

Life Policy Ownership Change Form

Please check the box next to your insurance company's name.

- ManhattanLife Insurance and Annuity Company
 Family Life Insurance Company
 The Manhattan Life Insurance Company
 American General Life Insurance
(Administered by ManhattanLife)

| | | |
|------------------|-------------------|--|
| Policy Number(s) | Insured/Annuitant | Owner (if other than Insured or Annuitant) |
|------------------|-------------------|--|

**PLEASE CHOOSE ONE OF THE FOLLOWING SIX OPTIONS FOR CHANGE OF OWNERSHIP
SELECT ONLY ONE**

| | |
|-----------------------------|---|
| 1. <input type="checkbox"/> | To the Insured (If more than one insured, designation assumes jointly with right of survivorship arrangement). |
| 2. <input type="checkbox"/> | To one person during his or her lifetime and thereafter the Insured. Name: _____ Date of Birth: _____ |
| 3. <input type="checkbox"/> | To one person absolutely, his or her estate Name: _____ Date of Birth: _____ |
| 4. <input type="checkbox"/> | To multiple owners (check one): <input type="checkbox"/> Joint with Rights of Survivorship* <input type="checkbox"/> Tenants-in-common** _____ (Name) _____ (Name) <small>* Or to the executors, administrators, or assigns of the last survivor ** If tenant-in-common, specify shares, if not specified we will assume equal shares</small> |
| 5. <input type="checkbox"/> | To a (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC or <input type="checkbox"/> Other (specify) _____ Legal Name _____ City _____ State _____ |
| 6. <input type="checkbox"/> | To the formal trust agreement named below*** Name of Trust: _____ Name of Trustee(s): _____ Date of Trust: _____ <small>***I/We hereby certify that the Trustee(s) named are the Trustee(s) for the named Trust, which is in full force and effect. The Company shall not be obligated to inquire into the terms of any trust agreement affecting this policy/certificate and shall not be chargeable with knowledge of the terms thereof. The Company may rely solely upon the signature(s) of the Trustee(s) named to any receipt, release or waiver, or to any transfer or other instrument affecting this policy/certificate or any options, privileges or benefits thereunder. Unless otherwise indicated on a Certification of Trust form the signature(s) of all Trustee(s) named, or their successors, will be required to exercise any contractual right under the policy/certificate. The Company shall have no obligation to see to the use or application of any funds paid to the Trustee(s) in accordance with the terms of the policy/certificate. Any such payment made by the Company to the Trustee(s) shall fully discharge the Company with respect to any amounts so paid.</small> |

AGREEMENTS AND SIGNATURES

THIS SECTION MUST BE COMPLETED BY THE CURRENT POLICY OWNER

| | | |
|--|----------------------------|--|
| Current Owner's Signature _____ | Name (print or type) _____ | _____ |
| Date _____ | Title* _____ | Daytime Telephone Number Between 8am-4pm CST _____ |
| | | |
| Current Owner's Signature _____ | Name (print or type) _____ | _____ |
| Date _____ | Title* _____ | Daytime Telephone Number Between 8am-4pm CST _____ |
| | | |
| Assignee/Irrevocable Beneficiary Signature (if applicable) _____ | Name (print or type) _____ | _____ |
| Date: _____ | Title* _____ | Daytime Telephone Number Between 8am-4pm CST _____ |

***Complete if a corporation, partnership or trust**

Submit Completed Form to: Policyholder Services, P.O. Box 925989, Houston, TX 77292



COMMUNITY PROPERTY RELEASE FOR CURRENT OWNER

This section is applicable for Community Property states (AZ, CA, ID, LA, NV, NM, TX, WA and WI).

Determination of Community Property status depends on the current or former resident state of the policy/certificate owner.

Spouse's/Former Spouse's Signature _____ Date _____

Name (print or type) _____

The owner certifies that this policy is not subject to Community Property laws.

Owner's Signature _____ Date _____

THIS SECTION MUST BE COMPLETED BY THE NEW OWNER

Social Security number or Tax Identification number _____

Address _____

City, State, Zip _____

By signing below, you certify that the information provided is complete and accurate as shown. You also certify that you have read, understand and agree to the information provided in the Substitute W9 sections. Under the penalties of perjury, I certify that:

- The number shown above is my correct taxpayer identification number
- I am not subject to backup withholding either because I have not been notified by the IRS that I am subject as a result of a failure to report all taxable income, including all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. person (including a U.S. resident alien).

Signature of New Owner _____ Title _____ Date _____

Print Name _____

(_____) _____
Daytime Telephone Number Between 8am-4pm CST

ENDORSEMENT/ACKNOWLEDGEMENT BY COMPANY

The above indicated company acknowledges receipt, on this date, of the foregoing instrument at its Administrative Office, and has filed the request or requests therein contained, subject, however, to the express condition that the policy is in full force on the date of such instrument.

Date _____ By Authorized Representative _____

AFTER ACKNOWLEDGEMENT BY THE COMPANY, THIS FORM SHOULD BE FILED WITH THE POLICY.

Submit Completed Form to: Policyholder Services, P.O. Box 925989, Houston, TX 77292

