

## Online Account Authorization

- 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 818005 • Cleveland, OH 44181 • Fax: 855-601-1834

**This form authorizes the Company to establish online access for the Trust/Business/Joint owner(s) of the life insurance policy(ies) noted below. This access includes the ability to view only access to policy information and values, perform one-time Payments, upload documents and forms with wet signatures, and send secure messages to our Customer Service Team. It does not allow online users to make changes to the policy.**

### Policy Information

- Complete all policy information in this section. Please note this form is for Life Insurance only, not Annuities/Retirement.
- You may use this form for multiple Life Insurance policies that have the same policy owner and require the same signatures.

Policy Number(s): \_\_\_\_\_

Insured Name(s): \_\_\_\_\_

### Online Account Information

- Complete all information in this section
- The individual named below "Online Account Requestor" will be authorized to have an online account on behalf of the owner for the policy(ies) listed on this form. This individual must be a current joint owner or authorized representative (trustee or corporate representative) of the policy. **One account will be established for each policy.**
- The online authorization information will be sent to the email address provided below

Name of Online Account Requestor: \_\_\_\_\_

Email address of Online Account Requestor: \_\_\_\_\_

Phone Number of Online Account Requestor: \_\_\_\_\_

### Trust / Business / Joint Owned Information (Complete One of the Three Sections)

#### 1. Trust Owned (Do Not fill out if owned by Business or Joint Owners)

Full Legal Name of Trust: \_\_\_\_\_

Date on which Trust was executed: \_\_\_\_\_

Trust's Tax Identification Number: \_\_\_\_\_

Names of All Trustees (excluding Successor trustees) Authorized to act on behalf of the Trust:

\_\_\_\_\_

**If the trust has been updated to reflect a new trustee, please provide the Certification of Trust Form reflecting the named trustee for our records. We must have the named trustee on file to approve the online account. If there is more than one trustee on the policy/account, all trustees must sign. The Certification of Trust can be found [here](#) and must be mailed together with this form. Note: Depending on your device settings, service forms may open in the same tab of your browser instead of downloading. If you experience issues completing the form in the browser, save each form to your device and open with Acrobat Reader before completing them.**

- Please check here if you are mailing an updated Certification of Trust Form with this form.

#### 2. Business Owned (Do Not fill out if owned by Trust or Joint Owners)

Full Legal Name of Business: \_\_\_\_\_

Business's Tax Identification Number: \_\_\_\_\_

Names of All Authorized Signatories: \_\_\_\_\_

\_\_\_\_\_

**If the business has updated the authorized signatories, please provide the Business Certification Form reflecting the named authorized signatory for our records. We must have the named authorized signatory on file to approve the online account. If there is more than one authorized signatory on the policy/account, all must sign. The Business Certification Form can be found [here](#) and must be mailed together with this form. Note: Depending on your device settings, service forms may open in the same tab of your browser instead of downloading. If you experience issues completing the form in the browser, save each form to your device and open with Acrobat Reader before completing them.**

- Please check here if you are mailing an updated Business Certification Form with this form.

**3. Joint Owned (For policies owned by more than one individual person. Do Not fill out if owned by Trust or Business)**

Name of Joint Owner #1: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Name of Joint Owner #2: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Name of Joint Owner #3: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Name of Joint Owner #4: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Signature and Dates**

**By signing below, all Owners/Authorized Representatives for the policy(ies) acknowledge that the individual named in the Online Account Information section above is authorized to have access to the Online Account. Moreover, if changes to the Online Account access become necessary due to policy changes, it is the Owner's responsibility to provide any necessary updates to online account access as soon as possible to the Company by completing a new Online Account Authorization form and providing an updated Certification of Trust or Business Certification as applicable.**

**Please be aware a hand-written signature(s) must be provided for the request to be approved. An e-signature or an online signature will not be accepted.**

**Sign this section if the policy(es) is currently jointly owned (more than one individual person)**

**Current/Existing Owner's Signature (required)**

X

**Date (required)** \_\_\_\_\_

**Current/Existing Owner's Signature (required)**

X

**Date (required)** \_\_\_\_\_

**Sign this section if the policy(es) is currently owned by a Trust or Business**

**All trustees/authorized signatories must sign below for the access to be approved. If additional signatures are needed, sign and date in this same page. Note: successor trustees do not need to sign**

**Owner Signature**

Print full name of Company/Trust: \_\_\_\_\_

**Authorized Signature (required)**

X

**Date (required)** \_\_\_\_\_

Print full name and title of authorized signer: \_\_\_\_\_

\_\_\_\_\_

**Authorized Signature (required)**

X

**Date (required)** \_\_\_\_\_

Print full name and title of authorized signer: \_\_\_\_\_

\_\_\_\_\_

**Authorized Signature (required)**

X

**Date (required)** \_\_\_\_\_

Print full name and title of authorized signer: \_\_\_\_\_

\_\_\_\_\_

**Authorized Signature (required)**

X

**Date (required)** \_\_\_\_\_

Print full name and title of authorized signer: \_\_\_\_\_

\_\_\_\_\_