



**Request For Endorsement Relating To
Change Of Ownership
Of Juvenile Policy**

- 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: 855-601-1834

SECTION A - EXISTING POLICY INFORMATION

Policy Number: _____

Insured /Annuitant Name: _____ (Required) SSN/ITIN or EIN: _____ (Required)

Owner Name: _____ SSN/ITIN or EIN: _____

Address: _____ Phone Number: _____

_____ Email Address: _____

Check here if this is a permanent address change

Co-Owner Name: _____ (If applicable) SSN/ITIN or EIN: _____ (If applicable)

Address: _____ Phone Number: _____

_____ Email Address: _____

Check here if this is a permanent address change

Assignee, Irrevocable Beneficiary,
Other Name (if applicable): _____ (If applicable) SSN/ITIN or EIN: _____ (If applicable)

SECTION B - CHANGE TYPE REQUESTED

(Read instructions below before completing.)

If provided by the ownership and/or control provision of the above policy, I hereby request:

Type I The Insured shall not automatically become the owner of this policy at the age specified in the ownership/control provision. Ownership shall remain vested in the owner listed above indefinitely or until changed by the Owner to another person in accordance with the terms of the policy.

Type II Ownership of this policy shall be vested in the Owner shown above until:

The insured attains age _____, or

_____, at which time the Insured will automatically become the owner.

Date

Acknowledgement of this form by the Company shall constitute an endorsement to this policy.

SECTION C - CURRENT OWNER SIGNATURE AND DATE

TAX CERTIFICATION (Substitute Form W-9) – Applicable to U.S. persons (including U.S. citizens and resident aliens). If you are not a U.S. person, you are required to submit the applicable IRS Form W-8 series (BEN, BEN-E, ECI, EXP or IMY).

Under penalties of perjury, I certify to the following:

1. That the taxpayer identification number listed on this form is my correct SSN/TIN and I am a U.S. Citizen or other U.S. person (including resident aliens);
2. I further certify that I am exempt from and have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding. The Company is required to withhold income tax on any payments, which include interest and dividends when the owner is subject to backup withholding.; and
3. I am exempt from Foreign Account Tax Compliance Act ("FATCA") reporting.

Certification Instructions: You must cross out any statement in 1-3 that does not apply to you. For any instructions on how to complete this certification, please see the General Instructions for the IRS Form W-9 on www.irs.gov. If you can complete a Form W-9 (Request for Taxpayer Identification Number) and you are a U.S. Citizen or U.S. resident alien, FATCA reporting may not apply to you. **Please consult your own tax advisor with any questions you may have regarding this certification.**

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

Current Owner's Signature

X

Date _____

SECTION D - NEW OWNER SIGNATURE AND DATE

TAX CERTIFICATION (Substitute Form W-9) – Applicable to U.S. persons (including U.S. citizens and resident aliens). If you are not a U.S. person, you are required to submit the applicable IRS Form W-8 series (BEN, BEN-E, ECI, EXP or IMY).

Under penalties of perjury, I certify to the following:

1. That the taxpayer identification number listed on this form is my correct SSN/TIN and I am a U.S. Citizen or other U.S. person (including resident aliens);
2. I further certify that I am exempt from and have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding. The Company is required to withhold income tax on any payments, which include interest and dividends when the owner is subject to backup withholding.; and
3. I am exempt from Foreign Account Tax Compliance Act ("FATCA") reporting.

Certification Instructions: You must cross out any statement in 1-3 that does not apply to you. For any instructions on how to complete this certification, please see the General Instructions for the IRS Form W-9 on www.irs.gov. If you can complete a Form W-9 (Request for Taxpayer Identification Number) and you are a U.S. Citizen or U.S. resident alien, FATCA reporting may not apply to you. **Please consult your own tax advisor with any questions you may have regarding this certification.**

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

New Owner's Signature

X

Date _____

INSTRUCTIONS AND CONDITIONS

This page is for informational purposes only and does not need to be returned with the form.

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.

SECTION A - POLICY INFORMATION

Complete all policy information in this section. Social Security number of owner is **required**. Owner's address must be completed.

SECTION B - CHANGE TYPE REQUESTED

Complete this form to delay or restrict ownership change to insured on juvenile insurance when:

- Attained age less than 21 for NLA/AGLA policies issued 1964-1981 or LC, AGD, AGO Special Series policies issued 1964-1977, OR
- Attained age less than 18 for NLA/AGLA policies issued after 1981 or LC, AGD, AGO Special Series, Tower Series issued 1978-1984.

For all other ownership changes, use the Ownership Change Form.

Check applicable block for type change desired.

- NOTE: Type I available for all issue years indicated in 1(b) and (c) above for all companies. Type II only available for NLA/AGLA issued 1975 or later.

SECTION C - CURRENT OWNER SIGNATURE AND DATE

All required signatures must be written in ink, using full legal names. Form must be dated. The request must be signed by: the person or persons who have the rights of ownership under the terms of the Policy, by an assignee, or by any other party who may have an interest in the Policy by legal proceedings or statutes.

Send to Customer Service for acknowledgement.

SECTION D - NEW OWNER SIGNATURE AND DATE

All required signatures must be written in ink, using full legal names. Form must be dated. The request must be signed by: the person or persons who have the rights of ownership under the terms of the Policy, by an assignee, or by any other party who may have an interest in the Policy by legal proceedings or statutes.

Send to Customer Service for acknowledgement.