

**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
P.O. Box 15570
Amarillo, TX 79105-5570

Overnight Mail
1050 North Western Street
Amarillo, TX 79106-7011

☎ 1-800-445-7862
FAX: 818-615-1543

Service Request

Please print or type all information except signatures.

Contract Identification

Contract/Certificate # _____
Owner _____ Daytime Phone # _____
SSN or Tax ID _____

1 Address Change/Phone Number Change

Previous Address _____
City _____ State _____ Zip Code _____ Daytime Phone # _____
New Address _____
City _____ State _____ Zip Code _____ Daytime Phone # _____

2 Name Change (Attach Documentation)

Attach a copy of your driver's license, Social Security card, birth certificate, marriage license, court decree, divorce decree, passport, or military ID.

Annuitant Owner Joint Owner

Reason: Marriage Divorce Court Decree Correction Other (explain) _____

From _____
To _____

3 Age Correction

Use this section to correct the age of any Owner or Annuitant covered under this contract. Proof of the correct date of birth must accompany this request.

Name for whom this correction is submitted _____
Correct DOB _____

Type of proof submitted: Certified copy of Birth Certificate Copy of Driver's License Passport Other _____

4 Social Security Number/Tax Identification Number Correction

Please indicate the name of the person or entity for whom this correction is submitted _____
Correct Social Security Number or Tax Identification Number _____

Under penalties of perjury, I certify: (1) that the Social Security Number (SSN) or taxpayer identification number is correct as it appears above; and (2) that I am not subject to backup withholding under § 3406(a)(1)(C) of the Internal Revenue Code; and (3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. You must cross out item (2) if you are subject to backup withholding and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).

Signature(s)

Owner Signature

Owner (Please Print)

Date

Joint Owner Signature

Joint Owner (Please Print)

Date

Trustee(s) Signature

Trustee(s) (Please Print)

Date