

**American General Life Insurance Company (AGL)**

A subsidiary of American International Group, Inc.

Fixed Life Service Center • P.O. Box 4373, Houston, TX 77210-4373 • Fax: 713-831-3028

Variable Life Service Center • P.O. Box 4880, Houston, TX 77210-4880 • Fax: 713-620-6653

**Section A - Contract Information:**

Please fill out all applicable information below.

Policy Number(s): \_\_\_\_\_ Insured Name(s): \_\_\_\_\_  
\*Required

Owner Name(s): \_\_\_\_\_ SSN/TIN or EIN: \_\_\_\_\_  
\*Required

\_\_\_\_\_ SSN/TIN or EIN: \_\_\_\_\_  
\*Required

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Office Phone: \_\_\_\_\_

Check here if this is a permanent address change Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Section B - Transaction Type:**

Please elect one of the five disbursement options below. For partial, loan, and dividend withdrawal please select maximum available or specify a dollar amount, also elect gross or net. **Gross** refers to the actual dollar amount requested and does not take into consideration applicable charges/fees. **Net** refers to the requested check amount after all deductions are made. The **net** amount will be processed if the gross/net election is not made.

**Surrender/Cancellation:** This contract will hereby be cancelled. It is understood that the entire liability of the life insurance company which issued this contract is hereby discharged.

**Partial Withdrawal:** [Please elect maximum or specific amount and indicate gross or net below.]  
(Annuity, Universal Life, and Variable Universal Life policies only)

- Maximum Available
- Specific Amount \$ \_\_\_\_\_  Gross  Net
- Pay off loan balance and loan interest on above referenced policy

**Loan:** [Please elect maximum or specific amount and indicate gross or net below.]

- Maximum Available
- Specific Amount \$ \_\_\_\_\_  Gross  Net

**Dividend Withdrawal:** [Please elect full withdrawal or specific dollar amount.]

- Full Withdrawal (maximum amount available)
- Specific Amount \$ \_\_\_\_\_

**Withdraw Other Values:** [Please elect maximum or specific amount and source of funds.]

- Maximum Available
- Specific Amount \$ \_\_\_\_\_
- Premium Deposits
- Other \_\_\_\_\_

**Section C - Income Tax Withholding:**

(If no election is made applicable taxes will be withheld in accordance with federal and state law.)

- DO NOT WITHHOLD** INCOME TAX  **WITHHOLD** INCOME TAX

**Section D - Transfer/Rollover: FOR USE WITH QUALIFIED PLANS ONLY**

Please elect type of new contract. Then fill out name and address of where check is to be made payable and mailed.

**My new contract is a:**  403(b)  IRA  Pension Trust  HR-10  Other \_\_\_\_\_

Make payable to and mail to:

Name of Financial Institution: \_\_\_\_\_

For the benefit of (FBO) \_\_\_\_\_  
*Owner's name here*

Address \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

**Section E - Payment Instructions:**

**OVERNIGHT MAIL (A \$20.00 fee will be deducted from your net distribution amount)**

*\*Overnight Mail cannot be sent to a P.O. Box. A physical address is required. If overnight mailing is not elected, check will be sent via regular mail.\**

Please elect 1 of the 4 options below. If no option is selected, check will be mailed to policy owners address of record. Checks must be made payable to the Policy Owner, except for qualified transfers.

Mail to Owners Address in Section A.

Mail to Financial Institution in Section D.

Mail to the Alternate Address listed below:

Mail to:  Contract Owner  Agent  Financial Institution  Other

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Payment applied to AGL Contract # \_\_\_\_\_

Applied as:  Premium Payment  Loan Payment  Other \_\_\_\_\_

**Section F - Signature and Date:**

Is this distribution being used as a source to fund a new contract?  Yes  No

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number, and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back-up withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

The Policy Owner(s) warrants that the above-referenced policy withdrawal or loan is not subject to any prior agreements, contractual obligations, legal proceedings or court/administrative orders, including but not limited to divorce or bankruptcy proceedings ("Obligations"), which restrict, limit or otherwise prohibit such withdrawals and loans as contemplated. The Policy Owner(s) acknowledges and agrees that in the event any obligations become known subsequent to the above-referenced withdrawal or loan being made, which if then-known to American General Life Insurance Company, would have caused American General Life Insurance Company not to disburse the withdrawal or loan on the policy (or not to disburse the withdrawal or loan without the consent of a party other than the Policy Owner(s)), the withdrawal or loan, plus interest, will become immediately due and payable to American General Life Insurance Company by the Policy Owner(s), and the Policy Owner(s) shall indemnify and hold American General Life Insurance Company harmless from any and all losses associated with the withdrawal or loan, including costs of recovery and reasonable attorney fees.

Individual/Joint Owner(s):

Individual Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*\*Required*

Joint Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If your policy is individually owned, please complete and return pages 1 and 2 only. If your policy is trust owned, and/or collaterally assigned, please complete and return pages 1, 2 and 3 only. Page 4 is not applicable and is for informational purposes only.**

**Section F - Signature and Date: (Continued)**

**Trust Owned: (Please complete Section H below)**

**Entity Owned: (see additional requirements on page 4 under Additional requirements needed)**

Print full name of Company: \_\_\_\_\_

Print full name and title of authorized signer: \_\_\_\_\_

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*\*Required*

**Section G - Collateral Assignee**

*(Assigned policies need both the owner(s) and assignee's signature)*

Print full name of Collateral Assignee: \_\_\_\_\_

Print full name and title of authorized signer *(if applicable)*: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*\*Required*

**Section H - Trust Affidavit**

*(This Section Must be Completed for Trust Owned Policies.)*

*Please print name of trustees, trust and trust date.*

The undersigned, of lawful age, being first duly sworn, on oath, deposes and says: That our names are:

