



Member Companies of American International Group, Inc.

BENEFICIARY DESIGNATION FORM

- AIG Life Insurance Company
- American International Life Assurance Company of New York
- American Home Assurance Company
- National Union Fire Insurance Company
- The Insurance Company of the State of Pennsylvania

Name (Print) _____
Last First Initial

Date Employed _____
Month Day Year

Death Benefits To Be Paid To _____

Relationship _____

Policyholder _____

Name of Employer (if other than Policyholder) _____

Policy Number _____

Signature of Insured _____ Date _____

If no beneficiary is designated, benefits will be paid in accordance with the policy provisions. The company acknowledges receipt of this form, but does not accept any responsibility for its validity or legal effect.