



American General Life Insurance Company (AGL)

AIG Life Insurance Company

AIG Life Insurance Company of Puerto Rico

- Fixed Life Service Center - P. O. Box 4373, Houston, TX 77210-4373
Variable Life Service Center - P. O. Box 4880, Houston, TX 77210-4880

Member companies of American International Group, Inc.

Please print or type all information except signatures.

Instructions for completing this form are listed on the back. A separate request form must be completed for each policy.

Form with 9 sections: 1. CONTRACT IDENTIFICATION, 2. CHANGE DIRECT BILLING FREQUENCY, 3. LOST CONTRACT CERTIFICATE, 4. CORRECT AGE, 5. CHANGE NONFORFEITURE OPTION, 6. EXECUTE NONFORFEITURE OPTION, 7. CHANGE DIVIDEND OPTION, 8. CANCEL BENEFITS OR RIDERS, 9. SIGN HERE FOR ABOVE REQUEST. Includes fields for contract number, owner info, frequency, age, and signature lines.

**- Instructions and Conditions -**

1. <b>CONTRACT IDENTIFICATION</b>	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. <b>CHANGE DIRECT BILLING FREQUENCY</b>	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. <b>LOST CONTRACT CERTIFICATE</b>	Check the box identifying the reason for a Contract Certificate. This one page Certificate provides basic contract information and will serve as proof of your coverage.
4. <b>CORRECT AGE</b>	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. <b>CHANGE NONFORFEITURE OPTION</b>	<p>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.</p> <p><b>Extended Term Insurance (ETI)</b> 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.</p> <p><b>Reduced Paid Up Insurance (RPU)</b> 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.</p> <p><b>Automatic Premium Loan (APL)</b> allows for a contract loan to pay a premium due provided that there is sufficient cash value.</p>
6. <b>EXECUTE NONFORFEITURE OPTION</b>	<p>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.</p> <p><b>Extended Term Insurance (ETI)</b> 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.</p> <p><b>Reduced Paid Up Insurance (RPU)</b> 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.</p> <p><b>Automatic Premium Loan (APL)</b> allows for a contract loan to pay a premium due provided that there is sufficient cash value.</p>
7. <b>CHANGE DIVIDEND OPTION</b>	If your contract earns dividends, select one option. Review your contract to determine which dividend options apply.
8. <b>CANCEL BENEFITS OR RIDERS</b>	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.
9. <b>SIGN HERE FOR ABOVE REQUEST</b>	<p>This request must be dated and all required signatures must be written in ink, using full legal names.</p> <p>Taxpayer Identification Number Certification: You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.</p> <p>This request must be signed by</p> <ul style="list-style-type: none"> <li>• the person or persons who have the rights of ownership under the terms of the contract (co-owners, irrevocable beneficiary);</li> <li>• by any other party who may have an interest in the contract by legal proceedings or statutes; and</li> <li>• the spouse of the owner must also sign this request, if the owner resides in a Community Property state. (Community Property states are AZ, CA, ID, LA, NM, NV, TX, WA and WI).</li> </ul> <p><b>Special circumstances – Corporate ownership:</b> The signature of one officer followed by the officer's title is required. The request must be submitted on a piece of corporate letterhead or paper with the corporate seal signed by that officer; <b>Partnerships:</b> The full name of the partnership should be written followed by the signatures of all partner(s), other than the Insured; <b>Trust:</b> If the contract is owned by or assigned to a Trustee, current Trustee(s) signatures are required as instructed by the trust agreement. Validation of Trustee(s) signatures may be required.</p>