



Change of Beneficiary / Assignment Form Instructions

Dear Certificate Holder:

You have downloaded one of the following Change of Beneficiary/Assignment forms, which is included in this document:

Form AMA-ASGT (changes the beneficiary and assignment to an individual or trust agreement)

Form AMA-ASGT2 (changes the assignment back to the insured)

Form AMA-BENE (names an individual, corporation or partnership as beneficiary; entities can be named as primary or as contingent)

Form AMA-PLW (names an individual as the primary beneficiary and the trustee designated in the last will and testament of the insured as the contingent beneficiary)

Form AMA-IVT (names a trust agreement as beneficiary)

Form AMA-TRT (names the trustee designated in the last will and testament of the insured as the beneficiary)

In order for AMA Insurance Agency, Inc. to process your request, please follow these instructions:

- * If necessary, download and refer to the Wording for Beneficiary Designations document for examples of the types of commonly requested beneficiary designations.
- * We can only accept original signatures on the form, not faxes or copies.
- * Please select your Group Policy Number/Plan Name at the top of the form.
- * Please write your Certificate Number on the form in the space provided.
- * For form AMA-ASGT and AMA-ASGT2, please provide us with three original copies of the form.
- * In the community property states of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Washington and Wisconsin, spouse's signature is required. If there is no spouse, please either note "never married" or include a copy of the death or divorced decree.
- * Please mail the completed forms to AMA Insurance Agency, Inc., 515 North State Street, Chicago, Illinois, 60610.

If you have any questions or need assistance, please call us toll-free at 800-458-5736, Monday through Friday from 8:00 a.m. to 5:00 p.m. Central Time. One of our Customer Care Specialists will be happy to assist you. Or, you may also contact us at wecare@amainsure.com (please note: email is not a secure method of communication. If your inquiry involves sensitive information, please call us at the toll-free number above).

Sincerely,

AMA Insurance Agency, Inc.

AMA Insurance Agency, Inc.,

a subsidiary of the American Medical Association

515 North State Street Chicago Illinois 60654 800 458 5736 www.amainsure.com

American General

Life Companies

The United States Life Insurance Company in the City of New York

New York, New York

A member company of American International Group, Inc.

Administrative Office: 3600 Route 66, P.O. Box 1586, Neptune, NJ 07754-1586

- Group Policy No. G-230,806 - 10 Year Level Term
- Group Policy No. G-230,807 - Group Level Term Life
- Group Policy No. G-230,808 - Term Life
- Group Policy No. G-230,809 - Level Term Life
- Group Policy No. G-236,329 - Accidental Death and Dismemberment
- Group Policy No. G-610,331 - Mature Decisions Life
- Group Policy No. G-610,376 - Level Term Life
- Group Policy No. G-230,810 - Term Life

Certificate Number: _____

(The Company and attendant Group Policy checked are hereinafter referred to as "United States Life Insurance Company" and "Group Policy," respectively.)

CHANGE OF BENEFICIARY AND ABSOLUTE ASSIGNMENT

Change of Beneficiary: The undersigned (hereinafter called the "Assignor") hereby revokes all prior Beneficiary Designations and Payees under said Group Policy and now designates the Assignee named below as Beneficiary and Payee of any and all monies which may become payable thereunder.

Absolute Assignment of Group Life and Accidental Death and Dismemberment Insurance: Having the intention to make a gift the Assignor hereby irrevocably assigns, transfers, sets over and conveys all right, title and interest and all incidents of ownership, both present and future, relating to the life and accidental death and dismemberment insurance on the life of the Insured provided by the Group Policy issued to the duly appointed Trustee of the American Medical Association (hereinafter called the Group Policyholder) and evidenced by any Certificate issued by United States Life Insurance Company and any Group Policy or Certificate issued as a revision thereof, together with all benefits and advantages to be derived therefrom to:

_____ of
 (Assignee)

 (number & street) (city) (state) (zip code)

(If the Assignment is to a Trust, please provide the name and address of the Trustee, as well as the name and date of the Trust Agreement).

By executing this Instrument, the Assignor assigns, transfers, sets over and conveys specifically any and all rights he has under the said Group Policy, including any rights set forth in any Certificates issued thereunder, to (1) change the Beneficiary, (2) convert the life insurance to a policy of individual life insurance as provided for in the Group Policy and (3) make any requisite contributions to maintain the insurance in force under the Group Policy, but this Enumeration of specific rights assigned and transferred hereby shall not be taken as excluding the transfer of any other rights of ownership which the Assignor may have it being the Assignor's intention to divest himself completely and irrevocably of all rights and all incidents of ownership and control.

It is understood and agreed that this beneficiary designation and assignment shall not become effective unless and until accepted by United States Life Insurance Company and until filed at the Home office in New York, New York. Upon acceptance by United States Life Insurance Company, a copy will be mailed to the Assignee. When accepted, this beneficiary designation and assignment shall take effect as of the date of its execution by the Assignor. United States Life Insurance Company assumes no responsibility for the validity, effect or sufficiency of the assignment.

In Witness Whereof, I have executed this Change of Beneficiary and Assignment at this _____ day of _____, 20_____. _____ (city, state)

Assignor (Please Type or Print)

Assignor's Signature

NOTE: If this assignment is to someone other than the spouse of the Assignor, the spouse of the Assignor must join in the execution of this assignment if the Assignor resides in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Wisconsin or Washington.

Assignor's Spouse, if required

ACCEPTANCE OF CHANGE OF BENEFICIARY AND ASSIGNMENT

The form of this Change of Beneficiary and Assignment has been approved by the Group Policyholder and its execution is hereby accepted by United States Life Insurance Company.

By _____