



Change of Beneficiary

- American General Life Insurance Company
 The United States Life Insurance Company in the City of New York

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Send the completed form(s) to: PO Box 818005 • Cleveland, OH 44181 • Fax: 855-601-1834

Section A - Existing Policy Information

Please fill out all applicable information below.

Policy Number: _____
 *Required

Insured Name(s): _____ SSN/ITIN or EIN: _____
 *Required *Required

Owner Name: _____ SSN/ITIN or EIN: _____
 *Required *Required

Address: _____ Primary Phone: _____
 _____ Alternate Phone: _____

If an address is provided different from the permanent address we have on file, we will update the permanent address on file.

Email Address: _____

Co-Owner Name(s): _____ SSN/ITIN or EIN: _____
 If applicable If applicable

Address: _____ Primary Phone: _____
 _____ Alternate Phone: _____

Email Address: _____

Section B - Beneficiary Designations

- Designation is in effect for Base Insured Spouse Insured Other _____
- Primary Beneficiary must be completed even if only contingent beneficiaries are to be changed.
- Beneficiary must be of legal age, if not Minor Beneficiary Clause **must** be completed in Section C.
- If Designation is for a Trust, complete the Legal Name of Trust in the Name field and the Date of Trust (for living trusts) in the DOB field.
- Fields with * are required

No.	*Name	DOB mm/dd/yyyy	SSN	*Relationship	*Share %	Beneficiary Type
1						<input type="checkbox"/> Primary*
	Address: _____			Phone #: _____		<input type="checkbox"/> Contingent
2						<input type="checkbox"/> Primary
	Address: _____			Phone #: _____		<input type="checkbox"/> Contingent
3						<input type="checkbox"/> Primary
	Address: _____			Phone #: _____		<input type="checkbox"/> Contingent
4						<input type="checkbox"/> Primary
	Address: _____			Phone #: _____		<input type="checkbox"/> Contingent
5						<input type="checkbox"/> Primary
	Address: _____			Phone #: _____		<input type="checkbox"/> Contingent
6						<input type="checkbox"/> Primary
	Address: _____			Phone #: _____		<input type="checkbox"/> Contingent

Section C - Optional Clauses

Please refer to instructions on Page 4 for information regarding these options.

One or more of the following may be checked if desired

POSTPONEMENT CLAUSE - COMMON DISASTER

CHILDREN'S CLAUSE - PER STIRPES

MINOR BENEFICIARY CLAUSE - complete the Name of the Trustee or the Name and State of UTMA Custodian (only one) below, and the named minor beneficiaries. Refer to Section C in the Instructions page for additional information.

- Name of Trustee: _____, Trustee for _____ [name of minor beneficiary(ies)] OR
- Name of UTMA Custodian: _____, as Custodian for _____ [name of minor beneficiary(ies)] under the _____ [name of state] Uniform Transfer to Minors Act.

Section D - Current Owner Signature and Date

The Policy Owner(s) warrants that the above-referenced beneficiary change is not subject to any prior agreements, contractual obligations, legal proceedings or court/administrative orders, including but not limited to divorce or bankruptcy proceedings ("Obligations"), which restrict, limit, or otherwise prohibit such change of beneficiary as contemplated. The Policy Owner(s) acknowledges and agrees that in the event any obligations become known subsequent to the above-referenced beneficiary change being made, which if then-known to the Company, would have caused the Company not to process the beneficiary change on the policy (or not to process the beneficiary change without the consent of a party other than the Policy Owner(s)), the beneficial change will become immediately void and the Policy Owner(s) shall indemnify and hold the Company harmless from any and all losses associated with the beneficiary change, including costs of recovery and reasonable attorney fees.

TAX CERTIFICATION (Substitute Form W-9) – Applicable to U.S. persons (including U.S. citizens and resident aliens). If you are not a U.S. person, you are required to submit the applicable IRS Form W-8 series (BEN, BEN-E, ECI, EXP or IMY).

Under penalties of perjury, I certify to the following:

1. That the taxpayer identification number listed on this form is my correct SSN/TIN and I am a U.S. Citizen or other U.S. person (including resident aliens);
2. I further certify that I am exempt from and have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding. The Company is required to withhold income tax on any payments, which include interest and dividends when the owner is subject to backup withholding.; and
3. I am exempt from Foreign Account Tax Compliance Act ("FATCA") reporting.

