



# 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

\*This company does not solicit business in New York

## Absolute Assignment

Administrative Offices: P. O. Box 3066, Tampa, FL 33630-3066  
Tel +1 877-672-1648

I HEREBY ASSIGN, AS A GIFT, TO

\_\_\_\_\_  
*ASSIGNEE*

\_\_\_\_\_  
*RELATIONSHIP*

\_\_\_\_\_  
*ADDRESS*

\_\_\_\_\_  
*CITY*

\_\_\_\_\_  
*STATE*

\_\_\_\_\_  
*ZIP*

all right, title, interest, and incidents of ownership, both present and future, to my

- Life Insurance
- Accidental Death and Dismemberment Benefits

under

GROUP POLICY NO.(S). \_\_\_\_\_

issued to \_\_\_\_\_

hereinafter referred to as the Group Policyholder and under Certificate No(s). \_\_\_\_\_ issued by American General Life Insurance Company.

It is understood that by means of this assignment the beneficiary of record is changed so that the assignee becomes the beneficiary. If such assignee elects to designate another beneficiary, such change must be made on a form satisfactory to American General Life Insurance Company.

It is further understood that the said Group Policyholder and American General Life Insurance Company assume no obligation as to the validity or sufficiency of this assignment.

It is further understood that I have not been declared a bankrupt and that no proceedings to declare me a bankrupt are pending.

In WITNESS WHEREOF, I have hereunto set my hand and seal this day of \_\_\_\_\_, \_\_\_\_\_  
Signed, sealed and delivered in the presence of \_\_\_\_\_ *YEAR*

\_\_\_\_\_  
*WITNESS (OTHER THAN PROPOSED ASSIGNEE)*

\_\_\_\_\_  
*OWNER (EMPLOYEE. MEMBER. ETC.)*

American General Life Insurance Company

By: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_  
*YEAR*

PLEASE INDICATE IN THE BOX ON THE LEFT THE ADMINISTRATOR'S NAME AND ADDRESS