

**American General Life Insurance Company (AGL)
The United States Life Insurance Company in the City of New York (USL)**

Address mail to:

Annuity Service Center

Regular Mail

PO Box 2708
Amarillo TX 79105-2708

Overnight Mail

1050 N Western St
Amarillo TX 79106-7011

Phone: 800-242-4079

Fax: 713-620-3829

Website: corebridgefinancial.com

Email: annuityservice@corebridgefinancial.com

Change of Ownership

Important Information:

- Please print or type.
- Changes of ownership are subject to prior review and approval by the issuing company, American General Life Insurance Company or The United States Life Insurance Company in the City of New York, as applicable, (the "Company").
- Changing the ownership or the beneficiary on your contract might affect your living benefit or beneficiary benefit. Please see your contract for more details.
- If ownership is changed to a Trust, please complete the Certification of Trust (COT) and include it with this request. All forms are available on corebridgefinancial.com.
- If changing ownership to a Non-Natural Entity, you must include supporting documentation for the authorized signer(s). (Copy of the Corporate Resolution or complete the Corporate or Entity Resolution form).

1 Contract Information

Contract Number _____ Current Owner's DOB _____

Name of Current Owner/Trust/Custodian _____

Address _____ City _____ State _____ Zip _____

Current Owner's Complete SSN/TIN _____ Phone _____ Email _____

2 New Owner's Information *(Complete this section for a complete ownership change)*

You must select one:

- Add a Joint Owner
 Replace Current Owner

Name of New Owner/Trust/Custodian _____

Address _____ City _____ State _____ Zip _____

Phone _____ New Owner's Complete SSN/TIN _____ Email _____

DOB/Trust Date _____ Relationship to Current Owner _____

The new Owner should designate a new beneficiary. **If a new beneficiary is NOT named in Section 4, the primary beneficiary will default to the estate of the new Owner.**

3 Important Tax Information *(Please read. Check the box if change is due to divorce.)*

A transfer of ownership on any nonqualified annuity contract where a gain in the contract is attributable to investment in the contract on or after August 13, 1982, to someone other than a spouse, or former spouse as a result of a divorce decree, may result in a taxable event to the transferring owner. For annuity contracts issued prior to April 22, 1987, the transferring owner will receive a Form 1099-R at the time the contract is ultimately surrendered. For annuity contracts issued after April 22, 1987, the transferring owner will be mailed tax Form 1099-R no later than January 31 of the year following the ownership transfer.

- DIVORCE** - Please check here if this change of ownership will NOT result in a taxable event because the transfer is to my spouse or former spouse as a result of a divorce decree.

4 Beneficiary Designation Change

Designate your beneficiary(ies) below. If you do not complete this section or if the information you provide is unclear, then the beneficiary designation will default to the estate of the new Owner. Please note the following when designating your beneficiary(ies).

- A beneficiary may be an individual, institution, estate, trust or other non-natural entity.
- When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries in that type/class (*i.e., Primary or Contingent*), unless you add a "Per Stirpes" designation after a beneficiary's name. A "Per Stirpes" designation allows the descendants of a deceased beneficiary to receive that beneficiary's portion.
- For each type/class of beneficiary, percentages must equal 100%. If no percentage(s) is indicated, your beneficiary benefit will be paid equally to the listed beneficiaries in that class/type that survive you.
- **Jointly Owned Contracts** – Joint Owners will be considered each other's sole primary beneficiary. Any other beneficiary(ies) listed below will be considered "contingent." Note: If your contract allows, Joint Owners who do not wish to be each other's sole primary beneficiary must provide beneficiary information on a separate sheet, signed by both Joint Owners. (*Please reference your contract regarding applicability of this provision*).
- If designating a trust as beneficiary, please include the full name of the trust, the trustee name(s) and trust date below.
- For contracts owned by a trust or other non-natural entity, the beneficiary benefit is payable upon the death of the Annuitant.
- If designating a minor beneficiary, please include the name of the custodian for the benefit of the minor beneficiary. Once the minor reaches the age of majority, the custodian will be disregarded.

Primary Beneficiaries — Primary beneficiaries receive the beneficiary benefit upon the Owner's death (*Annuitant's death if Owner is a non-natural entity*).

Contingent Beneficiaries — Generally, contingent beneficiaries receive the beneficiary benefit only if all primary beneficiaries predecease the Owner (*Annuitant if Owner is a non-natural entity*).

To ensure your beneficiaries are identified and paid in a timely manner, please remember to include each beneficiary's name, address, phone number, birth/trust date and SSN/TIN.

PRIMARY BENEFICIARY DESIGNATION — any percentage split must be in whole numbers and equal 100%

1. Beneficiary Name _____

Address _____ City _____ State _____ Zip _____

Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone _____

Birth Date/Trust Date _____ Email _____ Male Female

2. Beneficiary Name _____

Address _____ City _____ State _____ Zip _____

Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone _____

Birth Date/Trust Date _____ Email _____ Male Female

CONTINGENT BENEFICIARY DESIGNATION — any percentage split must be in whole numbers and equal 100%

1. Beneficiary Name _____

Address _____ City _____ State _____ Zip _____

Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone _____

Birth Date/Trust Date _____ Email _____ Male Female

2. Beneficiary Name _____

Address _____ City _____ State _____ Zip _____

Relationship _____ Beneficiary % _____ SSN/TIN _____ Phone _____

Birth Date/Trust Date _____ Email _____ Male Female

Check here if you have named additional primary beneficiaries on a separate sheet, signed, dated and attached to this form. Print your name and contract number at the top of each separate sheet attached.

5 Statement of Present Owner and New Owner Signature

The undersigned declares that (1) no insolvency or bankruptcy proceedings are in the process or pending against the undersigned, and (2) the contract is not subject to pledge, assignment, levy or legal proceeding. This change of ownership revokes all ownership heretofore existing but shall not become effective and binding until acknowledged by the Company by written confirmation; but upon such acknowledgement, shall be effective as of the date the change is processed, subject to any payment made or action taken by the Company before such acknowledgement.

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; and
3. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Certification Instructions: You must cross out any statement in 1-3 above that does not apply to you. For 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.

Signatures must be notarized.

Current Owner's Signature _____ Date _____

Current Joint Owner's Signature (if applicable) _____ Date _____

Current Trustee(s) Signature (if trust-owned) _____ Date _____

New Owner's Signature _____ Date _____

New Joint Owner's Signature (if applicable) _____ Date _____

New Trustee(s) Signature (if trust-owned) _____ Date _____

_____ State _____ County
 On _____, before me personally appeared, _____
 Date Name

known to me or proved to me to be the identical person described in and who executed the foregoing statement, and acknowledged the execution of the same as a free act and deed for the purpose therein named.

_____ Attach seal for Notary: [SEAL]
 Date my commission expires

_____ Notary Public Signature _____ Date

_____ State _____ County
 On _____, before me personally appeared, _____
 Date Name

known to me or proved to me to be the identical person described in and who executed the foregoing statement, and acknowledged the execution of the same as a free act and deed for the purpose therein named.

_____ Attach seal for Notary: [SEAL]
 Date my commission expires

_____ Notary Public Signature _____ Date

_____ State _____ County
 On _____, before me personally appeared, _____
 Date Name

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 Date my commission expires

_____ Notary Public Signature _____ Date