

American General

Life Companies

Service Request

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.

Instructions for completing this form are listed on the back. A separate request form must be completed for each policy.

1. CONTRACT IDENTIFICATION <input type="checkbox"/> Check Here if New Address	CONTRACT No.: _____ OWNER: _____ SSN/TIN OR EIN: _____ ADDRESS: _____ PHONE No.: _____ _____ EMAIL ADDRESS (optional): _____ INSURED/ANNUITANT (if other than Owner): _____
2. <input type="checkbox"/> CHANGE DIRECT BILLING FREQUENCY	Frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly* <input type="checkbox"/> Other* _____ <input type="checkbox"/> Planned Premium* \$ _____
3. <input type="checkbox"/> LOST CONTRACT CERTIFICATE	I hereby certify that the contract of insurance for the listed contract has been <input type="checkbox"/> lost <input type="checkbox"/> destroyed <input type="checkbox"/> other. Unless I have directed cancellation of the contract, I request that a Certificate of Insurance be issued to me.
4. <input type="checkbox"/> CORRECT AGE	<input type="checkbox"/> Insured/Annuitant <input type="checkbox"/> Spouse <input type="checkbox"/> Child (Name) _____ Date of Birth: _____ <i>Must send in proof of age.</i>
5. <input type="checkbox"/> CHANGE NONFORFEITURE OPTION	<input type="checkbox"/> Extended Term Insurance <input type="checkbox"/> Reduced Paid Up <input type="checkbox"/> Automatic Premium Loan
6. <input type="checkbox"/> EXECUTE NONFORFEITURE OPTION	Endorse policy in accordance with Nonforfeiture Provisions to provide, <i>if available</i> : <input type="checkbox"/> Extended Term Insurance <input type="checkbox"/> Reduced Paid-Up Insurance <input type="checkbox"/> Automatic Premium Loan If Loan: <input type="checkbox"/> Pay-off with Cash Value* <input type="checkbox"/> Leave on Policy
7. <input type="checkbox"/> CHANGE DIVIDEND OPTION	<input type="checkbox"/> Used to purchase Additional Paid-Up Insurance‡ <input type="checkbox"/> Used to purchase One-Year Term Insurance‡ <input type="checkbox"/> Applied to Reduce Premiums <input type="checkbox"/> Paid in Cash <input type="checkbox"/> Accumulated at Interest
8. <input type="checkbox"/> CANCEL BENEFITS OR RIDERS‡	<input type="checkbox"/> Premium Waiver <input type="checkbox"/> Accidental Death <input type="checkbox"/> Guaranteed Insurability <input type="checkbox"/> Level/Decreasing Term <input type="checkbox"/> Spouse <input type="checkbox"/> Family <input type="checkbox"/> Child <input type="checkbox"/> Payor Death and/or Payor Disability <input type="checkbox"/> Reduce Face Amount to \$ _____ <input type="checkbox"/> Other: _____
9. SIGN HERE FOR ABOVE REQUEST	<p>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). The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ Signature of Owner Date </div> <div style="width: 45%; text-align: center;"> _____ Signature of Co-owner (or other party having interest in contract) Date </div> </div> <p style="margin-top: 10px;">* Not available on all contracts. Contact your Service Center for availability. ‡ Additional forms may be required. Contact your Service Center for additional information. Note: Certain changes to your policy may result in adverse Tax consequences. We urge you to consult with your Tax Advisor prior to making any changes. The changes requested are not valid until recorded by the company.</p> <p style="text-align: center; font-weight: bold; margin-top: 10px;">RETURN COMPLETED FORM TO THE ADDRESS OF THE COMPANY CHECKED ABOVE.</p>

- Instructions and Conditions -

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.
2. CHANGE DIRECT BILLING FREQUENCY	This form may be used to change your direct billing frequency. For all other premium changes, including changes to your billing method and electronic funds authorization, please contact your Service Center. Check the box to indicate the billing frequency. For flexible premium products, please fill in the planned premium.
3. LOST CONTRACT CERTIFICATE	Check the box identifying the reason for a Contract Certificate. This one page Certificate provides basic contract information and will serve as proof of your coverage.
4. CORRECT AGE	Check the box of the person whose age needs to be corrected. If it is a child, provide the name of the child. Provide correct date of birth. Proof of age, such as a birth certificate or driver's license, must be provided. Please submit a copy rather than the original document.
5. CHANGE NONFORFEITURE OPTION	<p>Check the box to indicate which option you choose to select. Review your contract to determine which provisions are allowed and how the provisions affect your contract.</p> <p>Extended Term Insurance (ETI) utilizes the cash surrender value to purchase term insurance until that value is depleted. Upon expiration, the contract terminates without value. Any outstanding loan balance will be paid off.</p> <p>Reduced Paid Up Insurance (RPU) utilizes the cash surrender value to provide a paid up contract for a reduced amount of coverage. Depending on the contract, you may have the option to leave any outstanding loan on the policy.</p> <p>Automatic Premium Loan (APL) allows for a contract loan to pay a premium due provided that there is sufficient cash value.</p>
6. EXECUTE NONFORFEITURE OPTION	<p>Check the box to indicate which option you choose to select. Review your contract to determine which provisions are allowed and how the provisions affect your contract as benefits and riders may be terminated.</p> <p>Extended Term Insurance (ETI) utilizes the cash surrender value to purchase term insurance until that value is depleted. Upon expiration, the contract terminates without value. Any outstanding loan balance will be paid off.</p> <p>Reduced Paid Up Insurance (RPU) utilizes the cash surrender value to provide a paid up contract for a reduced amount of coverage. Depending on the contract, you may have the option to leave the loan on the policy.</p> <p>Automatic Premium Loan (APL) allows for a contract loan to pay a premium due provided that there is sufficient cash value.</p>
7. CHANGE DIVIDEND OPTION	If your contract earns dividends, select one option. Review your contract to determine which dividend options apply.
8. CANCEL BENEFITS OR RIDERS	Check the box to indicate which benefit or rider you want to remove. You may be contacted by the Service Center if your state requires additional forms to complete processing.
9. SIGN HERE FOR ABOVE REQUEST	<p>This request must be dated and all required signatures must be written in ink, using full legal names.</p> <p>Taxpayer Identification Number Certification: You must cross out item 2 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.</p> <p>This request must be signed by</p> <ul style="list-style-type: none"> • the person or persons who have the rights of ownership under the terms of the contract (co-owners, irrevocable beneficiary); • by any other party who may have an interest in the contract by legal proceedings or statutes; and • the spouse of the owner must also sign this request, if the owner resides in a Community Property state. (Community Property states are AZ, CA, ID, LA, NM, NV, TX, WA and WI). <p>Special circumstances – Corporate ownership: 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 signed by that officer; Partnerships: The full name of the partnership should be written followed by the signatures of all partner(s), other than the Insured; Trust: If the contract is 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.</p>