Houston, TX. Policy Forms: ICC20-20532, 20532, 20532-5, and 20532-10. Rider Numbers: ICC15-15200, 15200, 15200-7, 15200-10, 15200-35, ICC15-15201, 15201, 15201-7, 15201-9, 15201-10, and 15201-35. Issuing company AGL is responsible for financial obligations of insurance products and is a member of American International Group, Inc. (AIG). Guarantees are backed by the claims-paying ability of the issuing insurance company. AGL does not solicit business in the state of New York. Products may not be available in all states and product features and rates may vary by state

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