American General
Life Companies

Name and Address Change

American General Life Insurance Company (AGL)

☐ Fixed Life Service Center - P.O. Box 9000, Amarillo, TX 79105-9000 • Fax: 713-831-3028
☐ Variable Life Service Center - P.O. Box 9318, Amarillo, TX 79105-9318 • Fax: 713-620-6653

Subsidiaries of American International Group, Inc.

Please print or type all information except signatures.

1. CONTRACT IDENTIFICATION

Complete all contract information in this section. You may use this form for multiple contracts that have the same contract owner and require the same signatures.

CONTRACT No.: _____

OWNER: _____ **SSN/TIN OR EIN:** _____

ADDRESS: _____ **PHONE No.:** _____

_____

EMAIL ADDRESS (optional): _____

INSURED/ANNUITANT (if other than Owner): _____

2. ☐ NAME CHANGE

Check the box of the person whose name is to be changed. Check the reason for the name change.

☐ Insured/Annuitant ☐ Owner Reason: ☐ Marriage ☐ Divorce

☐ Payor ☐ Beneficiary ☐ Correction ☐ Other *(Attach Certified Copy)*

FROM: (First, Middle, Last) **TO:** (First, Middle, Last)

_____ _____

NOTE: This form can not be used to change the ownership or beneficiary designations.

3. ☐ ADDRESS CHANGE

Check the box of the person whose address is to be changed. Indicate the new address.

☐ Insured/Annuitant ☐ Owner ☐ Payor ☐ Assignee ☐ Beneficiary

Name: (First, Middle, Last) _____

Address: (Number and Street) _____

City _____ **State** _____ **Zip Code** _____ + _____

Phone No.: _____

4. SIGN HERE FOR ABOVE REQUEST

This request must be dated and all required signatures must be written in ink, using full legal names by the person or persons who have rights of ownership under the terms of the contract. For **Corporate Owned** contracts, the signature of one officer followed by the officer's title is required. The request must be submitted on corporate letterhead or paper with the corporate seal that has been signed by that officer. For contracts owned by a **Partnership**, the full name of the partnership should be written followed by the signatures of all partner(s), other than the Insured. For contracts owned by or assigned to a **Trustee**, current Trustee(s) signatures are required as instructed by the trust agreement. Validation of Trustee(s) signatures may be required.

Under penalties of perjury, I certify that:

1. **The number shown on this form is my correct taxpayer identification number, and**
2. **I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back-up 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. person (including a U.S. resident alien).**

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

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

_____

Signature of Owner Title Date

_____

Signature of Co-Owner, Assignee, Witness Title Date

RETURN COMPLETED FORM TO THE ADDRESS OF THE COMPANY CHECKED ABOVE.