



Change of Ownership

- 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.

Send the completed form(s) to: PO Box 818005 • Cleveland, OH 44181 • Fax: 855-601-1834

Section A - Existing Policy Information

- Please fill out all applicable information below.
- Fields in asterisk "*" are required

Policy Number*: _____

Insured Name*: _____ SSN/ITIN or EIN*: _____

Owner Name*: _____ SSN/ITIN or EIN*: _____

Address: _____ Primary Phone: _____

_____ Alternate Phone: _____

Email Address: _____

Co-Owner Name(s): _____ SSN/ITIN or EIN: _____

If applicable

If applicable

Address: _____ Primary Phone: _____

_____ Alternate Phone: _____

Email Address: _____

Section B - New Owner(s)-Primary

- Please complete all applicable information below.
- Fields in asterisk "*" are required

New Owner's Information

NEW OWNER'S NAME*: _____ SSN/ITIN or EIN*: _____

Address*: _____ Primary Phone: _____

_____ Alternate Phone: _____

Email Address: _____ DOB: _____

Policy Billing

- Method: Use existing billing/payment method. (The current policy payor will continue as payor for the policy)
 Use new bank draft information (**Until the new EFT authorization form is provided to Us, the policy will be moved to Direct Bill and the bill will be sent to the new Owner's address**)
 Direct paper bill. The paper bill will be sent to the new Owner's address. Please select the desired frequency below:

Annual Semi-Annual Quarterly

Monthly direct billing is available via email.

Login to www.corebridgefinancial.com/lifeportal to enroll in Paperless billing and receive your bills via email.

Note: If this section is not completed, billing will remain with the current billing method, frequency and payor.

New Joint / Co-Owner's Information

- Co/Joint owner will have equal rights to the ownership of the policy

NEW CO/JOINT-OWNER'S NAME: _____ SSN/ITIN or EIN: _____

Address: _____ Primary Phone: _____

_____ Alternate Phone: _____

Email Address: _____ DOB: _____

Section B - New Owner(s)-Contingent (as applicable)

- Contingent owners may only be designated on some policies; please check policy provisions.
- Fields in asterisk "*" are required

NEW OWNER'S NAME*: _____ SSN/ITIN or EIN*: _____
 Address: _____ Primary Phone: _____
 _____ Alternate Phone: _____
 Email Address: _____ DOB: _____

Section C - Beneficiary Designations

If this section is not completed, the current Beneficiaries will remain on the policy. Consider requesting an updated Beneficiary Designation by completing this section.

- Designation is in effect for Base Insured Spouse Insured Other _____
- Primary Beneficiary must be completed even if only contingent beneficiaries are to be changed.
- Beneficiary must be of legal age, if not Minor Beneficiary Clause **must** be completed in Optional Clauses.
- If Designation is for a Trust, complete the Legal Name of Trust in the Name field and the Date of Trust (for living trusts) in the DOB field.
- Fields with asterisk "*" are required

No.	*Name	DOB mm/dd/yyyy	SSN	*Relationship to the Insured	*Share %	Beneficiary Type
1	Address: _____			Phone #: _____		<input type="checkbox"/> Primary* <input type="checkbox"/> Contingent
2	Address: _____			Phone #: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
3	Address: _____			Phone #: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
4	Address: _____			Phone #: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
5	Address: _____			Phone #: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
6	Address: _____			Phone #: _____		<input type="checkbox"/> Primary <input type="checkbox"/> Contingent

Optional Clauses

Please refer to instructions on Page 5 for information regarding these options.

One or more of the following may be checked if desired

POSTPONEMENT CLAUSE - COMMON DISASTER

CHILDREN'S CLAUSE - PER STIRPES

MINOR BENEFICIARY CLAUSE - complete the Name of the Trustee or the Name and State of UTMA Custodian (only one) below, and the named minor beneficiaries. Refer to Section C in the Instructions page for additional information.

- Name of Trustee: _____, Trustee for _____ [name of minor beneficiary(ies)] OR
- Name of UTMA Custodian: _____, as Custodian for _____ [name of minor beneficiary(ies)]
 under the _____ [name of state] Uniform Transfer to Minors Act.

