



**Producer of Record Change**

Please select which company(ies) the producer is appointed.

- American General Life Insurance Company
  - The United States Life Insurance Company in the City of New York
- P.O. Box 9978, Amarillo, TX 79105-5978 • 800-247-8837

Full Name of Insured: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Effective Date/Anniversary Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Company: \_\_\_\_\_

Product Type:  Life Insurance  Health Insurance  Annuity

Policy Number: \_\_\_\_\_ Effective Date/Anniversary Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Company: \_\_\_\_\_

Product Type:  Life Insurance  Health Insurance  Annuity

Policy Number: \_\_\_\_\_ Effective Date/Anniversary Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Company: \_\_\_\_\_

Product Type:  Life Insurance  Health Insurance  Annuity

Policy Number: \_\_\_\_\_ Effective Date/Anniversary Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Company: \_\_\_\_\_

Product Type:  Life Insurance  Health Insurance  Annuity

Name of New Producer: \_\_\_\_\_ Company Agent #: \_\_\_\_\_

Producer Address: \_\_\_\_\_  
\_\_\_\_\_

Date when change is effective: \_\_\_\_/\_\_\_\_/\_\_\_\_

**By signing this letter, I am making the named producer the producer of record for the policies identified above, and it is my intent to replace any existing producer of record with the producer identified in this letter.**

X \_\_\_\_\_  
OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Title (if owner is an entity): \_\_\_\_\_

X \_\_\_\_\_  
AGENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**A COPY OF THIS NOTICE MUST BE PROVIDED TO THE INSURED.**