

I/We revoke existing designations and make the following Primary and Contingent Beneficiary designations as listed below. If the beneficiary is a Trust, please include the Name AND Date of the Trust. If you wish to change the Annuitant's beneficiary, please complete Section 2 on the reverse side.

The New Owner's Beneficiary

Primary Beneficiary: _____
Please Print Name, Relationship and Age of Beneficiary

Address, City, State and Zip Code of Beneficiary

Contingent Beneficiary: _____
Please Print Name, Relationship and Age of Beneficiary

Address, City, State and Zip Code of Beneficiary

Unless otherwise directed, proceeds payable will be divided equally among the surviving beneficiaries. The Company shall not be liable for proceeds paid to a Trustee nor be required to determine that a trust is in effect. To determine the existence or identity of the members of a designated class of beneficiaries, The Company may rely on such documentation as it deems sufficient. If not stated otherwise, the right to change a beneficiary is reserved to the Owner.

TAX IDENTIFICATION NUMBER OF PRESENT OWNER: This section must be completed by the present owner of the annuity. Failure to do so may delay your request.

PRESENT OWNER'S TAX ID / Social Security Number							

NOTE: FOR ANNUITIES ISSUED AFTER APRIL 21, 1987, ANY GAIN AT TIME OF TRANSFER WILL BE TAX REPORTED. IRS FORM 1099 WILL BE ISSUED AT YEAR END.

Date Signature Present Owner Signature Present Co-Owner, if any

Date Signature New Owner Signature New Co-Owner, if any

Signature of Assignee, if any, or Spouse if Community Property

Signature of Irrevocable Beneficiary, if any

NOTE: SIGNATURE(S) MUST BE NOTARIZED OR WITNESSED BY TWO ADULTS WHO ARE NOT NEW OWNER(S).

Notary Public Witness Signature Witness Signature

ACKNOWLEDGMENT
(For Service Office Use Only)

When acknowledged by Company endorsement, the change shall take effect on the date this form was signed by Owner(s), but without prejudice to The Company on account of payment made or action taken before the date of acknowledgment.

Date of Acknowledgment Authorized Signature

American General Life Insurance Company

A subsidiary of American International Group Inc.

Annuity Administration • P.O. Box 871, Amarillo, TX 79105

Home Office • 2727-A Allen Parkway, Houston, TX 77019

POLICY NO.: _____ OWNER'S DAYTIME PHONE NO.: _____

ANNUITANT: _____ OWNER: _____

**BENEFICIARY 2.
CHANGE**

I/We revoke existing designations and subject to any existing assignment, make the following Primary and Contingent Beneficiary designations as listed below:

****If the Beneficiary is being changed to a TRUST, please include the Name AND Date of the TRUST****

The Annuitant's Beneficiary

Primary Beneficiary: _____

Please Print Name, Relationship and Age of Beneficiary

Address, City, State and Zip Code of Beneficiary

Contingent Beneficiary: _____

Please Print Name, Relationship and Age of Beneficiary

Address, City, State and Zip Code of Beneficiary

The Owner's Beneficiary

Primary Beneficiary: _____

Please Print Name, Relationship and Age of Beneficiary

Address, City, State and Zip Code of Beneficiary

Contingent Beneficiary: _____

Please Print Name, Relationship and Age of Beneficiary

Address, City, State and Zip Code of Beneficiary

Unless otherwise directed, proceeds payable will be divided equally among the surviving beneficiaries. The Company shall not be liable for proceeds paid to a Trustee nor be required to determine that a trust is in effect. To determine the existence or identity of the members of a designated class of beneficiaries, The Company may rely on such documentation as it deems sufficient. If not stated otherwise, the right to change a beneficiary is reserved to the Owner.