Section D - Current Owner Signature and Date

For value received and hereby acknowledged, I hereby transfer, assign, and convey absolutely to the "New Owner" all incidents of ownership and control, and all right, title and interest in and to the policy numbers reference above (including all Supplementary Agreements or Riders attached thereto). It is understood by the undersigned that if the subject life policy was issued when the insured was a juvenile, this assignment may be subject to policy provisions, if any, which designate the insured as owner upon the attainment of a specified age.

The Policy Owner(s) warrants that the above-referenced policy is not subject to any prior agreements, contractual obligations, including but not limited to collateral assignments or liens, legal proceedings or court/administrative orders, including but not limited to divorce or bankruptcy proceedings ("Obligations"), which restrict, limit or otherwise prohibit such assignments as contemplated. The Policy Owner(s) acknowledges and agrees that in the event any obligations become known subsequent to the above-referenced assignment being made, which if then-known to the Company, would have caused the Company not to assign the policy (or not to assign the policy without the consent of a party other than the Policy Owner(s)), the assignment will be void and the Policy Owner(s) shall indemnify.

If you have one or more policies subject to a Company premium discount, changing who owns this policy may affect the premium discount for this policy and for those other policies.

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 59½, may subject you to an IRS penalty tax.

TAX CERTIFICATION (Substitute Form W-9) – Applicable to U.S. persons (including U.S. citizens and resident aliens). If you are not a U.S. person, you are required to submit the applicable IRS Form W-8 series (BEN, BEN-E, ECI, EXP or IMY).

Under penalties of perjury, I certify to the following:

- 1. That the taxpayer identification number listed on this form is my correct SSN/TIN and I am a U.S. Citizen or other U.S. person (including resident aliens);
- 2. I further certify that I am exempt from and have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding. The Company is required to withhold income tax on any payments, which include interest and dividends when the owner is subject to backup withholding.; and
- 3. I am exempt from Foreign Account Tax Compliance Act ("FATCA") reporting.

Certification Instructions: You must cross out any statement in 1-3 that does not apply to you. For any instructions on how to complete this certification, please see the General Instructions for the IRS Form W-9 on www.irs.gov. If you can complete a Form W-9 (Request for Taxpayer Identification Number) and you are a U.S. Citizen or U.S. resident alien, FATCA reporting may not apply to you. **Please consult your own tax advisor with any questions you may have regarding this certification.**

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

Current/Existing Owner's Signature (required):

X

Date (required) _____

Current/Existing Co-Owner's Signature (required if applicable):

X

Date (required) _____

Complete this section if this Policy is currently owned by a Trust or Business.

- Trust Owned: (Complete the Certification of Trust - this additional Form may be needed if not on file with Us for the Current Owner)
- Business Owned: (Complete the Business Certification - this additional Form may be needed if not on file with Us for the Current Owner)

Owner Signature

Print full name of Company/Trust: _____

Print full name and title of authorized signer: _____

Authorized Signature (required)

X

Date (required) _____

Section E - New Owner Signature and Date

TAX CERTIFICATION (Substitute Form W-9) – Applicable to U.S. persons (including U.S. citizens and resident aliens). If you are not a U.S. person, you are required to submit the applicable IRS Form W-8 series (BEN, BEN-E, ECI, EXP or IMY).

Under penalties of perjury, I certify to the following:

1. That the taxpayer identification number listed on this form is my correct SSN/TIN and I am a U.S. Citizen or other U.S. person (including resident aliens);
2. I further certify that I am exempt from and have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding. The Company is required to withhold income tax on any payments, which include interest and dividends when the owner is subject to backup withholding.; and
3. I am exempt from Foreign Account Tax Compliance Act ("FATCA") reporting.

