

American General

Life Companies

Name and Address Change

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.*

1. CONTRACT IDENTIFICATION	Complete all contract information in this section. You may use this form for multiple contracts that have the same contract owner and require the same signatures. CONTRACT No.: _____ OWNER: _____ SSN/TIN OR EIN: _____ ADDRESS: _____ PHONE No.: _____ _____ EMAIL ADDRESS (optional): _____ INSURED/ANNUITANT (if other than Owner): _____
2. <input type="checkbox"/> NAME CHANGE	Check the box of the person whose name is to be changed. Check the reason for the name change. <input type="checkbox"/> Insured/Annuitant <input type="checkbox"/> Owner Reason: <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Payor <input type="checkbox"/> Beneficiary <input type="checkbox"/> Correction <input type="checkbox"/> Other (<i>Attach Certified Copy</i>) FROM: (First, Middle, Last) _____ TO: (First, Middle, Last) _____ _____ NOTE: This form can not be used to change the ownership or beneficiary designations.
3. <input type="checkbox"/> ADDRESS CHANGE	Check the box of the person whose address is to be changed. Indicate the new address. <input type="checkbox"/> Insured/Annuitant <input type="checkbox"/> Owner <input type="checkbox"/> Payor <input type="checkbox"/> Assignee <input type="checkbox"/> Beneficiary Name: (First, Middle, Last) _____ Address: (Number and Street) _____ City _____ State _____ Zip Code _____ + _____ Phone No.: _____
4. SIGN HERE FOR ABOVE REQUEST	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 followed by the officer's title is required. The request must be submitted on corporate letterhead or paper with the corporate seal that has been signed by that officer. For contracts owned by a Partnership , 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 Trustee , current Trustee(s) signatures are required as instructed by the trust agreement. Validation of Trustee(s) signatures may be required. 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. The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding. _____ Signature of Owner Title Date _____ Signature of Co-Owner, Assignee, Witness Title Date

RETURN COMPLETED FORM TO THE ADDRESS OF THE COMPANY CHECKED ABOVE.