



AIG Benefit Solutions

Underwritten by
American General Life Insurance Company*
Houston, Texas

The United States Life Insurance Company In the City of New York
New York, New York

National Union Fire Insurance Company of Pittsburgh, PA

New York, New York

BENEFICIARY DESIGNATION FORM

Administrative Office: P. O. Box 30066, Tampa, FL 33630-3066
Phone: 1-877-672-1648

*This company does not solicit business in New York

Group Policy Name _____	Group Policy Number _____
Insured's Name _____	Certificate Number _____
Address _____	Phone Number _____
City _____	State _____ ZIP _____

Unless otherwise indicated below, if more than one beneficiary is named, payment shall be made in equal shares to the beneficiaries who survive the insured; if no beneficiary survives the insured, payment shall be made in accordance with the terms of the policy. The right to further change the beneficiary is reserved without the consent of the beneficiary.

BENEFICIARY - PRIMARY

Name _____	Relationship _____
Social Security Number _____	Date of Birth _____
Address _____	Phone Number _____
City _____	State _____ ZIP _____

Percentage _____
Relationship _____
Date of Birth _____
Phone Number _____
State _____ ZIP _____

BENEFICIARY - SECONDARY

Name _____	Relationship _____
Social Security Number _____	Date of Birth _____
Address _____	Phone Number _____
City _____	State _____ ZIP _____

Percentage _____
Relationship _____
Date of Birth _____
Phone Number _____
State _____ ZIP _____

BENEFICIARY - ADDITIONAL

Name _____	Relationship _____
Social Security Number _____	Date of Birth _____
Address _____	Phone Number _____
City _____	State _____ ZIP _____

Percentage _____
Relationship _____
Date of Birth _____
Phone Number _____
State _____ ZIP _____

BENEFICIARY - ADDITIONAL

Name _____	Relationship _____
Social Security Number _____	Date of Birth _____
Address _____	Phone Number _____
City _____	State _____ ZIP _____

Percentage _____
Relationship _____
Date of Birth _____
Phone Number _____
State _____ ZIP _____

Use additional sheet if more beneficiaries are needed.

INSURED SIGNATURE

DATE

PLEASE RETAIN A COPY FOR YOUR RECORDS