

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

SERVICE REQUEST

Mailing Address: Annuity Service Center • P.O. Box 871 • Amarillo, TX 79105-0871

Overnight Mailing Address: Annuity Service Center • 1050 N. Western Street • Amarillo, TX 79106-7011

CONTRACT/CERTIFICATE #: _____

OWNER: _____ DAYTIME PHONE #: _____

SSN OR TAX ID: _____

☐ **1. ADDRESS CHANGE/PHONE NUMBER CHANGE**

Current Address: _____

City: _____ State: _____ ZIP Code: _____ Daytime Phone #: _____

New Address: _____

City: _____ State: _____ ZIP Code: _____ Daytime Phone #: _____

☐ **2. NAME CHANGE (ATTACH DOCUMENTATION)**

Attach a copy of your driver's license, Social Security card, marriage certificate or court decree.

☐ Annuitant ☐ Owner

Reason: ☐ Marriage ☐ Divorce ☐ Court Decree ☐ Correction ☐ Other (explain) _____

From: _____

To: _____

SIGNATURE(S)

_____ Owner Signature	_____ Owner (Please Print)	_____ Date
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_____ Joint Owner Signature	_____ Joint Owner (Please Print)	_____ Date
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_____ Trustee(s) Signature	_____ Trustee(s) (Please Print)	_____ Date
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