Please print name(s) of Trustee(s): \_\_\_\_\_

That I/we are the duly designated Trustee(s) of the \_\_\_\_\_  
*(Name of Trust)*

Trust, as evidenced by a written Trust Agreement dated \_\_\_\_\_. Trust is in full force and effect and has not been revoked or terminated. That in our capacity as Trustees, we are making this written request to exercise a right or receive a benefit accorded to us by the Life/Annuity contract issued by American General Life Insurance Company (AGL). That in our capacity as Trustee, we are authorized to exercise the right or receive the benefit aforesaid and AGL, upon acting in conformance with my request, shall have satisfied and be fully discharged of its obligation to the Trust. That the representations and undertakings herein set forth by us are intended to be relied upon by AGL and to induce it to act on my request. In consideration of these premises, I hereby agree to indemnify and save AGL harmless from any and all liability, loss, damage, expense, causes of action, suits, claims, judgements, including attorney fees, resulting from or based upon actions taken by AGL at my request.

Trustee(s) Signature(s) \_\_\_\_\_  
*Each trustee listed under the trust agreement must sign.*

**If your policy is trust owned, entity owned, and/or collaterally assigned, please complete and return pages 1, 2 and 3 only. Page 4 is not applicable and it is for informational purposes only.**

## Instructions and Conditions

### Section A - Contract Information

Complete all contract information in this section. You may use this form for multiple contracts that have the same contract owner and require the same signatures.

### Section B - Transaction Type

Elect one of the four disbursement options. If partial/loan option is elected, please specify maximum available or specific dollar amount.

**Surrender** - As defined in the contract provisions, this contract would be cancelled. It is understood that the entire liability of the life insurance company which issued this contract is hereby discharged and terminated upon receipt of this completed form at the service center.

**Partial** - A partial surrender of net cash surrender value reduces the amount of the Policy Value. It also reduces the cash surrender value and the death benefit on a dollar-for-dollar benefit.

**Loan** - A sum granted by a life insurance company to the owner of a life insurance policy, secured by the policy's cash surrender value with a nominal interest rate charged.

**Dividend Withdrawal** - Any withdrawal of the cash value of the paid up additions of life insurance will result in the surrender of the additional insurance and death benefit provided by the paid up additional life insurance and such additional insurance will not be payable in the event of a death claim.

In addition, please elect gross or net. Gross refers to the actual dollar amount requested and does not take into consideration applicable charges/fees. Net refers to the amount left over after all deductions are made. The net amount will be processed if the gross/net election is not made. Please specify dollar amount or full withdrawal of dividends.

### Section C - Income Tax Withholding

Select desired Income Tax Withholding.

Internal Revenue Service regulations require that 10% withholding will occur unless you elect not to have withholding apply. A mandatory 20% withholding applies to a distribution from a qualified pension, profit sharing plan, or tax sheltered annuity, unless you make a direct rollover or transfer of the amount withdrawn. If the distribution is not eligible for rollover, the withholding is 10% on the gain and you may elect out of withholding. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

### Section D - Transfer / Rollover

Complete this section for "qualified" transfers only. Elect the type of contract of the new policy. Then complete name and address where check is to be made payable and mailed. If these funds are moving to an account with a different tax status, additional requirements may be needed.

### Section E - Payment Instructions

Complete this section on how the proceeds are to be disbursed. Please elect if you would like to receive funds by check, or if a payment is to be applied to another policy. Assigned Policies will be jointly paid to the owner(s) and the assignee, and mailed to the assignee.

### Section F - Signature and Date

Please elect ownership type and fill out all applicable information. All required signatures must be written in ink, using full legal names. The request must be signed by: the person or persons who have the rights of ownership under the terms of the contract, by an assignee, or by any other party who may have an interest in the contract by legal proceedings or statutes.

### Section G - Collateral Assignee

Complete this section if the policy is collaterally assigned. All assignees must sign.

### Section H - Trust Affidavit

Complete this section if the policy is trust owned. Each trustee listed under the trust agreement must sign.

### Additional Requirements Needed In Addition to the Disbursement Form

**Corporate Owned Policies** - Disbursement form must be accompanied by corporate letterhead or paper with the corporate seal signed, with title, by an officer of the company.

**Partnership** - If there is a "Partnership Agreement", then the partner(s) authorized in the agreement must sign the request. The full name of the partnership with the signatures of all partners is required. If there is no "Partnership Agreement", a copy of the DBA (doing business as) or assumed name certificate is required.

**Limited Partnership (LP)** - Signature and title of General partner is required. If there is a "Partnership Agreement" or a "Limited Partnership Certificate", a copy is needed. If there is no agreement, then all partners need to sign.

**Limited Liability Partnership (LLP)** - Signature and title of General partner is required. We will request a copy of the "Partnership Agreement" or the "Limited Partnership Certificate" which identifies the name of the general partner.

**Sole Proprietorship** - The request must be signed by the sole proprietor, who owns the company. We need a letter stating the individual is the sole proprietor and he/she has authority to make all decisions for the company. A copy of the DBA (doing business as) or Assumed Name Certificate is needed. If the company includes the words incorporated or the acronym INC, then the company must be incorporated and must follow procedures as outlined under Corporate Owned Policies.

**Guardianship/Conservatorship** - Signature of the current guardian is required along with the current Guardianship Papers or Letter of Conservatorship. The signature must be dated within one year of the request.

**Power of Attorney** - Request must be signed by the attorney-in-fact. A copy of the Power of Attorney Agreement is needed. A complete, signed, dated, and notarized Power of Attorney and Indemnity Agreement is required when: the disbursement is \$100,000 or over and or the face amount of the policy is \$1,000,000 or over.