



Request for Change of Beneficiary/Name Change Form

American General Life Insurance Company*

Houston, Texas

Administrative Office: AG Client Services P.O. Box 30066, Tampa, FL 33630-3066

Phone 1-877-672-1648 FAX 1-877-672-1650

*This company does not solicit business in New York

Group Policy Number: _____ Certificate Number: ____/____/____

Insured's Name: _____ Date of Birth: ____/____/____

Address: _____ City _____ State _____ Zip _____

Phone Number: _____

In accordance to the terms of the above policy, request is made for Change of Beneficiary to:
(Indicate Full Name and Relationship- Example: Jane Doe, Wife, and Not Mrs. John Doe)

Name: _____
Date of Birth: ____/____/____
Social Security # ____/____/____
Relationship: _____

Phone Number: ____-____-____
Address: _____
City/State/Zip _____
Percentage: _____

Name: _____
Date of Birth: ____/____/____
Social Security # ____/____/____
Relationship: _____

Phone Number: ____-____-____
Address: _____
City/State/Zip _____
Percentage: _____

if surviving the Insured. Unless otherwise provided herein, if more than one beneficiary is named, payment shall be made in equal shares to the beneficiaries who survive the Insured; if not 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.

Note: This form must be signed by the Insured or Owner and the Beneficiary if the right to change the beneficiary has not been reserved.

Request for Change in Name

The name of the Insured has been changed for the reason shown.

Marriage By Court Order Divorce & Resumption of Former Name Name Incorrect on Certificate

Former Name was: _____

Present Name is: _____

Date of Qualifying Event: _____

In Each Case: Complete the Following Section

Insured's Signature: _____ City/State _____ Date: _____

Witness: _____ City/State _____ Date: _____
(SOMEONE OTHER THAN THE BENEFICIARY)

PLEASE RETAIN A COPY FOR YOUR RECORDS