Certification Instructions: You must cross out any statement in 1-3 that does not apply to you. For any instructions on how to complete this certification, please see the General Instructions for the IRS Form W-9 on www.irs.gov. If you can complete a Form W-9 (Request for Taxpayer Identification Number) and you are a U.S. Citizen or U.S. resident alien, FATCA reporting may not apply to you. **Please consult your own tax advisor with any questions you may have regarding this certification.**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Current/Existing Owner's Signature (required)

X _____

Date (required) _____

Current/Existing Owner's Signature (required)

X _____

Date (required) _____

If the Owner lives in, is domiciled in or situated in MA, state law requires that the form must be witnessed by a non interested party.

Witness Signature (required for the state of MA only)

X _____

Date (required) _____

Complete this section if this Policy is currently owned by a Trust or Business.

Trust Owned: (Complete the Certification of Trust - this additional Form may be needed if not on file with Us for the Current Owner)

Business Owned: (Complete the Business Certification - this additional Form may be needed if not on file with Us for the Current Owner)

Owner Signature

Print full name of Company/Trust: _____

Print full name and title of authorized signer: _____

Authorized Signature (required)

X _____

Date (required) _____

Section E - Irrevocable Beneficiary/Assignee Signature and Date (if required)

TAX CERTIFICATION (Substitute Form W-9) – Applicable to U.S. persons (including U.S. citizens and resident aliens). If you are not a U.S. person, you are required to submit the applicable IRS Form W-8 series (BEN, BEN-E, ECI, EXP or IMY).

Under penalties of perjury, I certify to the following:

1. That the taxpayer identification number listed on this form is my correct SSN/TIN and I am a U.S. Citizen or other U.S. person (including resident aliens);
2. I further certify that I am exempt from and have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding. The Company is required to withhold income tax on any payments, which include interest and dividends when the owner is subject to backup withholding.; and
3. I am exempt from Foreign Account Tax Compliance Act ("FATCA") reporting.

Certification Instructions: You must cross out any statement in 1-3 that does not apply to you. For any instructions on how to complete this certification, please see the General Instructions for the IRS Form W-9 on www.irs.gov. If you can complete a Form W-9 (Request for Taxpayer Identification Number) and you are a U.S. Citizen or U.S. resident alien, FATCA reporting may not apply to you. **Please consult your own tax advisor with any questions you may have regarding this certification.**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Irrevocable Beneficiary/Assignee Signature (required)

X

Date (required) _____

If the Irrevocable Beneficiary/Assignee is a trust or business, please complete the below section.

Irrevocable Beneficiary/Assignee Signature

Print full name of Company/Trust: _____

Print full name and title of authorized signer: _____

Authorized Signature (required)

X

Date (required) _____

Instructions and Conditions

Section A - Policy Information

Complete all policy information in this section. You may use this form for multiple policies that have the same policyowner and require the same signatures. If an address is provided which is different from the permanent address we have on file, we will update the permanent address on file with the address provided on this form and all mailed correspondence will go to the updated address.

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is solely responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Section B - Beneficiary Designations

Unless otherwise provided, the right to change the beneficiary is reserved to the owner. Such change will be without prejudice to the company which issued the Policy ("the Company") on account of any payment made or action taken by it before receipt of such notice at its Service Center.

This designation, when filed with the Company, will become effective as of its date of execution (date this form was signed). Such execution will constitute a waiver of any policy provision(s) requiring endorsement of change of beneficiary. All designations are subject to the terms and conditions of the Policy, any indebtedness to the Company and any collateral assignment of the Policy, whether made prior to or subsequent to the date of this designation. The Company is released from all liability by making payment in accordance with this designation and assumes no responsibility for the use of money by any Trustee named herein. If a Trustee is named as the beneficiary, the date and legal title of the Trust must also be included.

If beneficiaries are to receive unequal portions of the death benefit, it must be shown as a percentage of the death benefit and not as specific dollar amounts. In the event no beneficiary survives the insured and this form or the Policy does not provide otherwise, the proceeds will be paid to the policyowner, or the executors or administrators of the policyowner's estate.

