



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

*This company does not solicit business in New York

Beneficiary Designation/Change Form
Administrative Office
PO Box 15250, Amarillo, TX 79105-5250
Tel +1 800-346-7692 Option 3, Fax +1 713-521-6047

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 _____

BENEFICIARY - SECONDARY

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

BENEFICIARY - ADDITIONAL

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

BENEFICIARY - ADDITIONAL

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

Use additional sheet if more beneficiaries are needed.

INSURED SIGNATURE

DATE

PLEASE RETAIN A COPY FOR YOUR RECORDS