

American General Assurance Company

Please complete and return to:
American Insurance Administrators
P. O. Box 1149, Columbus, OH 43216-1149

REQUEST FOR CHANGE OF BENEFICIARY / NAME CHANGE

Group Policy Number: _____

Insured: _____ Certificate #: _____

Under the terms of the above policy, request is made for Change of Beneficiary to:

PRIMARY BENEFICIARY(S):

Full name and address of proposed beneficiary:
(Example: Mary A. Doe, *not* Mrs. John J. Doe)

Relationship

_____ %

_____ %

CONTINGENT BENEFICIARY(S):

_____ %

_____ %

The right is reserved to change the beneficiary hereby designated without the written consent of said beneficiary. If more than one beneficiary is designated, settlement will be made in equal shares to such of the designated primary beneficiaries (or Beneficiary) as survive the Insured, but if none survives, proceeds will be paid to any contingent beneficiaries who survive the insured. If no designated beneficiary survives the insured, settlement will be made in accordance with the terms of the above policy.

CHANGE NAME ONLY OF: () INSURED () BENEFICIARY

FROM: _____ TO: _____

I hereby agree that the copy of the signature on the copy of this form shall be accepted as my signature. I further agree that the changes requested here shall be of no effect unless insurance is in force on the life of the "insured" under the described policy.

Insured's
Signature: _____ Dated at _____ Date _____

Witness: _____ Dated at _____ Date _____
(SOMEONE OTHER THAN BENEFICIARY)

AMERICAN GENERAL LIFE

FOR INSURANCE COMPANY'S USE ONLY-ACKNOWLEDGEMENT OF CHANGE

The recording of the change(s) requested above is hereby acknowledged.

Date Recorded: _____ By: _____