American General

Name and Address Change

Life Companies

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.

				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:			
	EMAIL ADDRESS (optional): INSURED/ANNUITANT (if other than Owner)			
2. NAME CHANGE	Check the box of the person whose name is Insured/Annuitant Owner Payor Beneficiary FROM: (First, Middle, Last)	to be changed. Check the reason for the name change. Reason: Marriage Divorce Correction Other (Attach Certified Copy) T0: (First, Middle, Last)		
	NOTE: This form can not be used to change the ownership or beneficiary designations.			
3. ADDRESS CHANGE	Name: (First, Middle, Last) Address: (Number and Street)	□ Payor	☐ Assignee	☐ Beneficiary
	CityPhone 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), othe 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	е	Date
	Signature of Co-Owner, Assignee, Witness	Title		Date
	DETUDNI COMDILETED FORM TO	THE ADDRESS OF THE	HE COMMONNIV CHECKED	ADOVE

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