

**Third-Party Notice Request Form
Maine Version**

**American General Life Insurance Company
The United States Life Insurance Company in the City of New York**
Service Center: P.O. Box 818005, Cleveland, OH 44181

You have the right to designate one person, in addition to the applicant or policyowner, to receive notice of lapse or cancellation of a policy. What does this mean? It means that a copy of the notice of lapse or cancellation that is sent to the policyowner will also automatically be sent to a third-party, selected by you, who can assist you in making timely payments in order to prevent a lapse in coverage.

You are under no obligation to designate a third-party, however if you would like to do so, please complete the information below and submit it with your application for life insurance or at such time as you may choose to designate a third-party. This form, if completed, is part of your policy. **Customer Instruction:** If this request form is for an existing policy that you own, please send the form to the following address: PO Box 818005 • Cleveland, OH 44181.

The policyowner may change the designation at any time the policy is in force by submitting a written notice to the Company containing the name, address and telephone number of the third-party.

Note: Your designation on this form will replace and revoke any prior designations of third-parties previously made by you.

Third-Party:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____

Applicant/Policyowner's Signature

X

Applicant/Policyowner signed on (date) _____

Applicant/Policyowner's name (printed) _____

Policy Number(s), if known: _____

