

**1. CLIENT INFORMATION**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

All Plans OR  Only These Specified Plans  
\_\_\_\_\_ Plan ID \_\_\_\_\_ Plan ID \_\_\_\_\_ Plan ID

**2. NAME CHANGE/CORRECTION** If you are requesting a name change, please indicate the reason.

Choose reason for name change:  Marriage  Divorce  Correction  Court decree (attach certified copy)

Current/Correct Name: \_\_\_\_\_ Former/Incorrect Name: \_\_\_\_\_

**3. ADDRESS/TELEPHONE NUMBER CHANGE**

Choose one:  Mailing  Residence

New Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number(s)(1): \_\_\_\_\_ (2): \_\_\_\_\_ Work Phone: \_\_\_\_\_

**4. SOCIAL SECURITY NUMBER OR DATE OF BIRTH CORRECTIONS**

Incorrect SS#: \_\_\_\_\_ Correct SS#: \_\_\_\_\_

Incorrect Date of Birth: \_\_\_\_\_ Correct Date of Birth: \_\_\_\_\_

**5. CLIENT APPROVAL**

I request the company, subject to the provision of the Contract/Certificate, to make the above change(s).

\_\_\_\_\_  
Client's Signature Date Financial Advisor's Signature Date

Please fax this form to 1-877-202-0187 or mail to the address below for processing:

**AIG Retirement Services Document Control**

P.O. Box 15648  
Amarillo, TX 79105-5648

Questions about this form may be directed to **1-888-568-2542**, Monday through Friday, 7 a.m. to 8 p.m. Central Time.