

**American General Life Insurance Company (AGL)
The United States Life Insurance Company in the City of New York (USL)**

Address mail to:

Annuity Service Center

Regular Mail

PO Box 2708

Amarillo TX 79105-2708

Overnight Mail

1050 N Western St

Amarillo TX 79106-7011

Phone: 800-242-4079

Fax: 713-620-3829

Website: corebridgefinancial.com

Email: annuityservice@corebridgefinancial.com

Affidavit to Affirm Power of Attorney

1. **Do not use highlighter.** Please print in ink or type.
2. This form must be notarized.
3. This form must be completed and signed by the Attorney-in-Fact.
4. If this is an initial request to exercise powers via a Power of Attorney, a copy of the Power of Attorney documents must accompany this original Affidavit.
5. This form is valid for three (3) years from the date it is signed below.
6. **IMPORTANT REMINDER:** Sign each and every request in your capacity under the Power of Attorney. A request with your signature but without the proper designation may not be accepted. Examples of the proper designation include: Sally Smith by John Doe under Power of Attorney; John Doe, Attorney-in-Fact for Sally Smith; or, John Doe, POA.

1 Contract Information

State of _____

County of _____

Policy/Contract Owner's Name _____

Policy/Contract Number _____ City _____ State _____ Zip _____

I, _____ ("*Affiant*"), being first duly sworn, do hereby state that:
(*Name of Attorney-In-Fact*)

- (1) The Power of Attorney dated _____ was executed by _____, the principal (*policy/contract owner or beneficiary*), at a time when he or she was legally competent to perform such act, and who is currently domiciled in the state of _____. (*Power of Attorney*);
- (2) The Power of Attorney has not been partially or completely terminated or superseded by any means, including: voluntary revocation; death of the principal; marriage or divorce of the principal; existence of a separation agreement between the principal and Affiant; the appointment of a guardian or conservator for the principal or his/her estate; or the occurrence of any terminating event specified in the Power of Attorney, and thus, remains valid and in full force and effect;
- (3) If the Power of Attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;
- (4) If Affiant was named successor Attorney-in-Fact, the prior Attorney-in-Fact is no longer able or willing to serve;
- (5) The Power of Attorney grants Affiant full authority to perform all transactions requested by Affiant on the life insurance policy or annuity contract mentioned above; and
- (6) Affiant agrees to notify American General Life Insurance Company or The United States Life Insurance Company in the City of New York (*the Company*) in writing immediately if and when Affiant obtains knowledge that the Power of Attorney has been revoked, superseded or otherwise terminated at any time.

In consideration of the Company's accepting and acting upon the Power of Attorney identified above, Affiant hereby indemnifies and holds harmless the Company and its affiliated corporations, agents, servants, employees, and legal representatives from any form of claims, causes of action, suits, proceedings, losses, damages, or costs of any kind incurred or alleged as a result of Affiant's representations given herein or resulting from Company's reliance on Affiant's continued authority.

I declare under penalty of perjury under the laws of the State of _____ that the foregoing is true and correct.

2 Signature

Signature of Attorney in Fact _____ Date _____

Notary Public _____

[SEAL]