



**Policy Owner Request To Make
New Policy Not Taken**

- 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:

- Standard Address • PO Box 818005 • Nashville, Cleveland, OH 44181 • Fax: 855-601-1834
- Variable Life Service Center • PO Box 818016 • Cleveland, OH 44181 • Fax: 844-430-2639

SECTION A - EXISTING POLICY INFORMATION

Please fill out all applicable information below.

Policy Number: _____ Insured: _____

Owner Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Co-Owner Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

SECTION B - MUST BE COMPLETED BY CURRENT/EXISTING OWNER

Date Policy was received by Policyowner _____

Policy was not received

Other (Please give specifics and dates) _____

Reason for request if out of free look period _____

Current/Existing Owner's Signature (required)

Email address: _____

Date _____

SECTION C - MUST BE COMPLETED BY AGENT OR MANAGER

Signed statement from the Agent or Agency Director is required on all Not Taken requests. Information given should be as detailed as possible and should include a chronological sequence of events for all activities affecting this policy. The statements below should include a discussion of all relevant facts for consideration.

AGENT'S OR MANAGER'S STATEMENT: _____

Agent's/Manager's Signature _____ Date _____

Managing Director's Signature _____ Date _____

INSTRUCTIONS AND CONDITIONS

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

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SECTION A - POLICY INFORMATION

Complete all policy information in this section.

SECTION B - MUST BE COMPLETED BY POLICYOWNER

Section to be completed by policyowner.

SECTION C - MUST BE COMPLETED BY AGENT OR MANAGER

Section must be completed by the servicing agent. If the agent is no longer with the company, the manager must complete.