Certification Instructions: You must cross out any statement in 1-3 that does not apply to you. For any instructions on how to complete this certification, please see the General Instructions for the IRS Form W-9 on www.irs.gov. If you can complete a Form W-9 (Request for Taxpayer Identification Number) and you are a U.S. Citizen or U.S. resident alien, FATCA reporting may not apply to you. **Please consult your own tax advisor with any questions you may have regarding this certification.**

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

New Owner's Signature (required):

X

New Owner's Signature:

X

Date (required) _____

Date: _____

If the new Owner lives in, is domiciled in or situated in MA, state law requires that the form must be witnessed by a non interested party if the Beneficiary is being changed.

Witness Signature (required for the state of MA only):

X

Date (required) _____

Complete this section if the proposed new owner is a Trust or Business.

- Trust Owned: (Complete the Certification of Trust- this additional Form is needed before we can change the new owner)
- Business Owned: (Complete the Business Certification - this additional Form is needed before we can change the new owner)

New Owner Signature

Print full name of Company/Trust: _____

Print full name and title of authorized signer: _____

Authorized Signature (required)

X

Date (required) _____

Section F - Irrevocable Beneficiary/Assignee Signature and Date (required if applicable)

- If more than one irrevocable beneficiary/assignee, all should sign and date.

Irrevocable Beneficiary/Assignee Signature (required)

X

Date (required) _____

If the Irrevocable Beneficiary/Assignee is a trust or business, please complete the below section.

Irrevocable Beneficiary/Assignee Signature

Print full name of Company/Trust: _____

Print full name and title of authorized signer: _____

Authorized Signature (required)

X

Date (required) _____

Instructions and Conditions

Section A - Policy Information

Complete all policy information in this section. You may use this form for multiple policies that have the same policyowner and require the same signatures.

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.

Names entered for the insured and the current owner should match the names on file with Us. If there is a change in name, the current owner should complete and submit the form "Name and Address Change". Until the new EFT authorization form is provided to Us, the policy will be moved to Direct Bill and the bill will be sent to the new Owner's address.

Section B - New Owner(s)

This Request is made subject to the terms and conditions of the Policy, and shall not result in a change in any provision of the Policy, except as expressly provided in this Request. The Owner may transfer the ownership and control of the Policy to a new owner, but such change shall not be effective until approved by the Service Center.

Any payment which becomes due under the Policy during the lifetime of the Insured/Annuitant shall be made to the Owner with the exception that any provision which now expressly provides for payment to the Insured/Annuitant as a life income or annuity shall not be available to the Owner, unless the Owner is the Insured/Annuitant.

This Request is subject to any existing assignment of record with the company which issued the Policy ("the Company").

Joint/Co-Owner - A joint/co-owner will have equal rights to the ownership of the policy

Contingent Owner

- A contingent owner may be designated only if the new owner is a natural person (not a corporation, partnership or a trust).
- The contingent is not the same as Joint Owner or Co-Owner on a policy.
- The contingent owners rights to the policy will be as outlined in the policy provisions.

Trustee Owner - If a trustee is designated as a new owner, the date and legal title of the trust must be stated and all trustee signatures are required in Section E as instructed by the Certification of Trust.

Business Owner - If a company is designated as a new owner, the date and the name of the company and authorized representative signatures are required in Section E as instructed by the business certification form.

Billing - Update the method of paying premiums for the policy. If this section is not completed, billing will remain on current method and frequency, and payor.

Section C - Beneficiary Designations

Unless otherwise provided, the right to change the beneficiary is reserved to the owner. Such change will be without prejudice to the company which issued the Policy ("the Company") on account of any payment made or action taken by it before receipt of such notice at its Service Center.

This designation, when filed with the Company, will become effective as of its date of execution (date this form was signed). Such execution will constitute a waiver of any policy provision(s) requiring endorsement of change of beneficiary. All designations are subject to the terms and conditions of the Policy, any indebtedness to the Company and any collateral assignment of the Policy, whether made prior to or subsequent to the date of this designation. The Company is released from all liability by making payment in accordance with this designation and assumes no responsibility for the use of money by any Trustee named herein. If a Trustee is named as the beneficiary, the date and legal title of the Trust must also be included.

If beneficiaries are to receive unequal portions of the death benefit, it must be shown as a percentage of the death benefit and not as specific dollar amounts. In the event no beneficiary survives the insured and this form or the Policy does not provide otherwise, the proceeds will be paid to the policyowner, or the executors or administrators of the policyowner's estate.

