



- 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 305355 • Nashville, TN 37230-5355 • Fax: 615-749-2941
 Variable Life Service Center • PO Box 305600 • Nashville, TN 37230-5600 • Fax: 713-620-6653

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

<p>1. POLICY IDENTIFICATION</p> <p><input type="checkbox"/> Check Here if New Address</p>	<p>POLICY No.: _____</p> <p>OWNER NAME: _____ SSN/ITIN OR EIN: _____</p> <p>ADDRESS: _____</p> <p>PHONE No.: _____ EMAIL ADDRESS: _____</p> <p>INSURED/ANNUITANT (if other than Owner): _____</p>
<p>2. CHANGE DIRECT BILLING FREQUENCY</p>	<p>Frequency:</p> <p><input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly* <input type="checkbox"/> Other* _____</p> <p><input type="checkbox"/> Planned Periodic Premium* \$ _____</p> <p><i>If the selected mode of payment is not available, the next available mode will be used.</i></p>
<p>3. LOST POLICY CERTIFICATE OR DUPLICATE POLICY REQUEST</p>	<p><input type="checkbox"/> Lost Policy Certificate</p> <p><input type="checkbox"/> Duplicate Policy Request*</p> <p>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.</p>
<p>4. CORRECT AGE</p>	<p><input type="checkbox"/> Insured/Annuitant <input type="checkbox"/> Spouse <input type="checkbox"/> Child (Name) _____</p> <p>Date of Birth: _____ <i>Must send in proof of age.</i></p>
<p>5. CHANGE NONFORFEITURE OPTION</p>	<p><input type="checkbox"/> Extended Term Insurance</p> <p><input type="checkbox"/> Reduced Paid Up</p> <p><input type="checkbox"/> Automatic Premium Loan</p>
<p>6. EXECUTE NONFORFEITURE OPTION</p>	<p>Endorse policy in accordance with Nonforfeiture Provisions to provide, <i>if available</i>:</p> <p><input type="checkbox"/> Extended Term Insurance <input type="checkbox"/> Reduced Paid-Up Insurance</p> <p><input type="checkbox"/> Automatic Premium Loan* If Loan: <input type="checkbox"/> Pay-off with Cash Value* <input type="checkbox"/> Leave on Policy*</p>
<p>7. CANCEL BENEFITS OR RIDERS‡</p>	<p><input type="checkbox"/> Premium Waiver <input type="checkbox"/> Accidental Death <input type="checkbox"/> Guaranteed Insurability <input type="checkbox"/> Level/Decreasing Term</p> <p><input type="checkbox"/> Spouse <input type="checkbox"/> Family <input type="checkbox"/> Child <input type="checkbox"/> Payor Death and/ or Payor Disability</p> <p><input type="checkbox"/> Reduce Face Amount to \$ _____</p> <p><input type="checkbox"/> Other: _____</p>
<p>* 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.</p>	

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 59 1/2, may subject you to an IRS penalty tax.

IRS Certification: Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding (enter exempt payee code*, if applicable: _____), OR (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person*, and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct (enter exemption from FATCA reporting code, if applicable: _____).

**Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For contributions to an individual retirement arrangement (IRA) and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct ITIN. *See General Instructions provided on the IRS Form W-9 available from IRS.gov. ** If you can complete a Form W-9 and you are a U.S. citizen or U.S. resident alien, FATCA reporting may not apply to you. Please consult your own tax advisors.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Owner Signature

X

Owner signed on (date) _____

Joint Owner Signature (if required)

X

Joint Owner signed on (date) _____

Assignee, Irrevocable Beneficiary, Other Signature (if required)

X

Other signed on (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

Signed on (date) _____

SECTION 9 - AIGFN USE ONLY

Local Office _____ Agency _____ Local Office Approval _____

Verification
Verified Yes No _____
Initial _____ Date _____

Local Office Stamp



- Instructions and Conditions -

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.
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. <ul style="list-style-type: none"> • If the owner is a trust, complete the Certification of Trust. • If the owner is a business, complete the Business Certification

