



The AIG Life Companies (U.S.)

AIG Life Insurance Company
American International Life Assurance Company of New York

Insurance Services
P.O. Box 4373
Houston, TX 77210-4373
1-800-521-2773 (7am-6pm cst; Mon-Fri)

POLICYOWNER SERVICE REQUEST FORM

Increases, Reductions, and Other Change Requests

General Information (please print or type all missing information)			
Policy #	Owner Name	Owner's Social Security #	Owner's Daytime Phone #
Insured Name	Owner's Address		

Instructions

- Please print or type all information except signatures. A separate request form must be completed for each policy. Owner must sign ALL requests.
- The policy's assignee must also sign this request, if the policy is collaterally assigned.
- Each partner must sign this request, if the owner is a partnership.
- The spouse of the owner must also sign this request, if the owner resides in a community property state. (Community Property States are AZ, CA, ID, LA, NM, NV, TX, WA, & WI.)
- Two authorized officers must sign this request, if the owner is a corporation. Additionally, a corporate resolution authorizing these signatories must be attached.

Authorization Section

- ☐ **INCREASES** (Universal Life Policies Only)
I am returning policy; I request that the company increase my policy face amount to _____. (Complete an Application, Part I) Requires Home Office Approval. (Universal Life Policies Only)

- ☐ **CHANGES AND REDUCTIONS**
I am returning the policy; I request that the company:
- ☐ Reduce my Face Amount to _____. Note: (Refer to policy for limitations)
 - ☐ Reduce or Remove of my Policy's Rating (Complete an Application, Part I).
 - ☐ Change my Option: (Universal Life only)
 - ☐ From Level Option to Increasing/Variable Option (Complete an Application, Part I) Note: This change will result in your face amount being decreased.
 - ☐ From Increasing/Variable Option to Level Option. Note: this will result in your face amount being increased. If you do not want your face increased, please indicate in "other" section below.
 - ☐ Covert Term Policy to Permanent Insurance
 - ☐ Full Amount
 - ☐ Partial \$ _____
 - ☐ Keep Remainder of Term
 - ☐ Cancel Remainder of Term

Note: Return Policy. Provide full details of Plan and Premiums in space provided below:

- ☐ **ADDITION / DELETION OF BENEFITS** (Complete an Application, Part I) -- Not for Decreases in face amount.
I am returning the policy; I request: ☐ Addition of ☐ Removal of _____
Specify Name of Benefit

- ☐ **PREMIUM PAYMENT CHANGE**
- ☐ Change Mode To: ☐ Annual ☐ Semi-Annual ☐ Quarterly ☐ Credit Card -- Card # _____
Expiration Date _____
(Credit card payment NOT available for Variable Policies)
 - ☐ Pre-Authorized Check (attach completed authorization form, voided check, plus 2 months PAC Premium)
 - ☐ Planned Premium (Universal Life Only) Change Planned Premium amount to: \$ _____

- ☐ **OTHER**

Please Sign and Date		
Owner's Signature _____	Title _____	Date _____
Signature of Assignee, Beneficiary, Spouse/Former Spouse, Witness, Other _____	Title _____	Date _____

NOTE: Certain changes to your policy may result in adverse tax consequences.
We urge you to consult with your tax advisor prior to making any changes.

The changes requested are not valid until recorded by the Company.