SUGGESTED WORDING FOR COMMON DESIGNATIONS

One individual beneficiary - Mary Doe, SSN 999-99-9999, 100 N. Main St, Chicago, IL, Spouse, 100%

Multiple individual beneficiaries - Jane Doe, SSN 999-99-9999, 100 N. Main St, Chicago, IL, Child, 33.3%; John Doe, SSN 999-99-9999, 100 N. Main St, Chicago, IL, Child, 33.3%; Jesse Doe, SSN 999-99-9999, 100 N. Main St, Chicago, IL, Child, 33.4%

Living Trust - The Smith Family Trust, dtd 3/3/2013, TIN 999-99-9999, Trust, 100%

Testamentary Trust - Sally Smith Testamentary Trust under the Suzie S. Smith Last Will and Testament dtd 1/1/1999, Trust, 100%

Insured/Annuitant's Estate - Estate of the Insured, 100%

Business Partner - Jim Smith, SSN 999-99-9999, 100 N. Main St, Chicago, IL, Business Partner, 100%

Employer - ABC and Associates, TIN 99-9999999, 100 N. Main St, Chicago, IL, Employer, 100%

Samples of commonly used relationships:

Spouse	Child	Parent	Sibling	Friend
Domestic Partner	Stepchild	Parent-In-Law	Trust	Business Partner
Former Spouse	Grandchild	Grandparent	Guardian	Employer

Optional Clauses

Postponement Clause - Common Disaster - In no case shall any payment be made to any beneficiary designated in this form until thirty (30) days or state mandated period have elapsed following the Insured's death, and in the event of the death of a beneficiary during such period, payment shall be made in the same manner as provided in this form, had the said beneficiary predeceased the Insured. This provision does not apply to a Trustee.

Children's Clause - Per Stirpes - If a child of the Insured who is designated in this form as a beneficiary predeceases the Insured, leaving children who survive the Insured, then the shares the deceased beneficiary would have received shall be payable in equal shares to the surviving children of the deceased beneficiary.

Minor Beneficiary Clause -

- Trustee for Minor(s) - The Trustee designated on behalf any beneficiary(ies) who is a minor child at the time the policy proceeds become payable will receive any payment due after the Insured's death.
- UTMA Custodian - The UTMA Custodian designated on behalf of any beneficiary(ies) who is a minor child at the time the policy proceeds become payable will receive any payment due after the Insured's death. The Owner must indicate the state in which the custodial relationship has been established under the Uniform Transfers to Minors Act (UTMA).
- Payment by the Company to such Trustee or UTMA Custodian as described above shall constitute an absolute and complete release the Company, which shall not be held accountable or responsible for the use and application of the policy proceeds paid to such Trustee or UTMA Custodian.
- If, by the time the policy proceeds become payable, the minor has reached the age of majority or the age of termination in the case of a UTMA custodianship, the named Trustee or UTMA Custodian will be disregarded.

Section D & E - Current and New Owner Signature and 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 Irrevocable Beneficiary or by any other party who may have an interest in the Policy by legal proceedings or statutes.

- If the current owner is a trust, a completed Certification of Trust is needed if not on file with Us already.
- If the new owner is a trust, a completed Certification of Trust is needed.
- If the current owner is a business, a completed Business Certification is needed if not on file with Us already.
- If the new owner is a business, a completed Business Certification is needed.

Section F - Irrevocable Beneficiary and Assignee Signature and Date (if required)

Complete this section if the policy is collaterally assigned or has an irrevocable beneficiary. All assignees/irrevocable beneficiaries must sign.

Additional Requirements

- The following requirements apply to the current owner:

Guardianship/Conservatorship - Signature of the current guardian is required along with the current Guardianship Papers or Letter of Conservatorship. The signature must be dated within one year of the request.

Power of Attorney - Request must be signed by the attorney-in-fact. A copy of the applicable Power of Attorney document is required. A completed, signed, dated, and notarized Power of Attorney Affidavit and Indemnity Agreement is required.