AIG Me	ember Compai	nies of American Interi	national Group, Inc.	Member Companies of American International Group, Inc.			
Beneficiary Designation Form  American Home Assurance Company The Insurance Company of Pennsylvania National Union Fire Insurance Company AlG Life Insurance Company American International Life Assurance Co.				Beneficiary Designation Form		<ul> <li>□ American Home Assurance Company</li> <li>□ The Insurance Company of Pennsylvania</li> <li>□ National Union Fire Insurance Company</li> <li>□ AIG Life Insurance Company</li> <li>□ American International Life Assurance Co.</li> </ul>	
Insured Person's Name (please print): _				Insured Person's Name (please print): _			
	Last	First	Initial	: ! !	Last	First	Initial
Date Employed: _				Date Employed: _			
	Month	Day	Year	i : !	Month	Day	Year
Death Benefits to be F	Paid To:			Death Benefits to be F	Paid To:		
Relationship:				Relationship:			
Policy Holder:				Policy Holder:			
Name of Employer: _(if other than policyholder)				Name of Employer: _ (if other than policyholder)			
Signature of Insured Date			Signature of Insured			Date	
	ember Compai	nies of American Intern  American Home Assurance The Insurance Company of National Union Fire Insurance	national Group, Inc. Company Pennsylvania	!	mber Comp	Danies of American Interion  ☐ American Home Assurance ☐ The Insurance Company of ☐ National Union Fire Insurance	national Group, Inc. Company Pennsylvania
		I AIG Life Insurance Compani I American International Life A	y	: ! !		☐ AIG Life Insurance Compan☐ American International Life	у
Insured Person's Name (please print): _				Insured Person's Name (please print): _			
	Last	First	Initial	! : ! :	Last	First	Initial
Date Employed:				Date Employed: _			
	Month	Day	Year	: ! !	Month	Day	Year
Death Benefits to be F	Paid To:			Death Benefits to be F	Paid To:		
Relationship:				Relationship:			
Policy Holder:				Policy Holder: _			
Name of Employer: _(if other than policyholder)				Name of Employer: _ (if other than policyholder)			
				:			

Date

Signature of Insured

Date

Signature of Insured