



Request for Change of Beneficiary/Name Change

American General Life Insurance Company of Delaware*
Wilmington, Delaware

Administrative Office: P.O. Box 30066, Tampa, FL 33630-3066
Phone: 1-877-672-1648 Fax: 1-877-672-1650

*This company does not solicit business in New York.

Request For Change of Beneficiary

Group Policy Number: _____

Insured's Name: _____ Certificate Number: _____ / _____ / _____

In accordance to the terms of the above policy, request is made for Change of Beneficiary to:
(Indicate Full Name and Relationship - Example: Jane Doe, Wife, Not Mrs. John Doe.)

if surviving the Insured. Unless otherwise provided herein, if more than one beneficiary is named, payment shall be made in equal shares to the beneficiaries who survive the Insured; if no beneficiary survives the Insured, payment shall be made in accordance with the terms of the policy. The right to further change the beneficiary is reserved without the consent of the beneficiary.

Address of Beneficiary, if different from the Insured's: _____

Note: This form must be signed by the Insured or Owner and the Beneficiary if the right to change the Beneficiary has not been reserved.

Request for Change in Name

The name of the Insured has been changed for the reason shown.

Marriage By Court Order Divorce and Resumption of Former Name Name Incorrect on Certificate

FORMER NAME WAS: _____

PRESENT NAME IS: _____

Date of Qualifying Event _____

IN EACH CASE: COMPLETE THE FOLLOWING SECTION

Insured's Signature: _____ City/State _____ Date: _____

Witness: _____ City/State _____ Date: _____
(SOMEONE OTHER THAN BENEFICIARY)

PLEASE RETAIN A COPY FOR YOUR RECORDS.