



Requesting a Policy Change

Producer Guide

Policies issued by American General Life Insurance Company (AGL) except in New York, where issued by The United States Life Insurance Company in the City of New York (US Life).
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Policy Change Guide

Requesting a Policy Change – Step-by-step Overview

Policy changes may include adding or deleting riders and benefits, class changes, reduction of ratings, face changes, etc. Specific changes to the contract may vary by product.

Below are the general steps to take. Please see other sections of this guide for additional details and specific requirements.

Step 1

Determine if the change to be requested is contractually allowed

Some policies issued before 2009 may be subject to different rules. To determine what may be allowed, see the section on Policy Change Guidelines by CSO Policy, beginning on page 10.

If you have questions, please call the Producer Contact Center.

Step 2

Complete State-Specific In-Force Change Application or the Service Request Form

- Refer to: **Forms, Underwriting, Effective Dates by Product** starting on page 5 to determine required forms for change request
- Ensure the appropriate application is completed in its entirety, based on the insured's state of residence

Required Paperwork

Use the **In-Force Change application** or **Service Request Form** specific to the insured's state of residence (find state-specific forms in Forms Depot):

- General In-Force Change Application:
 - AGLC108251
 - CA: AGLC108251-CA
 - CT: AGLC108251-CT
 - DC: AGLC108251-DC
 - DE: AGLC108251-DE
 - FL: AGLC108251-FL
- In-Force Change Application for Individual Life Insurance:
 - ICC15-108251
- Service Request Form:
 - AGLC0107 (Term, Whole Life, and Universal Life including IUL and GUL)
 - AGLC107952 (AG Platinum Choice VUL)

*Note, this is a list of most commonly used forms for currently marketed products. Additional form numbers for older or legacy products can be found by searching "Service Request" on Forms Depot.

- Underwriting may request questionnaires to be completed if the insured answers "Yes" to questions regarding Drugs and Alcohol, Aviation, Avocation, or Foreign Travel
- Ensure all the appropriate signatures are obtained before submitting the application
 - **In-Force Change application:** Insured and Policy Owner signatures required
 - **Service Request Form:** Policy Owner signature required
 - **If Trust-Owned:** Signature of ALL Trustees, plus 'Certification of Trust' (AGLC2239COT) required
 - **If Corporate-Owned:** Signature of an officer, title on corporate letterhead or other document with a corporate seal authorizing said officer to act, plus 'Business Certification' (AGLC108735) required

Step 3

Mail or fax completed forms to:

Standard Policies - Term, Whole Life, Universal Life (including IUL and GUL)

U.S. Mail

American General Life Insurance Company
PO Box 305355
Nashville, TN 37230-5355

Overnight Mail

American General Life Insurance Company
340 Seven Springs Way
Brentwood, TN 37027 844-930-0370

Fax

844-930-0370

Variable Universal Life (VUL) Policies

U.S. Mail

American General Life Insurance Company
PO Box 305600
Nashville, TN 37230-5600

Overnight Mail

American General Life Insurance Company
340 Seven Springs Way
Brentwood, TN 37027 844-930-0370

Fax

844-930-0370

Step 4

Verification of Insured's Current Medical Health Status (if required)

- Medical records may be requested from Insured's physician
- Medical exam may be required
- If needed, Insured will be contacted to schedule an appointment
- Class changes require home office specimen

Step 5

Policy Change Request is Approved or Declined

- Confirmation mailed through US Postal Service to policy owner upon completion of policy change including:
 - Confirmation letter including policy endorsement
 - Excess premium or cash value due client mailed separately
- If change request declined, notification mailed to Policy Owner
 - Premium refund due to client mailed separately

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Forms, Underwriting, Effective Dates by Product Category

Please review CSO guidelines on page 11 to determine if the change to be requested is contractually allowed.

