

General Information

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

Change

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

*Change From (Former Name): _____
*Change To (New Name): _____
*Reason For Change: _____

***ATTACH COPY OF LEGAL DOCUMENT SUCH AS MARRIAGE LICENSE, DIVORCE DECREE, ADOPTION PAPERS, ETC.**

*Signature of Annuitant *Date of Signature

Home Office Use Only

Acknowledgement Date: _____
Authorized Signature: _____

Name Change 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.

Please contact us if you have any questions.