

AIG

Member Companies of American International Group, Inc.

Beneficiary Designation Form

- ☐ American Home Assurance Company
☐ The Insurance Company of Pennsylvania
☐ National Union Fire Insurance Company
☐ AIG Life Insurance Company
☐ American International Life Assurance Co.

Insured Person's
Name (please print): _____

Last First Initial

Date Employed: _____

Month Day Year

Death Benefits to be Paid To: _____

Relationship: _____

Policy Holder: _____

Name of Employer: _____
(if other than policyholder)

Signature of Insured

Date

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