Universal Life Policies – IUL, GUL, VUL				
Rider, Benefit or Contract Change	Form Required to Add or Change ¹	Underwriting Required to Add or Change	Effective Date	Comments
Accidental Death Benefit	In-Force Change Application	Yes	Monthiversary ²	
Automatic Increase Rider	Not added after issue	N/A	N/A	Cannot be added to existing policy.
Child Rider	In-Force Change Application	Yes	Monthiversary ²	The application must be completed by the primary insured in addition to the spouse or child to be covered.
Adding Child to Existing Child Rider	Written Request	No	Current unless specified	Provide full name, birthdate and gender of child/children
Death Benefit Option	Service Request ³	No	Monthiversary	Increasing to Level will increase face amount. Level to Variable decreases will decrease the face amount. Underwriting is required if the policy owner does not want the face value to decrease.
Face Increase	In-Force Change Application	Yes	Current unless specified	Not allowed on second-to-die plans.
Face Decrease	Service Request ³	No	Current unless specified	Cannot result in a reduction below minimum allowed for the plan. Decreases in face amount may be subject to additional limitations as described in the policy.
Guaranteed Insurability Option ⁵	In-Force Change Application ³	No	Monthiversary	Submit pages 1, 2 and 6.
Other Insured Rider ⁶	In-Force Change Application	Yes	Monthiversary ²	Change effective current unless specified. The application must be completed by the primary insured in addition to the spouse or child to be covered.
Primary Insured Rider ⁵	In-Force Change Application	Yes	Monthiversary ²	Change effective current unless specified.
Removal or Reduction of Substandard Rating ⁵	In-Force Change Application ³	Yes	Monthiversary ²	Not allowed on Survivorship Premier Last-to-Die.

Continued on next page

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Forms, Underwriting, Effective Dates by Product Category

Universal Life Policies – IUL, GUL, VUL (continued)				
Rider, Benefit or Contract Change	Form Required to Add or Change¹	Underwriting Required to Add or Change	Effective Date	Comments
Smoker/Tobacco⁵ Rate Change – Adult	In-Force Change Application ³	Yes	Monthiversary ²	A current urinalysis is required. The Underwriting Department may also request additional information.
Smoker/Tobacco⁵ Rate Change – Juvenile	In-Force Change Application ³	No	Monthiversary	Submit pages 1, 2 and 6.
Spouse Rider	In-Force Change Application	Yes	Monthiversary ²	The application must be completed by the primary insured in addition to the spouse or child to be covered.
Table Rating⁵	In-Force Change Application	Yes	Monthiversary ²	The policy must have crossed the second anniversary to qualify for a rating reduction or removal.
Adding Waiver of Premium⁵	In-Force Change Application	Yes	Monthiversary ²	
Policy reissue due to age or gender error (other than applied for)	Service Request or Signed and Dated Letter ³	Yes	Current	Provide copy of legal document. Note: Not available if the discrepancy is due to customer error on original application. Any policy reissue due to age or gender error is subject to Company approval.
Maintenance – Date of Birth Correction	Service Request or Signed and Dated Letter ³	Yes	Current	Provide copy of legal document. Note: Not available if the discrepancy is due to customer error on original application. Date of Birth correction is subject to Company approval.
Maintenance – Other Insured Name Change	Service Request or Signed and Dated Letter ³	No	Current	Provide copy of legal document.
Maturity Extension Rider	Maturity Extension Request Form	No	Monthiversary	Death Benefit (DB) version is not available after issue.

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Forms, Underwriting, Effective Dates by Product Category

Term and Whole Life Policies				
Rider, Benefit or Contract Change	Form Required to Add or Change ¹	Underwriting Required to Add or Change	Effective Date	Comments
Accidental Death Benefit	In-Force Change Application ¹	Yes	Monthiversary ²	Product-specific.
Child Rider	In-Force Change Application	Yes	Monthiversary ²	Product-specific. The application must be completed by the primary insured in addition to the spouse or child to be covered.
Adding Child to Existing Child Rider	Written Request	No	Current unless specified	Provide name and birthdate of child/children.
Face Increase	Not Accepted	Not Accepted	N/A	Not allowed outside the issue period.
Face Decrease	Not Accepted	Not Accepted	N/A	Not allowed outside the issue period.
Guaranteed Insurability Option	In-Force Change Application ¹	Yes	Monthiversary	Allowed only at issue. Please see Term Conversion section for requirements to exercise the GIO option.
Removal or Reduction of Substandard Rating⁵	In-Force Change Application ¹	Yes	Monthiversary ²	Available after policy's second anniversary.
Smoker/Tobacco⁵ Rate Change – Adult	In-Force Change Application ¹	Yes ⁴	Monthiversary ²	No tobacco products for 12 months; Available after policy's first anniversary. A current urinalysis is required. The Underwriting Department may also request additional information.
Smoker/Tobacco⁵ Rate Change – Juvenile	In-Force Change Application ¹	No	Monthiversary ²	Submit pages 1, 2 and 6; Product-specific. Applies only to plans EX 15, EX 100, QT, BWL and BUSWL if the issue age is under 20. ⁵
Adding Waiver of Premium⁵	In-Force Change Application	Yes	Monthiversary ²	Product-specific.
Policy reissue due to age or gender error (other than applied for)	Service Request or Signed and Dated Letter	No	Case specific	Provide copy of legal document.
Other Insured Rider⁶	In-Force Change Application	Yes	Monthiversary ²	The application must be completed by the primary insured in addition to the spouse or child to be covered.
Spouse Rider	In-Force Change Application	Yes	Monthiversary ²	The application must be completed by the primary insured in addition to the spouse or child to be covered.
Table Rating⁵	In-Force Change Application	Yes	Monthiversary ²	The application must be completed by the primary insured in addition to the spouse or child to be covered.

