

Annuity Service Request Form

Please print or type all
information except signatures.

American General Life Insurance Company

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

Mailing Address: Annuity Service Center • P.O. Box 2708 • Amarillo, TX 79105-2708 • 800-242-4079

Overnight Mailing Address: Annuity Service Center • 1050 North Western Street • Amarillo, TX 79106-7011

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 #: _____ SSN/Tax ID#: _____

Owner: _____ Date of Birth: _____

Phone #: _____ Owner's Email Address: _____

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: (Number and Street) _____

City _____ State _____ Zip Code _____ + _____

Phone #: _____ Email Address: _____

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 DOB: ____/____/____

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

RETURN COMPLETED FORM TO ADDRESS ABOVE OR FAX TO (713) 620-3829