



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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