1 In-Force Change Application or Reinstatement Application may be a State-Specific form; refer to forms section.

2 Monthiversary following underwriting approval.

3 Applies only to change requests.

4 Not allowed on ROPTerm policies.

5 Not available for most 1980 CSO.

6 Rider may not be added after issue, but may be decreased or increased, depending on rider specifications.

Please note: The entire application must be completed unless otherwise noted.

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Helpful Hints

Request	Things To Remember
Naming a Corporation as Beneficiary	Include the full name of the corporation, address and state of incorporation
Naming a Trust as Beneficiary	Include the full name of the trust and date of execution
Naming a Partnership as Beneficiary	Include the name and address of the partnership and a list of all partners
Naming a Corporation as an Owner	Include the full name of the corporation, address and state of incorporation, the TIN and signature of titled officer on letterhead
Naming a Trust as Owner	Include the full name of the trust, date of execution and the TIN, and trustee's signature
Naming a Partnership as Owner	Include the name and address of the partnership and a list of all partners and TIN
Legal Name Change	Include copy of court documents with the request
Corporate Name Change	Include copy of legal document reflecting the change
Corporate Owned Policies	The terms corporate authorization and corporate resolution are often used to refer to: 1. A copy of the corporation resolution; or 2. Information on corporate letterhead; or 3. Document with a corporate seal authorizing said officer to act
Irrevocable Beneficiary	Must sign for all policy change and/or disbursements in addition to the policy owner
Multiple Owners	All Owners must sign and date the proper forms or a properly executed written request
Divorce	If divorce is final, a copy of the divorce decree is required
Collateral Assignment	Release of assignment is required; if assignment is still effective, need signature of policy owner and assignee
Estate Owner	Certified death certificate of the policy owner is required, plus: <ul style="list-style-type: none"> • Policy Ownership Transfer Affidavit (AGLC108872) submitted by a relative of the deceased owner if the face value is under \$500,000 and the cash value is less than \$50,000; the owner has been deceased for more than 60 days; and there is no estate or the estate has been closed • Change of Ownership form (AGLC0013) if the face value or cash value is over the above-stated amounts, or if there is an open estate. This form must be submitted by the administrator of the estate along with their letters of testamentary and/or the court order mandating the change of ownership.

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Title and Contract Change Requirements by Policyholder/Entity

	Request & Standard Requirements	Corporate-Owned Requirements	Trust-Owned Requirements	Partnership-Owned Requirements	Policy with Face Amount of \$1M or greater
Beneficiary Change	Change of Beneficiary Form signed/dated by the Policy Owner Form AGLC0108 - Beneficiary Change	Change of Beneficiary form signed/dated by a titled officer of the corporate owner	Change of Beneficiary form signed/dated by the trustees	Change of Beneficiary form signed/dated by a titled officer of the partnership	Change of Beneficiary form signed/dated by the policy owner
Ownership Change	Change of Ownership Form signed/dated by the current and new policy owner(s) Form AGLC0013 - Change of Ownership	Change of Ownership form signed/dated by a titled officer of the corporate owner	Change of Ownership form signed/dated by the trustees, plus a Certification of Trust (AGLC2239COT)	Change of Ownership form signed/dated by a titled officer of the partnership	Change of Ownership form signed/dated by a titled officer of the policy owner
Name Change	Name/Address change form signed/dated by the policy owner Form AGLC0222 - Name and Address Change	Name/Address change form signed/dated by a titled officer of the corporate owner	Name/Address change form signed/dated by the trustees, plus a Certification of Trust (AGLC2239COT)	Name/Address change form signed/dated by a titled officer of the partnership	Name/Address change form signed/dated by a titled officer of the policy owner
Address Change	Name/Address Change form signed/dated by the policy owner. Form AGLC0222 - Name and Address Change Address changes may also be requested through the Contact Center	Name/Address change form signed/dated by a titled officer of the corporate owner	Name/Address change form signed/dated by the trustees, plus a Certification of Trust (AGLC2239COT)	Name/Address change form signed/dated by a titled officer of the partnership	Name/Address change form signed/dated by a titled officer of the policy owner
Assignment - Adding	Collateral Assignment form signed/dated by the policy owner, as well as signed/dated by a titled officer of the Financial Institution Form AGLC0205 - Collateral Assignment	Collateral Assignment form signed/dated by a titled officer of the Company	Collateral Assignment form signed/dated by the trustees	Collateral Assignment form signed/dated by a titled officer of the partnership	Collateral Assignment form signed/dated by the policy owner

