

**American General Life Insurance Company (AGL)**  
**The United States Life Insurance Company in the City of New York (USL)**

Address mail to:

**Annuity Service Center**

**Regular Mail**

PO Box 2708

Amarillo TX 79105-2708

**Overnight Mail**

1050 N Western St

Amarillo TX 79106-7011

**Phone:** 800-242-4079

**Fax:** 713-620-3829

**Website:** [corebridgefinancial.com](http://corebridgefinancial.com)

**Email:** [annuityservice@corebridgefinancial.com](mailto:annuityservice@corebridgefinancial.com)

---

## Annuity Service Request

Please print or type all information except signatures.

---

### 1 Contract Identification *(Complete all information in this section.)*

Please check the role for whom change is requested. Please complete separate forms for multiple changes.

☐ Annuitant ☐ Owner ☐ Payee ☐ Beneficiary

Contract Number \_\_\_\_\_ SSN/Tax ID \_\_\_\_\_

Owner's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Annuitant *(if other than Owner)* \_\_\_\_\_

---

### 2 Name Change

Check the reason for the name change and **provide supporting documentation** (*marriage certificate, divorce decree, etc.*)

Reason: ☐ Marriage ☐ Divorce ☐ Correction ☐ Other

From *(First, Middle, Last)* \_\_\_\_\_ To *(First, Middle, Last)* \_\_\_\_\_

**Note:** This form is to modify information on existing roles, and not for Ownership changes.

---

### 3 Address Change

Name *(First, Middle, Last)* \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

---

### 4 Age Correction

Use this section to correct the age of any Owner or Annuitant covered under this contract. Proof of the correct date of birth must accompany this request.

Name for whom this correction is submitted \_\_\_\_\_

Correct Date of Birth \_\_\_\_\_

Type of proof submitted: ☐ Certified copy of Birth Certificate ☐ Copy of Driver's License ☐ Other \_\_\_\_\_

---

### 5 Social Security Number/Tax Identification Number Correction

Please indicate the name of the person or entity for whom this correction is submitted \_\_\_\_\_

Correct Social Security Number or Tax Identification Number \_\_\_\_\_

**Under penalties of perjury, I certify: (1) that the Social Security Number (SSN) or taxpayer identification number is correct as it appears above; and (2) that I am not subject to backup withholding under § 3406(a)(1)(C) of the Internal Revenue Code; and (3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. You must cross out item (2) if you are subject to backup withholding and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).**

6 Signature Required

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 and a copy of the corporate resolution are required. For contracts owned by a **Partnership**, the full name of the partnership should be written followed by the signatures of all partner(s). For contracts owned by a **Trust**, current Trustee(s) signatures are required as instructed by the trust agreement. If a **Power of Attorney** signs this request, a Power of Attorney document must accompany this request.

Signature of Owner

Date

Joint Owner *(if applicable)*

Date