

**Producer of Record Change**

Please select which company(ies) the producer is appointed.

- American General Life Insurance Company
  - The United States Life Insurance Company in the City of New York
- P.O. Box 9978, Amarillo, TX 79105-5978 • 800-247-8837

Date of Request: \_\_\_\_\_

Full Name of Insured: \_\_\_\_\_

Insured Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Effective Date/Anniversary Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Policyholder Name: \_\_\_\_\_

Policyholder Address: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Product Type:  Life Insurance  Health Insurance  Annuity

Full Name of Insured: \_\_\_\_\_

Insured Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Effective Date/Anniversary Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Policyowner Name: \_\_\_\_\_

Policyowner Address: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Product Type:  Life Insurance  Health Insurance  Annuity

Name of New Producer: \_\_\_\_\_ Company Agent #: \_\_\_\_\_

New Producer Address: \_\_\_\_\_

Date when change is effective: \_\_\_\_/\_\_\_\_/\_\_\_\_

**By signing this letter, I am making the named producer the producer of record for the policies identified above, and it is my intent to replace any existing producer of record with the producer identified in this letter.**

X \_\_\_\_\_ DATE \_\_\_\_\_  
 POLICYOWNER SIGNATURE  
 Title (if owner is an entity): \_\_\_\_\_

X \_\_\_\_\_ DATE \_\_\_\_\_  
 NEW AGENT SIGNATURE

**A COPY OF THIS NOTICE MUST BE PROVIDED TO THE INSURED.**