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Title and Contract Change Requirements by Policyholder/Entity

	Request & Standard Requirements	Corporate-Owned Requirements	Trust-Owned Requirements	Partnership-Owned Requirements	Policy with Face Amount of \$1M or greater
Assignment - Removing	Release portion of Collateral Assignment (Form AGLC0205) fully completed and signed/dated by a titled officer of the Financial Institution. Request to release assignment submitted on corporate letterhead and signed/dated by a titled officer of the Financial Institution	N/A	N/A	N/A	N/A
Change of Trust	Any changes (change in the trust date, a word in the trust name, etc.) in the Trust name are considered a Change of Ownership. The applicable ownership change forms (Form AGLC0013) should be submitted along with a Certification of Trust (Form AGLC2239COT).	Any changes (change in the trust date, a word in the trust name, etc.) in the Trust name are considered a Change of Ownership. The applicable ownership change forms (Form AGLC0013) should be submitted along with a Certification of Trust (Form AGLC2239COT).	Any changes (change in the trust date, a word in the trust name, etc.) in the Trust name are considered a Change of Ownership. The applicable ownership change forms (Form AGLC0013) should be submitted along with a Certification of Trust (Form AGLC2239COT).	Any changes (change in the trust date, a word in the trust name, etc.) in the Trust name are considered a Change of Ownership. The applicable ownership change forms (Form AGLC0013) should be submitted along with a Certification of Trust (Form AGLC2239COT).	Any changes (change in the trust date, a word in the trust name, etc.) in the Trust name are considered a Change of Ownership. The applicable ownership change forms (Form AGLC0013) should be submitted along with a Certification of Trust (Form AGLC2239COT).
Removing or Adding a Trustee	Name Change form signed/dated by trustees and a Certification of Trust (Form AGLC2239COT).	N/A	Name/Address change form signed/dated by the trustees and Certification of Trust (Form AGLC2239COT).	N/A	Name/Address change form signed/dated by the trustees and Certification of Trust (Form AGLC2239COT).
Miscellaneous - Any Request	If attachments are referenced on change forms, the proper signatures, dates, and titles should be provided on both the change form and the attachment. Agent/Agency address should never be used in place of the policy owner or payor address.				

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Policy Change Guidelines by CSO Policy

CSO Guidelines Overview

As of January 1, 2009, all new life insurance policies were required to use the updated 2001 CSO Mortality Tables (2001 CSO).

The following tables list contract change requests by CSO Policy (either 2001, or 1980 and prior), and will provide some guidance as to whether a request can be granted. However, this is just a guideline. For certainty, only a review of the specific policy provisions can determine if the request is allowed by the contract.

2001 CSO Policies					
Transaction	Considerations and Process	Non-Cash Value Term	Cash Value Term	Whole Life	UL / VUL
Tobacco to Non Tobacco Change after first policy anniversary (Request to change from tobacco to non-tobacco class)	Complete In-Force Change Application (state-specific form may be required). Follow instructions shown on the form and answer all questions. Current urinalysis required. File will be referred to an underwriter.	Yes ¹	No	Yes ¹	Yes ²
Underwriting Premium Class Change after second policy anniversary (Request to improve class)	For UL and VUL complete In-Force Change Application (state-specific form may be required). Follow instructions shown on the form and answer all questions. File will be referred to an underwriter. Underwriter may request additional underwriting requirements.	No	No	No	Yes ²
Table Rating Change after second policy anniversary (Request to improve or remove a substandard rating, table or flat extra)	Complete In-Force Change Application (state-specific form may be required). Follow instructions shown on the form and answer all questions. File will be referred to an underwriter. Underwriter may request additional underwriting requirements.	Yes ¹	Yes	Yes ¹	Yes ²
Increase Death Benefit Amount	Complete In-Force Change Application (state-specific form may be required). Follow instructions shown on the form and answer all questions. File will be referred to an underwriter. Underwriter may request additional underwriting requirements.	No	No	No	Yes, if contractual
Death Benefit Reduction after the first policy anniversary, subject to adequate surrender value to cover surrender charges.	Complete Service Request Form. Follow instructions shown on the form. No underwriting required.	No ³	No	No	Yes, if contractual
Partial Conversion of term or term rider, retain balance of term to policy minimum	Complete Term Conversion Request Form. Follow instructions shown on the form. No underwriting required. Any new policy issued must be 2001 CSO.	Yes	No	N/A	Yes, if contractual
Partial Conversion of term or term rider, retain balance of term below policy minimum	Not Permitted	No	No	N/A	No
Add Maturity Extension Death Benefit Rider up to maximum issue age if available	Complete In-Force Change Application (state-specific form may be required). Follow instructions shown on the form and answer all questions. File will be referred to an underwriter. Underwriter may request additional underwriting requirements.	N/A	N/A	N/A	Yes ⁴
Add No-Lapse Guarantee or ROP Rider after issue	Not Permitted	N/A	N/A	N/A	No
Add Other Riders and Benefits	Complete In-Force Change Application (state-specific form may be required). Follow instructions shown on the form and answer all questions. File will be referred to an underwriter. Underwriter may request additional underwriting requirements.	Yes ⁴	N/A	Yes ⁴	Yes ⁴

