

Beneficiary Designation Form

Print or Type

Underwritten by: (check one)

- NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.
- AIG LIFE INSURANCE COMPANY
- AMERICAN INTERNATIONAL LIFE ASSURANCE COMPANY OF NEW YORK
- AMERICAN HOME ASSURANCE COMPANY
- THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Insured's Name

First

Middle

Last

Date Employed

Month

Day

Year

Death Benefits Paid to:

First

Middle

Last

Relationship

Policyholder

Name of Employer (if other than Policyholder)

Policy Number

Insured's Signature

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.