

# American General

Life Companies

# Assignment

## American General Life Insurance Company (AGL)

### American General Life Insurance Company of Delaware

Fixed Life Service Center - P. O. Box 4373, Houston, TX 77210-4373 • Fax: 713-831-3028

Variable Life Service Center - P. O. Box 4880, Houston, TX 77210-4880 • Fax: 713-620-6653

Subsidiaries of American International Group, Inc.

*Please print or  
type all information  
except signatures.*

<p><b>1. CONTRACT IDENTIFICATION</b></p> <p><input type="checkbox"/> Check Here if New Address</p>	<p>You may use this form for multiple contracts that have the same contract owner and require the same signatures. All contracts must be assigned to the same assignee or all contracts released from assignment with same assignee.</p> <p><b>CONTRACT No.:</b> _____</p> <p><b>OWNER:</b> _____ <b>SSN/TIN OR EIN:</b> _____</p> <p><b>ADDRESS:</b> _____ <b>PHONE No.:</b> _____</p> <p>_____</p> <p><b>EMAIL ADDRESS (optional):</b> _____</p> <p><b>INSURED/ANNUITANT (if other than Owner):</b> _____</p>
<p><b>2. <input type="checkbox"/> ASSIGNMENT</b></p>	<p>For value received, I hereby assign and transfer to the named Assignee/Creditor as their interest may appear, the Contract number named above, issued by the Company, upon the life as named above and all moneys now or hereafter payable thereunder, subject to the conditions of said contract, the regulations of the Company and to any lien, charge, or indebtedness thereon now or hereafter existing in favor of the Company.</p> <p>Assignee/Creditor Name: _____</p> <p>Assignee/Creditor Address: _____</p>
<p><b>3. <input type="checkbox"/> RELEASE OF ASSIGNMENT</b></p>	<p>The consideration for which the Assignment was made, having been fully paid and satisfied, all right, title, and interest of the assignee in the above named Contract issued or assumed by the Company on the above named life is hereby relinquished.</p> <p>Assignee/Creditor Name: _____</p> <p>Assignee/Creditor Address: _____</p>
<p><b>4. SIGN HERE FOR ABOVE REQUEST</b></p> <p><b>ASSIGNMENT</b></p> <p><b>RELEASE OF ASSIGNMENT</b></p>	<p>This request must be dated and all required signatures must be written in ink, using full legal names signed by the person or persons who have the rights of ownership under the terms of the contract. For <b>Corporate Owned</b> contracts, the signature of one officer followed by the officer's title is required. The request must be submitted on a piece of corporate letterhead or paper with the corporate seal that has been signed by that officer. For contracts owned by a <b>Partnership</b>, the full name of the partnership should be written followed by the signatures of all partner(s), other than the Insured. For contracts owned by or assigned to a <b>Trustee</b>, current Trustee(s) signatures are required as instructed by the trust agreement. Validation of Trustee(s) signatures may be required.</p> <p><b>Under penalties of perjury, I certify that: (1)The number shown on this form is my correct taxpayer identification number, and (2)I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back-up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.</b></p> <p><b>The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.</b></p> <p>_____ Signature of Owner _____ Date _____ If applicable, Signature of co-owner, assignee, witness _____ Date _____ (or other party interested in contract)</p> <p>To release the assignment of this contract, this request must be signed by the Assignee.</p> <p>_____ Assignee _____ Date _____</p> <p><b>RETURN COMPLETED FORM TO THE ADDRESS OF THE COMPANY CHECKED ABOVE.</b></p>