American General
Life Companies

Assignment

American General Life Insurance Company (AGL),
Deferred Annuity Operations: P.O. Box 3018 • Houston, TX 77253-3018

1. CONTRACT IDENTIFICATION

☐ Check Here if New Address

You may use this form for multiple contracts that have the same contract owner and require the same signatures. All contracts must be assigned to the same assignee or all contracts released from assignment with same assignee.

CONTRACT No.: _____

OWNER: _____ **SSN/TIN OR EIN:** _____

ADDRESS: _____ **PHONE No.:** _____

_____

EMAIL ADDRESS (optional)**:** _____

INSURED/ANNUITANT (if other than Owner): _____

2. ☐ ASSIGNMENT

For value received, I hereby assign and transfer to the named Assignee/Creditor as their interest may appear, the Contract number named above, issued by the Company, upon the life as named above and all moneys now or hereafter payable thereunder, subject to the conditions of said contract, the regulations of the Company and to any lien, charge, or indebtedness thereon now or hereafter existing in favor of the Company.

Assignee/Creditor Name: _____

Assignee/Creditor Address: _____

3. ☐ RELEASE OF ASSIGNMENT

The consideration for which the Assignment was made, having been fully paid and satisfied, all right, title, and interest of the assignee in the above named Contract issued or assumed by the Company on the above named life is hereby relinquished.

Assignee/Creditor Name: _____

Assignee/Creditor Address: _____

4. SIGN HERE FOR ABOVE REQUEST

This request must be dated and all required signatures must be written in ink, using full legal names signed by the person or persons who have the rights of ownership under the terms of the contract. For **Corporate Owned** contracts, the signature of one officer followed by the officer's title is required. The request must be submitted on a piece of corporate letterhead or paper with the corporate seal that has been signed by that officer. For contracts owned by a **Partnership**, the full name of the partnership should be written followed by the signatures of all partner(s), other than the Insured. For contracts owned by or assigned to a **Trustee**, current Trustee(s) signatures are required as instructed by the trust agreement. Validation of Trustee(s) signatures may be required.

Under penalties of perjury, I certify that: (1)The number shown on this form is my correct taxpayer identification number, and (2)I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back-up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest or dividends on your tax return.

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

ASSIGNMENT

_____ _____ _____ _____
Signature of Owner Date Signature of co-owner (or other party interested in contract) Date

RELEASE OF ASSIGNMENT

To release the assignment of this contract, this request must be signed by the Assignee.

_____ _____
Assignee Date

RETURN COMPLETED FORM TO THE ADDRESS OF THE COMPANY CHECKED ABOVE.