Service Request

☐ **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.

Mailing Instructions: Send form(s) to:
☐ Standard Address • PO Box 818005 • Cleveland, OH 44181 • Fax: 1-855-601-1834
☐ Variable Life Service Center • PO Box 818016 • Cleveland, OH 44181 • Fax: 844-430-2639

Please print or type all information except signatures. A separate request form must be completed for each policy. See instructions below.

1. POLICY IDENTIFICATION

☐ Check Here if New Address

☐ Check Here if this is a permanent address change

POLICY No.: _____

INSURED/ANNUITANT NAME: _____ (Required) **SSN/ITIN OR EIN:** _____ (Required)

OWNER NAME: _____ **SSN/ITIN OR EIN:** _____

ADDRESS: _____

PHONE No.: _____ **EMAIL ADDRESS:** _____

CO-OWNER NAME: _____ (if applicable) **SSN/ITIN OR EIN:** _____ (if applicable)

ADDRESS: _____

PHONE No.: _____ **EMAIL ADDRESS:** _____

ASSIGNEE, IRREVOCABLE BENEFICIARY, OTHER NAME: _____ (if applicable) **SSN/ITIN OR EIN:** _____ (if applicable)

2. ☐ CHANGE DIRECT BILLING FREQUENCY

Frequency:
☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Monthly* ☐ Other* _____
☐ Planned Periodic Premium* $_____
If the selected mode of payment is not available, the next available mode will be used.

3. ☐ LOST POLICY CERTIFICATE OR ☐ DUPLICATE POLICY REQUEST

☐ Lost Policy Certificate
☐ Duplicate Policy Request*
As the owner of the above policy, I hereby request a duplicate policy. If the Original Policy is more than 5 years old, I request a Certificate of Insurance.

4. ☐ CORRECT AGE

☐ Insured/Annuitant ☐ Spouse ☐ Child (Name) _____
Date of Birth: _____ *Must send in proof of age.*

5. ☐ CHANGE NONFORFEITURE OPTION

☐ Extended Term Insurance
☐ Reduced Paid Up
☐ Automatic Premium Loan

6. ☐ EXECUTE NONFORFEITURE OPTION

Endorse policy in accordance with Nonforfeiture Provisions to provide, *if available:*
☐ Extended Term Insurance ☐ Reduced Paid-Up Insurance
☐ Automatic Premium Loan* If Loan: ☐ Pay-off with Cash Value* ☐ Leave on Policy*

7. ☐ CANCEL BENEFITS OR RIDERS‡

☐ Premium Waiver ☐ Accidental Death ☐ Guaranteed Insurability ☐ Level/Decreasing Term
☐ Additional Insured ☐ Family ☐ Child ☐ Payor Death and/or Payor Disability
☐ Reduce Face Amount to $_____
If you have one or more policies subject to a Company premium discount, a reduction in the Face Amount of coverage under this policy may affect the premium discount for those other policies.
☐ Other: _____

* Not available on all policies. 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.

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

SECTION 8 - SIGNATURE AND DATE

If a duplicate policy is issued to me, I agree that it completely replaces the original policy and replaces any previous duplicate policy. I agree to return the original policy or any duplicate policy to the Company if found. I agree to hold the Company harmless from any claim or expense under the original policy or any previous duplicate policy.

You and the Internal Revenue Service will be provided with an informational tax form after the close of the calendar year. A withdrawal of any type, before age 59½, may subject you to an IRS penalty tax.

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 _____

Current/Existing Owner's Signature (required)

X _____

Date _____

Assignee, Irrevocable Beneficiary, Other Signature (if required)

X _____

Date _____

If you were a minor when this policy was issued, please submit a copy of your Driver's License with the application.

Complete this section if this Policy is owned by a trust or business.

☐ Trust Owned: (Complete the Certification of Trust)
☐ Business Owned: (Complete the Business Certification)

Owner Signature

Print full name of Company: _____

_____

Print full name and title of authorized signer: _____

_____

Authorized Signature (required)

X _____

Date _____

- Instructions and Conditions -

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1.	**POLICY 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 POLICY CERTIFICATE OR DUPLICATE POLICY REQUEST**	Check the box identifying the reason for a Policy Certificate. This one page Certificate provides basic policy 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**	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. **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. **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. **Automatic Premium Loan** (APL) allows for a contract loan to pay a premium due provided that there is sufficient cash value.
6.	**EXECUTE NONFORFEITURE OPTION**	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. **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. **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. **Automatic Premium Loan** (APL) allows for a contract loan to pay a premium due provided that there is sufficient cash value.
7.	**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. • When removing a Child Term Rider and requesting a refund, submit proof of the youngest child's Date of Birth. **Accident & Health policies:** • When removing a spouse due to death, provide a copy of the death certificate.
8.	**SIGNATURE & 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 assignee, 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. • If the owner is a business, complete the Business Certification.