

General Information

Policy Number(s): _____ *Annuitant SSN: _____
*Annuitant Name: _____ *Date of Birth: _____
Email Address: _____ *Phone Number: _____

Former Address

*Address: _____
Address 2: _____
*City: _____ *State: _____ *Zip Code: _____
Attention: _____

New Address

*Address: _____
Address 2: _____
*City: _____ *State: _____ *Zip Code: _____
Attention: _____

Payment Mailing Address *(If different from mailing address and payment not Direct Deposit)*

Payments will only be made to a United States address or to a United States bank.

*Address: _____
Address 2: _____
*City: _____ *State: _____ *Zip Code: _____
Attention: _____

Discontinue EFT

Authorization

I certify that the information on this form is accurate and authorize the requested change.

*Signature of Annuitant or Legal Representative

*Signature of Joint Annuitant or Joint Legal Representative *(If Applicable)*

*Date of Annuitant or Legal Representative Signature

*Date of Joint Annuitant or Joint Legal Representative Signature

If individual signing is not the annuitant, legal documentation must accompany this request if not previously provided.

NOTE: Due to schedule of payments these changes may not be reflected for up to 30 days.

Change of Address Request Form Instructions

Instructions

This form should be completed in full, printed, signed by the annuitant or legal representative, and then submitted, along with any required legal documents, to American General Life (AGL) via email, facsimile or mail.

Email: request@structuresag.com

Facsimile: (806) 349-5802

Mail: American General Life Companies
Attn: Structured Settlements Department
P.O. Box 15367
Amarillo, TX 79105-5367

NOTE: Only signed forms will be considered and processed.

The form must be filled out in Black Ink only.