



Change of Ownership

- American General Life Insurance Company
 - The United States Life Insurance Company in the City of New York
- A member of American International Group, Inc. (AIG)*

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.

Mailing Instructions: Send form(s) to: Standard Address • PO Box 818006 • Cleveland, OH 44181 • Fax: 1-844-930-0370

Section A - Existing Policy Information

Please fill out all applicable information below.

Policy Number: _____
*Required

Insured Name: _____ SSN/ITIN or EIN: _____
*Required *Required

Owner Name: _____ SSN/ITIN or EIN: _____
*Required *Required

Address: _____ Primary Phone: _____

Alternate Phone: _____

Check here if this is a permanent address change Email Address: _____

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

Address: _____ Primary Phone: _____

Alternate Phone: _____

Check here if this is a permanent address change Email Address: _____

Assignee, Irrevocable Beneficiary,
Other Name (if applicable): _____ SSN/ITIN or EIN: _____
If applicable If applicable

Section B - New Owner(s)-Primary

NEW OWNER'S NAME: _____ SSN/ITIN or EIN: _____
*Required

Address: _____ Primary Phone: _____

Alternate Phone: _____

Email Address: _____ DOB: _____

New Owner Primary: Assignment By Gift Assignment For Value
New Owner Contingent: Assignment By Gift Assignment For Value

New Owner(s)-Contingent (as applicable)

Contingent owners may only be designated on some policies; please check policy provisions.

NEW OWNER'S NAME: _____ SSN/ITIN or EIN: _____
*Required

Address: _____ Primary Phone: _____

Alternate Phone: _____

Email Address: _____ DOB: _____

Section C - Beneficiary Designations

Are there changes to beneficiary designations? (If there are changes, use the grid below to request a change.)..... Yes No

No.	Name	DOB mm/dd/yy	SSN	Phone Number	Relationship	Share %	Beneficiary Type
1							<input type="checkbox"/> Primary
	Address:			Email:			<input type="checkbox"/> Contingent
2							<input type="checkbox"/> Primary
	Address:			Email:			<input type="checkbox"/> Contingent
3							<input type="checkbox"/> Primary
	Address:			Email:			<input type="checkbox"/> Contingent

Section D - Optional Clauses

Please refer to instructions on Page 4 for information regarding these options.

One or more of the following may be checked if desired:

POSTPONEMENT CLAUSE - COMMON DISASTER MINOR BENEFICIARY CLAUSE - TRUSTEE FOR CHILDREN

CHILDREN'S CLAUSE - PER STIRPES

Name of Trust/Trustee _____ Date of Trust _____

Section E - Billing

Method: Use existing bank draft (EFT) information
 Use new bank draft information (Note that a new EFT authorization form will need to be completed.)
 Direct paper bill

Frequency: Annual Semi-Annual Quarterly Monthly (available only for bank draft)

Note: If this section is not completed, billing will remain on current method and frequency.

Section F - Current Owner Signature and Date

For value received and hereby acknowledged, I hereby transfer, assign, and convey absolutely to the "New Owner" all incidents of ownership and control, and all right, title and interest in and to the policy numbers reference above (including all Supplementary Agreements or Riders attached thereto). It is understood by the undersigned that if the subject life policy was issued when the insured was a juvenile, this assignment may be subject to policy provisions, if any, which designate the insured as owner upon the attainment of a specified age.

The Policy Owner(s) warrants that the above-referenced policy is not subject to any prior agreements, contractual obligations, including but not limited to collateral assignments or liens, legal proceedings or court/administrative orders, including but not limited to divorce or bankruptcy proceedings ("Obligations"), which restrict, limit or otherwise prohibit such assignments as contemplated. The Policy Owner(s) acknowledges and agrees that in the event any obligations become known subsequent to the above-referenced assignment being made, which if then-known to the Company, would have caused the Company not to assign the policy (or not to assign the policy without the consent of a party other than the Policy Owner(s)), the assignment will be void and the Policy Owner(s) shall indemnify.

If you have one or more policies subject to a Company premium discount, changing who owns this policy may affect the premium discount for this policy and for those other policies.

You and the Internal Revenue Service will be provided with an informational tax form after the close of the calendar year. A withdrawal of any type, before age 59½, may subject you to an IRS penalty tax.

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 _____

Current/Existing Owner's Signature (required):

X

Date _____

If you were a minor when this policy was issued, please submit a copy of your Driver's License with the application.

If the Owner lives in, is domiciled in or situated in MA, state law requires that the form must be witnessed by a non interested party.

Section G - New Owner Signature and Date

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.

New Owner's Signature (required):

X

Date _____

Complete this section if this Policy is owned by a trust or business.

- Trust Owned: (Complete the Certification of Trust)
- Business Owned: (Complete the Business Certification)

Owner Signature

Print full name of Company: _____

Print full name and title of authorized signer: _____

Authorized Signature (required):

X

Date _____

Section H - Collateral Assignee

(Assigned policies need both the owner(s) and assignee's signature.)

Print full name of Collateral Assignee: _____

Print full name and title of authorized signer *(if applicable)*: _____

Signature: _____ Date: _____

**Required*

Instructions and Conditions

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. 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 B - New Owner(s)

This Request is made subject to the terms and conditions of the Policy, and shall not result in a change in any provision of the Policy, except as expressly provided in this Request.

