

American General Life Insurance Company (AGL)

Address mail to:

Annuity Service Center

Regular Mail

PO Box 2708

Amarillo TX 79105-2708

Overnight Mail

1050 N Western St

Amarillo TX 79106-7011

Phone: 800-242-4079

Fax: 713-620-3829

Website: corebridgefinancial.com

Email: annuityservice@corebridgefinancial.com

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 Corebridge Financial 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 _____