SUGGESTED WORDING FOR COMMON DESIGNATIONS

One individual beneficiary - Mary Doe, SSN 999-99-9999, 100 N. Main St, Chicago, IL, Spouse, 100%

Multiple individual beneficiaries - Jane Doe, SSN 999-99-9999, 100 N. Main St, Chicago, IL, Child, 33.3%; John Doe, SSN 999-99-9999, 100 N. Main St, Chicago, IL, Child, 33.3%; Jesse Doe, SSN 999-99-9999, 100 N. Main St, Chicago, IL, Child, 33.4%

Living Trust - The Smith Family Trust, dtd 3/3/2013, TIN 999-99-9999, Trust, 100%

Testamentary Trust - Sally Smith Testamentary Trust under the Suzie S. Smith Last Will and Testament dtd 1/1/1999, Trust, 100%

Insured/Annuitant's Estate - Estate of the Insured, 100%

Business Partner - Jim Smith, SSN 999-99-9999, 100 N. Main St, Chicago, IL, Business Partner, 100%

Employer - ABC and Associates, TIN 99-9999999, 100 N. Main St, Chicago, IL, Employer, 100%

Samples of commonly used relationships:

Spouse	Child	Parent	Sibling	Friend
Domestic Partner	Stepchild	Parent-In-Law	Trust	Business Partner
Former Spouse	Grandchild	Grandparent	Guardian	Employer

Section C - Optional Clauses

Postponement Clause - Common Disaster - In no case shall any payment be made to any beneficiary designated in this form until thirty (30) days or state mandated period have elapsed following the Insured's death, and in the event of the death of a beneficiary during such period, payment shall be made in the same manner as provided in this form, had the said beneficiary predeceased the Insured. This provision does not apply to a Trustee.

Children's Clause - Per Stirpes - If a child of the Insured who is designated in this form as a beneficiary predeceases the Insured, leaving children who survive the Insured, then the shares the deceased beneficiary would have received shall be payable in equal shares to the surviving children of the deceased beneficiary.

Minor Beneficiary Clause -

- Trustee for Minor(s) - The Trustee designated on behalf any beneficiary(ies) who is a minor child at the time the policy proceeds become payable will receive any payment due after the Insured's death.
- UTMA Custodian - The UTMA Custodian designated on behalf of any beneficiary(ies) who is a minor child at the time the policy proceeds become payable will receive any payment due after the Insured's death. The Owner must indicate the state in which the custodial relationship has been established under the Uniform Transfers to Minors Act (UTMA).
- Payment by the Company to such Trustee or UTMA Custodian as described above shall constitute an absolute and complete release the Company, which shall not be held accountable or responsible for the use and application of the policy proceeds paid to such Trustee or UTMA Custodian.
- If, by the time the policy proceeds become payable, the minor has reached the age of majority or the age of termination in the case of a UTMA custodianship, the named Trustee or UTMA Custodian will be disregarded.

Section D and E - Signature and Date

Please elect ownership type and fill out all applicable information. All required signatures must be written in ink, using full legal names. The request must be signed by: the person or persons who have the rights of ownership under the terms of the Policy, by an Irrevocable Beneficiary or by any other party who may have an interest in the Policy by legal proceedings or statutes.

- If the owner is a trust, complete the Certification of Trust - this additional Form may be needed if not on file with Us for the Current Owner.
- If the owner is a business, complete the Business Certification - this additional Form may be needed if not on file with Us for the Current Owner.

Additional Requirements

- The following requirements apply to the current owner:

Guardianship/Conservatorship - Signature of the current guardian is required along with the current Guardianship Papers or Letter of Conservatorship. The signature must be dated within one year of the request.

Power of Attorney - Request must be signed by the attorney-in-fact. A copy of the applicable Power of Attorney document is required. A completed, signed, dated, and notarized Power of Attorney Affidavit and Indemnity Agreement is required when the disbursement will be \$100,000 or over and/or the face amount of the policy is \$1,000,000 or over.

Certification of Trust

- American General Life Insurance Company
 The United States Life Insurance Company in the City of New York

1. Account Information *(Indicate one of the following)*

This form is being completed for an:

- Existing life insurance policy Existing annuity contract Existing Mutual Fund Account

Existing Policy/Contract/Account Number(s) _____

- Application for life insurance policy Application for an annuity contract

2. Trust Information

Full legal name of Trust _____

Date on which Trust was executed _____

Trust's tax identification number _____

State where Trust established _____ Revocable Trust Irrevocable Trust

3. Grantor Trust Information *(complete only for annuities and modified endowment contracts)*

Is this Trust a Grantor Trust pursuant to IRC Sections 671 to 678? Yes No

A grantor trust is a trust under which the Grantor or someone other than the Grantor is treated as the owner of the trust assets for tax purposes under IRC Sections 671-678.

If yes, provide the following:

Grantor Name _____ Social Security Number _____

Grantor Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____

4. Trustee Authority

Names of all Trustees authorized to act on behalf of the Trust _____

If more than one Trustee:

- Any Trustee is able to act independently All Trustees must act jointly Other (please specify) _____

5. Trustee Declaration and Signature Information

All currently acting trustees must sign. This form will supersede any previously provided certifications.

