

**American General Life Insurance Company (AGL)**

Annuity Service Center, P. O. Box 3018, Houston, TX 77253-3018 • 800-242-4079

*Please print or  
type all information  
except signatures.*

**1. Contract Identification (Complete all information in this section.)**

Please check the role for whom change is requested. Please complete separate forms for multiple changes.

Annuitant  Owner  Payee  Beneficiary

Contract #: \_\_\_\_\_

Owner: \_\_\_\_\_ SSN/Tax ID#: \_\_\_\_\_

Phone #: \_\_\_\_\_ Owner's Email Address \_\_\_\_\_

Annuitant (if other than Owner): \_\_\_\_\_

**2. Name Change**

Check the reason for the name change and **provide supporting documentation** (marriage certificate, divorce decree, etc.)

Reason:  Marriage  Divorce  Correction  Other

**FROM:** (First, Middle, Last) \_\_\_\_\_

**TO:** (First, Middle, Last) \_\_\_\_\_

**NOTE: This form is to modify information on existing roles, and not for Ownership changes.**

**3. Address Change**

Name: (First, Middle, Last) \_\_\_\_\_

Address: (Number and Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ + \_\_\_\_\_

Phone #: \_\_\_\_\_

**4. 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  Other: \_\_\_\_\_

**5. 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).**

**6. Signature Required**

This request must be dated and all required signatures must be written in ink, using full legal names by the person or persons who have rights of ownership under the terms of the contract. For **Corporate Owned** contracts, the signature of one officer and a copy of the corporate resolution are required. For contracts owned by a **Partnership**, the full name of the partnership should be written followed by the signatures of all partner(s). For contracts owned by a **Trust**, current Trustee(s) signatures are required as instructed by the trust agreement. If a **Power of Attorney** signs this request, a Power of Attorney document must accompany this request.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Joint-Owner (if applicable) \_\_\_\_\_ Date \_\_\_\_\_