The Owner may transfer the ownership and control of the Policy to a new owner, but such change shall not be effective until approved by the Service Center. If the Owner predeceases the Insured/Annuitant, then the rights of such deceased Owner shall pass to the contingent owner if one is named. If a contingent owner is not named, the rights will pass to the Administrator/Executor of such deceased Owner.

This Request for Change of Ownership does not change the beneficiary as a death claim under the Policy. Any payment which becomes due under the Policy during the lifetime of the Insured/Annuitant shall be made to the Owner with the exception that any provision which now expressly provides for payment to the Insured/Annuitant as a life income or annuity shall not be available to the Owner, unless the Owner is the Insured/Annuitant.

This Request is subject to any existing assignment of record with the company which issued the Policy ("the Company").

Trustee Owner

If a trustee is designated as a new owner, the date and legal title of the trust must be stated and all trustee signatures are required in Section E as instructed by the Certification of Trust.

Contingent Owner

A contingent owner may be designated, and will be effective only if the new owner is a natural person (not a corporation, partnership or a trust), and the owner, or all designated owners (if more than one), predecease the Insured. A contingent owner may not be designated on an annuity policy. Contingent owners may only be designated on some policies; please check policy provisions.

Section C - Beneficiary Designations

Unless otherwise provided, the right to change the beneficiary is reserved to the owner. Such change will be without prejudice to the company which issued the Policy ("the Company") on account of any payment made or action taken by it before receipt of such notice at its Service Center.

Please select the Insureds/Annuitants for which the designation will take effect.

This designation, when filed with the Company, will become effective as of its date of execution. Such execution will constitute a waiver of any policy provision(s) requiring endorsement of change of beneficiary. All designations are subject to the terms and conditions of the Policy, any indebtedness to the Company and any collateral assignment of the policy, whether made prior to or subsequent to the date of this designation.

The Company is released from all liability by making payment in accordance with this designation and assumes no responsibility for the use of money by any Trustee named herein. If a Trustee is named as the beneficiary, the date and legal title of the Trust must also be included.

The death proceeds shall be payable in equal shares to the designated beneficiaries, unless otherwise indicated. If beneficiaries are to receive unequal portions of the death benefit, it must be shown as a percentage of the death benefit and not as specific dollar amounts. In the event no beneficiary survives the insured and this form or the Policy does not provide otherwise, the proceeds will be paid to the policyowner, or the executors or administrators of the policyowner's estate.

SUGGESTED WORDING FOR COMMON DESIGNATIONS

Insured/Annuitant's Estate – Executors or Administrators of the Insured's/Annuitant's Estate

One individual beneficiary – Mary Doe, wife, 100 N. Main St, Chicago, IL, SSN 999-99-9999

Two or more individual beneficiaries – Jane Doe, daughter, 100 N. Main St, Chicago, IL, SSN 999-99-9999 and John Doe, son, 100 N. Main St, Chicago, IL, SSN 999-99-9999

One class or unnamed children – Children born of the marriage of the Insured and Mary Doe

Unequal portions – Jane Doe, daughter, 75%, 100 N. Main St, Chicago, IL, SSN 999-99-9999; John Doe, son, 25%, 100 N. Main St, Chicago, IL, SSN 999-99-9999

Business Associate – John Smith, Business Associate, 100 N. Main St, Chicago, IL, SSN 999-99-9999

Not Incorporated – The Board of Directors of the ADA, 100 N. Main St, Chicago, IL

Incorporated – ADA, 100 N. Main St, Chicago, IL, A Corporation organized under the laws of the State of Illinois

Section D - Optional Clauses

POSTPONEMENT CLAUSE - COMMON DISASTER - In no case shall any payment be made to any beneficiary designated in this form until thirty (30) days or state mandated period have elapsed following the Insured's death, and in the event of the death of a beneficiary during such period, payment shall be made in the same manner as provided in this form, had the said beneficiary predeceased the Insured. This provision does not apply to a Trustee.

CHILDREN'S CLAUSE - PER STIRPES - If a child of the Insured who is designated in this form as a beneficiary predeceases the Insured, leaving the children who survive the Insured, then the shares the deceased beneficiary would have received shall be payable in equal shares to the surviving children of the deceased beneficiary.

IRREVOCABLE BENEFICIARY - The beneficiary will become an irrevocable beneficiary and must provide consent for future transactions. Minors who are designated as irrevocable beneficiaries will not be permitted to approve future transactions until they reach the age of majority.

MINOR BENEFICIARY CLAUSE - TRUSTEE FOR CHILDREN - The Trustee appointed to any beneficiary who is a minor child will receive any payment due on or after the Insured's death on the date such payment falls due. Payment by the Company to such Trustee shall be an absolute and complete release and acquittance of the Company which shall not be held accountable or responsible for the use and application of the death benefit proceeds paid to such Trustee.

Section E - Billing

If this section is not completed, billing will remain on current method and frequency.

Section F & G - Current and New Owner 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 assignee, 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.
- If the owner is a business, complete the Business Certification.

Section H - Collateral Assignee

Complete this section if the policy is collaterally assigned. All assignees must sign.

Additional Requirements

Guardianship/Conservatorship - Signature of the current guardian is required along with the current Guardianship Papers or Letter of Conservatorship. The signature must be dated within 2 years of the request.

Power of Attorney - Request must be signed by the attorney-in-fact. A copy of the applicable Power of Attorney document is required. A completed, signed, dated, and notarized Power of Attorney Affidavit and Indemnity Agreement is required when the disbursement will be \$100,000 or over and/or the face amount of the policy is \$1,000,000 or over.