By signing below, each and all of the undersigned hereby:

- (a) represent they constitute all of the currently acting trustees of the Trust and that the Trust authorizes the Trustee(s) to purchase, own, and administer life insurance policies and/or annuity contracts on the life of the Insured(s)/Annuitant(s);
- (b) declare that the Trust has not been revoked, modified, or amended in any manner that would cause the representations contained herein to be incorrect and agree to provide a new Certification of Trust if the Trust is amended in any manner that changes any representations made in this Certificate, including any changes to the acting Trustees;
- (c) understand and agree that the life insurance company named above ("Life Company") (i) does not review trust documents, (ii) will administer the policy or contract in accordance with its standard procedures and has no obligation to administer in accordance with any terms of the Trust, (iii) may rely on the instructions and representations of the Trustee(s), and (iv) will have no responsibility to determine whether any instructions or representations of the Trustee(s) are consistent with the authorities granted to the Trustee(s) by the Trust document;



5. Trustee Declaration and Signature Information (con't)

- (d) agree to defend, indemnify and hold the Life Company, its parents, subsidiaries, and affiliates, and their directors, officers, employees and agents harmless for and against any and all claims, demands, liabilities, damages, costs or expenses, including, but not limited to, reasonable attorney's fees, which it may suffer or incur by reason of its reliance upon any statements contained herein;
- (e) agree to provide additional information regarding the Trust if required by the Life Company;
- (f) acknowledges that the Trustee(s) have had an opportunity to consult with its own legal and/or tax counsel in preparation of the Certification of Trust and that the Trustee(s) are solely responsible for the tax consequences arising from this Policy/Contract being held by a trust;
- (g) represent that no trustee of the Trust is an agent of record, servicing agent, solicitor, insurance producer, financial representative, investment advisor or related financial institution, broker/dealer or insurance agency or any individual or entity acting in a similar capacity involved in the sale, solicitation or placement of this contract/policy (such individuals and entities collectively "Distributor"), unless such Distributor is a member of Insured's/Annuitant's immediate family,*
- (h) represent and certify that (i) the Trust and each beneficiary under the Trust has an insurable interest** in the Insured(s)/Annuitant(s) listed on this form, (ii) is not aware of any agreement or arrangement whereby the Insured(s)/Annuitant(s) has received a payment or anything else of value in exchange for permission to use his/her life on the Policy/Contract, and (iii) understand that the Life Company reserves the right to terminate the contract consistent with applicable law if it discovers a misstatement with respect to the insurable interests between the Trust and the Insured(s)/Annuitant(s).

This paragraph (h) does not apply because:

- Trust was designated as beneficiary for an Individual Retirement Annuity and/or employer sponsored retirement plan or program (such as 401(a)/(k), 403(b), or 457(b)).
- Other _____

**If the distributor is NOT a member of the insured's immediate family, then such Distributor and the Insured/Annuitant must complete an Acknowledgment and Release Form and submit same to the Company.*

***Generally, an interest is insurable if a familial relationship and/or economic interest exists. A familial relationship can only exist between individuals, and the relationship generally includes those persons related by blood or by law. An economic interest exists when the contract owner has a lawful and substantial economic interest in having the life, health, or bodily safety of the life that triggers the death benefit preserved. Charitable and not-for-profit organizations are exempt from insurable interest requirements.*

Trustee #1

Name _____ Signature _____
Date _____ Phone _____ State of _____ County of _____

Trustee #2

Name _____ Signature _____
Date _____ Phone _____ State of _____ County of _____

Trustee #3

Name _____ Signature _____
Date _____ Phone _____ State of _____ County of _____

6. Insured/Annuitant Information (This section not required where annuitant designates a trust as beneficiary for an Individual Retirement Annuity and/or employer-sponsored retirement plan or program (such as 401(a)/(k), 403(b) or 457(b)) or (2) with a permissible explanation under Section 5(h) of this form.)

By signing below, each and all of the undersigned hereby:

- (a) certifies that his/her life is being used as the insured for the life insurance policy or measuring life for the annuity contract, as applicable, and consents to the use thereof;
- (b) certifies that he/she has not entered into any agreement or arrangement whereby he/she has been paid, or received any other benefit, in exchange for permission to use his/her life for the life insurance policy or annuity contract, as applicable. Such an arrangement or agreement may be deemed a fraudulent act.

Insured/Annuitant's Signature

X

Insured/Annuitant Name (printed) _____

Insured/Annuitant signed on (date) _____

