



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

- Fixed Life Service Center - P. O. Box 4373, Houston, TX 77210-4373
- Variable Life Service Center - P. O. Box 4880, Houston, TX 77210-4880

Member of American International Group, Inc.

**Instructions for completing this form are listed on the back.**

**1. CONTRACT IDENTIFICATION**

Check Here if New Address

**CONTRACT No.:** \_\_\_\_\_

**OWNER:** \_\_\_\_\_ **SSN/TIN OR EIN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE No.:** \_\_\_\_\_

**EMAIL ADDRESS (optional):** \_\_\_\_\_

**INSURED/ANNUITANT (if other than Owner):** \_\_\_\_\_

**2. FINANCIAL INSTITUTION**

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

**Address:** \_\_\_\_\_

Routing Number

Account Number

**PLEASE ATTACH A VOIDED CHECK OR A DEPOSIT SLIP.**

Type Of Account:  Checking  Savings Credit Union:  Yes  No

**3. BANK ACCOUNT OWNER**

Name(s) of Bank Account Owner(s) \_\_\_\_\_

**4. PAYMENT ALLOCATION**

Frequency:  Monthly  Quarterly  Semi-annually  Annually Withdrawal Day \_\_\_\_\_ (1-28)

Contract No.	Insured/Annuitant	Premium/Contribution Amount	Loan Repayment (if available)	Other

**5. SIGN HERE FOR ABOVE REQUEST**

I understand and agree to the Electronic Funds Agreement on page 2.

Signature(s) of Bank Account Owner(s) as it appears on account records \_\_\_\_\_ Date \_\_\_\_\_

Signature(s) of Bank Account Owner(s) as it appears on account records \_\_\_\_\_ Date \_\_\_\_\_

**RETURN COMPLETED FORM TO THE ADDRESS OF THE COMPANY CHECKED ABOVE.**

