

**American General**  
Assurance Company

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Credit Union Name: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Account Number: \_\_\_\_\_

**BENEFICIARY FORM**

**Accidental Death & Dismemberment Insurance**

AMERICAN GENERAL ASSURANCE COMPANY is requested to record the following beneficiary designation. I hereby designate the person identified below as the beneficiary, revoking any other beneficiary designation and optional method of settlement election, such change to be effective in accordance with the terms and conditions of the group policy.

**Insured's Beneficiary**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Contingent Beneficiary (as needed)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Relationship: \_\_\_\_\_

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Member's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Please retain a copy of this form for your records.

**For Office Use Only**

The change requested is complete and recorded on behalf of American General Assurance Company subject to the terms and conditions of the group policy, and a copy returned for your files.

By: \_\_\_\_\_ Date: \_\_\_\_\_