

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

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**Annuity Service Center**

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## Change of Beneficiary — Annuities

### Instructions

1. This form is used to change the beneficiary and must be signed by the Owner(s) of the contract. Please print or type clearly.
2. Changing the primary beneficiary on your contract might affect your living benefit, if applicable. Please see your contract and Owner Acknowledgment for more details.
3. The issuing company, either AGL or USL (*the Company*), shall not be bound by any trust agreement, will, or partnership agreement, and shall not be liable for the application or subsequent distribution of the proceeds of the contract by trustee, beneficiary, or any other person.
4. If the contract is assigned (*i.e., collateral assignment*), any change of beneficiary will be subject to the rights of the assignee of record with the Company.
5. If a trust is the Owner, the trust should be designated as the primary beneficiary unless your contract provides otherwise.
6. This change of beneficiary will become effective as of the date specified in your contract.
7. After this form has been received and information confirmed by the Company, the Owner(s) will receive written confirmation of the beneficiary change.

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## 1 Contract Information

Contract Number(s) \_\_\_\_\_ Owner's SSN/TIN \_\_\_\_\_

Owner's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Joint Owner's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

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## 2 Standard Beneficiary Election

**Designate your new beneficiary(ies) below. This beneficiary designation supersedes and replaces all previous beneficiary designations for the contract(s) listed above. Please note the following when designating your beneficiary(ies).**

- A beneficiary may be an individual, institution, estate, trust or other non-natural entity.
- When there are multiple beneficiaries and one predeceases you, the proceeds will be divided among the remaining beneficiaries in that type/class (*i.e., Primary or Contingent*), unless you add a "Per Stirpes" designation after a beneficiary's name. A "Per Stirpes" designation allows the descendants of a deceased beneficiary to receive that beneficiary's portion.
- For each type/class of beneficiary, percentages must equal 100%. If no percentage(s) is indicated, your beneficiary benefit will be paid equally to the listed beneficiaries in that class/type that survive you.
- **Jointly Owned Contracts** – Joint Owners will be considered each other's sole primary beneficiary. Any other beneficiary(ies) listed below will be considered "contingent." Note: If your contract allows, Joint Owners who do not wish to be each other's sole primary beneficiary must provide beneficiary information on a separate sheet, signed by both Joint Owners. (*Please reference your contract regarding applicability of this provision*).
- If designating a trust as beneficiary, please include the full name of the trust, the trustee name(s) and trust date below.
- For contracts owned by a trust or other non-natural entity, the beneficiary benefit is payable upon the death of the Annuitant.
- If designating a minor beneficiary, please include the name of the custodian for the benefit of the minor beneficiary. Once the minor reaches the age of majority, the custodian will be disregarded.

**Primary Beneficiaries:** Primary beneficiaries receive the beneficiary benefit upon the Owner's death (*Annuitant's death if Owner is a non-natural entity*).

**Contingent Beneficiaries:** Generally, contingent beneficiaries receive the beneficiary benefit only if all primary beneficiaries predecease the Owner (*Annuitant if Owner is a non-natural entity*).

To ensure your beneficiaries are identified and paid in a timely manner, please remember to include each beneficiary's name, address, phone number, birth/trust date and SSN/TIN.

**2 Standard Beneficiary Election** *(continued)***PRIMARY BENEFICIARY DESIGNATION** – any percentage split must be in whole numbers and equal 100%.

1. Beneficiary Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Relationship \_\_\_\_\_ Beneficiary % \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Phone \_\_\_\_\_  
 Birth/Trust Date \_\_\_\_\_ Email \_\_\_\_\_ ☐ Male ☐ Female
2. Beneficiary Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Relationship \_\_\_\_\_ Beneficiary % \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Phone \_\_\_\_\_  
 Birth/Trust Date \_\_\_\_\_ Email \_\_\_\_\_ ☐ Male ☐ Female

**CONTINGENT BENEFICIARY DESIGNATION** – any percentage split must be in whole numbers and equal 100%.

1. Beneficiary Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Relationship \_\_\_\_\_ Beneficiary % \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Phone \_\_\_\_\_  
 Birth/Trust Date \_\_\_\_\_ Email \_\_\_\_\_ ☐ Male ☐ Female
2. Beneficiary Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Relationship \_\_\_\_\_ Beneficiary % \_\_\_\_\_ SSN/TIN \_\_\_\_\_ Phone \_\_\_\_\_  
 Birth/Trust Date \_\_\_\_\_ Email \_\_\_\_\_ ☐ Male ☐ Female

☐ Check here if you have named additional beneficiaries on a separate sheet, signed, dated and attached to this form. Print your name and contract number at the top of each separate sheet attached.

**3 Signatures**

The undersigned does hereby designate the beneficiaries above, certifies that the information is true, and acknowledges that **this beneficiary change SUPERSEDES AND REPLACES all previous beneficiary designations for the contract(s) listed above.**

**Owner's Signature** X \_\_\_\_\_ Date \_\_\_\_\_

**Joint Owner's Signature (if applicable)** X \_\_\_\_\_ Date \_\_\_\_\_

**Trustee Signature (if applicable)** X \_\_\_\_\_ Date \_\_\_\_\_

Signatures for beneficiary changes are not required to be notarized unless there is a significant change to the owner's signature. The company reserves the right to require the signature be notarized if the signature doesn't match or we do not have a signature on file.

\_\_\_\_\_  
 State \_\_\_\_\_ County \_\_\_\_\_

On \_\_\_\_\_, before me personally appeared, \_\_\_\_\_  
 Date \_\_\_\_\_ Name \_\_\_\_\_

known to me or proved to me to be the identical person described in and who executed the foregoing statement, and acknowledged the execution of the same as a free act and deed for the purpose therein named.

\_\_\_\_\_  
 Date my commission expires \_\_\_\_\_ Attach seal for Notary: [SEAL]

\_\_\_\_\_  
 Notary Public Signature \_\_\_\_\_ Date \_\_\_\_\_