Yes = The change can be processed

No = The change cannot be processed

1 Except select term and whole life policies originally issued on AGL or AIG paper prior to June 2003. Except all AGL Value Master policies.

2 Except Survivorship and Joint policies.

3 Unless contractually specified.

4 If company policy permits the owner to select the rider.

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Policy Change Guidelines by CSO Policy

1980 and prior CSO Policies					
Transaction	Considerations and Process	Non-Cash Value Term	Cash Value Term	Whole Life	UL / VUL
Tobacco to Non-Tobacco Change after first policy anniversary (Request to change from tobacco to non-tobacco class)	Complete In-Force Change Application (state-specific form may be required). Follow instructions shown on the form and answer all questions. Current urinalysis required. File will be referred to an underwriter.	Yes ¹	No	No	Yes, if contractual
Underwriting Premium Class Change after second policy anniversary (Request to improve class)	For UL and VUL complete In-Force Change Application (state-specific form may be required). Follow instructions shown on the form and answer all questions. File will be referred to an underwriter. Underwriter may request additional underwriting requirements.	No	No	No	No
Table Rating Change after second policy anniversary (Request to improve or remove a substandard rating, table or flat extra)	Complete In-Force Change Application (state-specific form may be required). Follow instructions shown on the form and answer all questions. File will be referred to an underwriter. Underwriter may request additional underwriting requirements.	Yes	No	No	No
Increase Death Benefit Amount	Complete In-Force Change Application (state-specific form may be required). Follow instructions shown on the form and answer all questions. File will be referred to an underwriter. Underwriter may request additional underwriting requirements.	No	No	No	Yes, if contractual
Death Benefit Reduction after the first policy anniversary, subject to adequate surrender value to cover surrender charges.	Complete Service Request Form. Follow instructions shown on the form. No underwriting required.	No ²	No	No	Yes, if contractual
Partial Conversion of term or term rider, retain balance of term to policy minimum	Complete Term Conversion Request Form. Follow instructions shown on the form. No Underwriting Required. Any new policy issued must be 2001 CSO.	Yes	No	N/A	Yes, if contractual
Partial Conversion of term or term rider, retain balance of term below policy minimum	Not Permitted	No	No	N/A	No
Add Maturity Extension Death Benefit Rider up to maximum issue age if available	Complete In-Force Change Application (state-specific form may be required). Follow instructions shown on the form and answer all questions. File will be referred to an underwriter. Underwriter may request additional underwriting requirements.	N/A	N/A	N/A	No
Add No-Lapse Guarantee or ROP Rider after issue	Not Permitted	N/A	N/A	N/A	No
Add Other Riders and Benefits	Complete In-Force Change Application (state-specific form may be required). Follow instructions shown on the form and answer all questions. File will be referred to an underwriter. Underwriter may request additional underwriting requirements.	Yes ^{3,4}	N/A	Yes ^{3,4}	No

- 1 Except select term and whole life policies originally issued on AGL or AIG paper prior to June 2003. Except all AGL Value Master policies.
- 2 Unless contractually specified.
- 3 The addition of any rider may have additional restrictions for 1980 CSO policies.
- 4 If company policy permits the owner to select the rider. Any requested rider must have been in place and available to the owner prior to 2009.

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