

Name and Address Change

- American General Life Insurance Company
- The United States Life Insurance Company in the City of New York

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Send the completed form(s) to: PO Box 4222 • Clinton, IA 52733-4222 • Tel: 800-633-6259 • Fax: 855-851-5407

Section A - Policy Identification

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

Policy Number(s): _____
(Please write all the Policy Numbers that you want to reflect the change)

Insured Name: _____ SSN/ITIN or EIN: _____
(Required) (Required)

Owner Name: _____ SSN/ITIN or EIN: _____
(Required) (Required)

Address: _____ Phone Number: _____

Email Address: _____

Co-Owner Name(s): _____ SSN/ITIN or EIN: _____
(if applicable) (if applicable)

Address: _____ Phone Number: _____

Email Address: _____

Section B - Name Change

- All fields below are REQUIRED to process your change request.
- Check the box of the person whose name is to be changed.

Insured/Annuitant Owner Co-Owner Payor Assignee Beneficiary Secondary Designee

- Check the reason for the name change.

Marriage Divorce Correction Other _____ (Describe if "Other" is selected)

FROM: (First, Middle, Last)

TO: (First, Middle, Last)

(Required)

(Required)

Review Section B of the Instructions and Conditions (Page 3) for additional legal documents that you need to submit with your request.
NOTE: This form cannot be used to change the ownership or beneficiary designation.

Section C - Address Change

- All fields below are REQUIRED to process your change request.
- Check the box of the person whose address is to be changed. Indicate the new address.

Insured/Annuitant Owner Co-Owner Payor Assignee Beneficiary Secondary Designee

Name: (First, Middle, Last) _____

Address: (Number and Street) _____

City _____

State _____

Zip Code _____

Section D - Signature and Date

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. Acknowledgement of this change is not an admission that the policy/contract is in benefit or that the person(s) signing the change request is/are the owner(s). A recorded change, not signed by the owner(s), may not constitute a valid change.

TAX CERTIFICATION (Substitute Form W-9) – Applicable to U.S. persons (including U.S. citizens and resident aliens). If you are not a U.S. person, you are required to submit the applicable IRS Form W-8 series (BEN, BEN-E, ECI, EXP or IMY).

Under penalties of perjury, I certify to the following:

1. That the taxpayer identification number listed on this form is my correct SSN/TIN and I am a U.S. Citizen or other U.S. person (including resident aliens);
2. I further certify that I am exempt from and have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding. The Company is required to withhold income tax on any payments, which include interest and dividends when the owner is subject to backup withholding.; and
3. I am exempt from Foreign Account Tax Compliance Act ("FATCA") reporting.

Certification Instructions: You must cross out any statement in 1-3 that does not apply to you. For any instructions on how to complete this certification, please see the General Instructions for the IRS Form W-9 on www.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 provision of this document other than the certifications required to avoid backup withholding.

Current/Existing Owner's Signature (required)

X

Date (required) _____

Current/Existing Owner's Signature (required if applicable)

X

Date (required) _____

Complete this section if this Policy is currently owned by a Trust or Business.

- Trust Owned: (Complete the Certification of Trust - this additional Form may be needed if not on file with Us for the Current Owner)
- Business Owned: (Complete the Business Certification - this additional Form may be needed if not on file with Us for the Current Owner)

Owner Signature

Print full name of Company/Trust: _____

Print full name and title of authorized signer: _____

Authorized Signature (required)

X

Date (required) _____

Complete this section if this Policy has an Assignment or Irrevocable Beneficiary.

- Signature below is needed only for Name Change requests, not for Address Change requests.

Irrevocable Beneficiary/Assignee Signature (required)

X

Date (required) _____

INSTRUCTIONS AND CONDITIONS

This page is for informational purposes only and does not need to be returned with the form.

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Section A - Policy Information

Complete all policy information in this section. You may use this form for multiple policies that have the same policyowner and require the same signatures.

- If the policy has multiple owners and the request is to change address OR name of one of the owners, signature of the owner whose name/address is changing will be enough.
- If the policy has multiple owners, both owners must sign the form if the change request pertains to any role other than the owners.

Section B - Name Change

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

Acceptable legal documents are as follows:

- Name change request with different last name and/or first name: Court Order, Certificate of Birth, Certificate of Naturalization.
- Name change request with minor correction, example - 1 to 2 letters correction: Any copy of valid State Issued Identification Card such as Driver's License, SSN ID or any ID that shows the owner's name and date of birth.
- If the name change is due to marriage or divorce, legal documents are not required.
- Name change request for bank/business due to merger or acquisition: Any copy of Certificate of Merger or Certificate of Acquisition.
- Business name change will require additional documentation such as copy of Business License or Letter of Incorporation.

Section C - Address Change

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

Section D - Signature and Date

Please elect ownership type and fill out all applicable information. All required signatures must be written in ink, using full legal names. The request must be signed by: the person or persons who have the rights of ownership under the terms of the Policy, by an Irrevocable Beneficiary or by any other party who may have an interest in the Policy by legal proceedings or statutes.

- If the owner is a trust, complete the Certification of Trust - this additional Form may be needed if not on file with Us for the Current Owner.
- If the owner is a business, complete the Business Certification - this additional Form may be needed if not on file with Us for the Current Owner.

Additional Requirements

The following requirements apply to the current owner:

Guardianship/Conservatorship - Signature of the current guardian is required along with the current Guardianship Papers or Letter of Conservatorship. Additionally provide the Court Order that will allow the requested change.

Power of Attorney - Request must be signed by the attorney-in-fact. A copy of the applicable Power of Attorney document is required. Additionally provide a completed, signed, dated, and notarized Power of Attorney Affidavit and Indemnity Agreement.