

**Third Party Designation  
Rhode Island Version**

**American General Life Insurance Company**

Service Center: P.O. Box 818005, Cleveland, OH 44181

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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 for nonpayment of premium. 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 second person, 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 designee, 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 designee. **Customer Instruction:** If this designation 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 and address of the third-party designee.

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

***Third-Party Designee:***

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:** \_\_\_\_\_

