



**Policy Ownership  
Transfer Affidavit**

- American General Life Insurance Company**
- The United States Life Insurance Company in the City of New York**

In this form, the "Company" refers to the insurance company whose name is checked above. The Company shown above is **solely** responsible for the obligation and payment of benefits under any policy that it may issue. No other Company is responsible for such obligations or payments.

Mailing Instructions: Send form(s) to: PO Box 818005 • Cleveland, OH 44181 • Fax: 1-855-601-1834

**NOTICE**

THIS FORM MAY BE ACCEPTED ONLY IF EACH OF THE FOLLOWING REQUIREMENTS IS MET:

1. MORE THAN 60 DAYS HAVE ELAPSED SINCE THE DEATH OF THE POLICYOWNER;
2. THE CASH VALUE OF THE POLICY IS \$50,000 OR LESS AND THE FACE AMOUNT OF THE POLICY IS \$500,000 OR LESS;
3. THE PROPOSED NEW OWNER IS NEXT OF KIN; AND
4. NO APPLICATION OR PETITION FOR THE OPENING OF THE POLICYOWNER'S ESTATE IN A PROBATE COURT IS PENDING OR HAS BEEN GRANTED.

If the requirements listed above are not met, then do not use this form. Please provide the Letters of Administration naming the Executor of the deceased owner's estate. Please note, the Executor should also complete and sign the Ownership Change form.

STATE OF AFFIANT \_\_\_\_\_ )  
 ) ss.  
 COUNTY OF AFFIANT \_\_\_\_\_ )

\_\_\_\_\_, residing at, \_\_\_\_\_ being duly sworn, deposes and says:

1. that \_\_\_\_\_ (hereinafter referred to as "the decedent" died  
 Policy Owner Name  
 on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, leaving no will.
2. that the decedent, on the date of his/her death, was owner of Policy No. \_\_\_\_\_ .
3. that no executor, administrator, or other personal representative has been or will be appointed for the estate of the decedent;
4. that the estate left by the decedent consists of the following property owned by the decedent at the time of his or her death:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. that the approximate value of the decedent's estate was \$ \_\_\_\_\_;
6. that, if required by the Company, I will provide a tax waiver showing that the decedent's estate is not subject to inheritance taxes or estate taxes;
7. that all of decedent's funeral expenses and all of decedent's expenses for his or her last illness have been paid as follows:

Amounts	Payees
_____	_____
_____	_____
_____	_____

8. that there are no unpaid debts of the decedent or of the decedent's estate except as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. that the following relatives of the decedent were alive at the time of the decedent's death:

RELATIONSHIP	NAME	AGE	RESIDENCE
Spouse/Domestic Partner:	_____	_____	_____
Children:	_____	_____	_____
Children of decedent's children:	_____	_____	_____
Other heirs (indicate relationship):	_____	_____	_____

- 10. that the names of all the decedent's heirs-at-law are listed above, and there are no other persons who can claim an interest in the decedent's estate;
- 11. that each requirement set forth in the NOTICE on the first page of this Affidavit has been and continues to be met on the date this Affidavit is signed;
- 12. that I have executed this Affidavit for the purpose of supporting the transfer by the Company of ownership of the life insurance policy listed above; to me.
- 13. that I agree to indemnify and hold the Company harmless from any and all costs, reasonable attorney's fees, actions, loss, or other damage, including, but not limited to, any judgments against the Company for punitive damages, which it may suffer by reason of said transfer of ownership;
- 14. that I acknowledge that the above indemnity does not require payment by the Company as a condition precedent to recovery by the Company against me under this indemnity.

**Affiant's Signature X** \_\_\_\_\_

**Relationship to Deceased Owner** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**Notary Public** \_\_\_\_\_

My Commission Expires: \_\_\_\_\_.

**SEE NOTICE ON FIRST PAGE BEFORE SIGNING**