

**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

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Amarillo, TX 79105-2708

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1050 North Western Street
Amarillo, TX 79106-7011

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Email: aigannuityservice@aig.com
Website: aig.com/annuities
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Change of Beneficiary — Annuities

Instructions

1. This form is used to change the beneficiary and must be signed by the Owner(s) of the contract. Please print or type clearly.
2. Changing the primary beneficiary on your contract might affect your living benefit, if applicable. Please see your contract and Owner Acknowledgment for more details.
3. The issuing company, either AGL or USL (*the Company*), shall not be bound by any trust agreement, will, or partnership agreement, and shall not be liable for the application or subsequent distribution of the proceeds of the contract by trustee, beneficiary, or any other person.
4. If the contract is assigned (*i.e., collateral assignment*), any change of beneficiary will be subject to the rights of the assignee of record with the Company.
5. If a trust is the Owner, the trust should be designated as the primary beneficiary unless your contract provides otherwise.
6. This change of beneficiary will become effective as of the date specified in your contract.
7. After this form has been received and information confirmed by the Company, the Owner(s) will receive written confirmation of the beneficiary change.

1 Contract Information

Contract Number(s) _____ Owner's SSN/TIN _____
 Owner's Last Name _____ First Name _____ MI _____
 Joint Owner's Last Name _____ First Name _____ MI _____
 Address _____ City _____ State _____ Zip _____
 Phone Number _____ Email _____

2 Standard Beneficiary Election

This beneficiary designation supersedes and replaces all previous beneficiary designations for the contract(s) listed above.

1. A beneficiary may be an individual, institution, estate, trust or other non-natural entity.
2. **To ensure your beneficiaries are identified and paid in a timely manner, please include each beneficiary's name, relationship, date of birth, and SSN/TIN. If the beneficiary is a non-natural owner, we must receive the complete name and address for the entity.**
3. For contracts owned by a trust or other non-natural Owner, the death benefit is payable upon the death of the Annuitant.
4. When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries. However, a designation of "Per Stirpes" after a primary beneficiary's name allows the descendants of the deceased beneficiary to receive the deceased beneficiary's portion.
5. For each type/class of beneficiary (*i.e., Primary or Contingent*), percentages must equal 100%. If no percentage(s) is indicated, your death benefit will be paid equally to the listed primary beneficiaries that survive the Owner.

Primary Beneficiaries — Primary beneficiaries receive the death benefit upon the Owner's death (*or upon the Annuitant's death when owned by a trust or non-natural Owner*). **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*)

1. Beneficiary Name _____ Percentage % _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Email _____
 SSN/TIN _____ Birth/Trust Date _____ Relationship _____

2 Standard Beneficiary Election *(continued)*

2. Beneficiary Name _____ Percentage % _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Email _____
 SSN/TIN _____ Birth/Trust Date _____ Relationship _____

3. Beneficiary Name _____ Percentage % _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Email _____
 SSN/TIN _____ Birth/Trust Date _____ Relationship _____

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.

Contingent Beneficiaries — Contingent beneficiaries receive the death benefit upon the Owner's death, *(or upon the Annuitant's death when owned by a trust or non-natural Owner)* and if all primary beneficiaries predecease the Owner *(or Annuitant if the contract is owned by a trust or non-natural Owner)*.

1. Beneficiary Name _____ Percentage % _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Email _____
 SSN/TIN _____ Birth/Trust Date _____ Relationship _____

2. Beneficiary Name _____ Percentage % _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Email _____
 SSN/TIN _____ Birth/Trust Date _____ Relationship _____

3. Beneficiary Name _____ Percentage % _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____ Email _____
 SSN/TIN _____ Birth/Trust Date _____ Relationship _____

Check here if you have named additional contingent 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.

3 Signatures

The undersigned does hereby designate the beneficiaries above, certifies that the information is true, and acknowledges that **this beneficiary change SUPERSEDES AND REPLACES all previous beneficiary designations for the contract(s) listed above.**

Owner's Signature X _____ Date _____

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

Trustee Signature (if applicable) X _____ Date _____