



## 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](mailto: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](http://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      Certificate Number: \_\_\_\_\_
- 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

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

## CHANGE OF BENEFICIARY

I, \_\_\_\_\_, to whom Certificate No. \_\_\_\_\_ under the Group Policy indicated above was issued or assigned, do hereby revoke my former direction as to payments, if any, due at the death of the Insured \_\_\_\_\_, and now authorize and direct payment, if any, to be made to:

The Trustees or Successors in Trust as are designated in and who duly qualify according to law as such under the Trust created by the instrument probated as the Last Will of the Insured (or Proposed Insured).

Provided, however, that if the Insured dies intestate or if his/her Last Will does not create a Trust and name a Trustee or if within six months after his/her death no Trustee has qualified under the last Will of the Insured, payment will be made to the Executors or Administrators of the Insured's estate.

It is understood and agreed that (a) the United States Life Insurance Company shall not be obligated to inquire into the terms of any Trust affecting the Certificate or the proceeds therefrom and shall not be chargeable with knowledge of the terms thereof and (b) that payment to and receipt by said Trustees, Successor Trustees, Executor or Administrator shall constitute a full discharge and release of the United States Life Insurance Company to the extent of such payment, binding on all persons and fiduciaries having any interest in the Certificate or the proceed therefrom.

I understand and agree that this change shall not be valid until acknowledged and countersigned by an Executive Officer of the United States Life Insurance Company at its Home Office in New York, New York, but that it will be effective on the date executed by the undersigned once acknowledged by the United States Life Insurance Company.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(city, state)

Signature of  
Owner \_\_\_\_\_

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

\_\_\_\_\_  
Owner's Spouse, if required

The United States Life Insurance Company hereby acknowledges the above Change of Beneficiary.

Countersigned at New York, New York, by \_\_\_\_\_

AMA-TRT (10/11)