

P.O. Box 4229 • Houston, TX 77210-4229 • Fax 1-877-484-3142

**Change Request**

**TYPE OF CHANGE REQUEST:**  Compensation Change  Contract Level Change  Second Contract  
 Personal Information Change  Transfer  Other

**Change for:**  AGL  USL

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Individual – Required Information      Corporation Applicants Required**

**SSN:** \_\_\_\_\_ **Agent Number:** \_\_\_\_\_  
**Applicant Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Sex:** M F (circle one)  
**Resident Address:** \_\_\_\_\_  
 Change Request  
**Business Address:** \_\_\_\_\_  
 Change Request (Recruiter section below must be completed)  
**Phone Number:** \_\_\_\_\_  
 Change Request  
**Business Number:** \_\_\_\_\_  
 Change Request  
**Fax Number:** \_\_\_\_\_  
 Change Request  
**Email Address:** \_\_\_\_\_  
 Change Request  
 I am an officer of the corporation

**TIN:** \_\_\_\_\_  
**Corporate Name:** \_\_\_\_\_  
\_\_\_\_\_  
**Corporate Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone Number:** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_  
**Email Address:** \_\_\_\_\_  
 Additional authorized signers for the corporation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Apply the above changes to the following additional agent codes:  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

**Recruiter Section – IMO Only**

Primary mailing and commission address  
 Use primary mailing address, phone contact, e-mail and faxes as given in the Individual or Corporate information section  
 Use information provided below:

**Mailing and Other Communication:**  
Agency Name: \_\_\_\_\_  
Agency Code: \_\_\_\_\_  
**OR**  
Business Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Phone Number: \_\_\_\_\_  
Fax: \_\_\_\_\_

**Commission Information:**  
Agency Name: \_\_\_\_\_  
Agency Code: \_\_\_\_\_  
**OR**  
Business Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Phone Number: \_\_\_\_\_  
Fax: \_\_\_\_\_

Agent Name: \_\_\_\_\_ SSN/TIN \_\_\_\_\_

**Licensing and State Appointment Request**

**Attach copies of licenses for all requested state appointments. Provide appropriate fees for nonresident appointments.**

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

Licenses for:  Life  Health      Contracted as:  Individual  Corporation

Resident State: \_\_\_\_\_ Resident License Number: \_\_\_\_\_

Nonresident Appointment State(s) \_\_\_\_\_

*AGL Only: Please provide appropriate fee. USL does not appoint outside the state of NY.*

FLORIDA residents must specify the Florida county where their business office is located: \_\_\_\_\_

NON-RESIDENT FLORIDA agents soliciting in Florida must list the county(s) in Florida in which they intend to personally solicit:

\_\_\_\_\_  
\_\_\_\_\_

**Variable Licensing Section**

**Please complete the following ONLY when requesting variable appointment:**

Who is your Broker/Dealer: \_\_\_\_\_

CRD Number: \_\_\_\_\_

Circle all current FINRA licenses that you hold:    6    7    22    24    26    63    Other: \_\_\_\_\_

**Independent Wholesaler Election**

Some broker- dealers may permit third-party firms to offer certain services and support to registered representatives. In order to facilitate sales of American General Life Insurance Company (AGL) variable universal life insurance products referred to by AGL as Independent Wholesalers (IW). In order for you to sell AGL's variable universal life insurance product through an IW, an IW agreement must be in place with the IMO and your broker-dealer must be informed, pursuant to FINRA Rules 3030, of your IW election. If you wish to obtain support through IW, please indicate your election below.

IW Election: \_\_\_\_\_

*(Name of IW Firms and Code Number)*

Agent Name: \_\_\_\_\_ SSN/TIN \_\_\_\_\_

**Contract Level and Commission Level**

Contract Level Requested:  Life Sales/Solicitor  Agent/Producer  GA 2  GA 1  GA  
 Recruiting GA1  Recruiting GA  IMO  MO  NMO

Direct Upline Agent Code: \_\_\_\_\_ (TIN if pending)

Life Products: First Year Level (Required) \_\_\_\_\_ Renewal Level (Required) \_\_\_\_\_

Specialty Products: First Year/Renewal Level \_\_\_\_\_

Annuity Products: First Year/Renewal Level \_\_\_\_\_

A & H Products: First Year Level \_\_\_\_\_ Renewal Level \_\_\_\_\_

(HO Approval) Productivity Bonus Level \_\_\_\_\_

\_\_\_\_\_ USL: (Signed USL contract(s) must accompany packet.) USL Recruiter/Upline Number: \_\_\_\_\_

Please indicate if you wish this change to apply to pending policies Y / N (circle one)

If you answered Yes, please attach a list of policies with this request

**Signature of Recruiter**

The undersigned [recommending representative or Intermediary] by executing recommends the applicant to American General Life and affiliates as a suitable person to represent the companies. The recommending individual or Intermediary also agrees to supervise and assume responsibility for the applicant, if appointed by American General Life Companies and affiliates, in accordance with the terms of his/her Contract.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Signature of Recruiter*

Print Name: \_\_\_\_\_ Agent/Agency Code # \_\_\_\_\_  
*Print name of Recruiter* *(Required)*

**Home Office (Only)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*(Marketing Approval)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*(Senior Marketing Approval) (If Required)*