RESET

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

Regular Mail
P.O. Box 15570
Amarillo, TX 79105-5570

Overnight Mail
1050 North Western Street
Amarillo, TX 79106-7011

☎1-800-445-7862
FAX: 818-615-1543

Change of Agent and/or Broker

Please print or type.

Please select the appropriate item:

❑ Transfer policy(ies) from Agent to Agent within the same Broker/Dealer/Agency
- Requires authorization of the Policyowner *(Section 1)* or a Broker/Dealer/Agency Branch Manager *(Section 3, page 2)*

❑ Transfer designated policy(ies) from Broker/Dealer/Agency to Broker/Dealer/Agency
- Requires authorization of the Policyowner *(Section 1)* or a combination of a Vice President from the releasing firm and the Branch Manager from the accepting firm *(Section 3, page 2)*

❑ Block/Blanket Transfer
- Requires authorization from the Vice President of the releasing firm and a Branch Manager from the accepting firm *(Section 3, page 2)*

❑ Transfer business from Agent to AIG House Account
- Requires authorization of the Policyowner *(Section 1)* or releasing Broker/Dealer/Agency *(Section 3, page 2)*

❑ Transfer business from Agent to Broker/Dealer House Account
- Requires authorization of the Policyowner *(Section 1)* or releasing Broker/Dealer/Agency *(Section 3, page 2)*

All agents must be appointed and active with the respective insurance company through their current Broker/Dealer/Agency prior to execution of this request by the respective insurance company.

Please accept this request as your authority to change the agent on my account(s) as I have indicated below.

1 Account Information

Account Number(s) _____

Brokerage Account Number _____ Owner's SSN _____

Owner's Last Name_____ First Name _____ MI_____

Address _____ City _____ State _____ Zip _____

Joint Owner's Last _____ First Name _____ MI_____

Owner's Signature _____ Date_____

Joint Owner's Signature *(if applicable)* _____ Date_____

2 Agent/Broker Information

Old Agent Information:

Agent/Broker _____ Broker/Dealer/Agency _____

New Primary Agent Information:

Agent/Broker _____% of Agent Split _____ Agent SSN _____

2 Agent/Broker Information *(continued)*

New Additional Agent Information:

Agent/Broker _____ % of Agent Split _____ Agent SSN _____

Agent/Broker _____ % of Agent Split _____ Agent SSN _____

Agent/Broker _____ % of Agent Split _____ Agent SSN _____

Address _____ City _____ State _____ Zip _____

Broker/Dealer/Agency Name _____

3 Broker/Dealer/Agency Authorization

A. Current Broker/Dealer/Agency

Check if all accounts currently assigned to an agent are to be transferred.

❑ We agree to release the above accounts in accordance with this request.

Authorized Signature _____ Date _____

Print Name _____ Title _____

Name of Broker/Dealer/Agency _____ Phone _____

B. New Broker / Dealer

Authorized Signature _____ Date _____

Print Name _____ Title _____

Name of Broker/Dealer/Agency _____ Phone _____