



### Beneficiary Change Request

COMPANY CODE #	POLICY/CONTRACT NUMBER	INSURED/ANNUITANT NAME	STATE/OFFICE	AGENCY
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**CHANGE OF PRIMARY BENEFICIARY - Please Print (Contingent Beneficiary on Page 2)**  
**Primary Beneficiary information must always be completed.**

<b>Name</b>	<b>Age</b>	<b>Relationship</b>	<b>%</b>	<b>Phone #</b>
<b>Full Address</b>	<b>SSN</b>		<b>Email Address</b>	
<b>Name</b>	<b>Age</b>	<b>Relationship</b>	<b>%</b>	<b>Phone #</b>
<b>Full Address</b>	<b>SSN</b>		<b>Email Address</b>	
<b>Name</b>	<b>Age</b>	<b>Relationship</b>	<b>%</b>	<b>Phone #</b>
<b>Full Address</b>	<b>SSN</b>		<b>Email Address</b>	
<b>Name</b>	<b>Age</b>	<b>Relationship</b>	<b>%</b>	<b>Phone #</b>
<b>Full Address</b>	<b>SSN</b>		<b>Email Address</b>	

Check here if the Primary Beneficiary designation is intended to be irrevocable. If the box is **not** checked and the Company records the beneficiary change, the Primary Beneficiary designation shall be revocable.\*

If the designation of a Primary Beneficiary is made irrevocable, it cannot be changed except with the written consent of the irrevocable Primary Beneficiary. Further, no rights under the policy (e.g., policy loan, increase or decrease in coverage, assignment, partial or full surrender, Accelerated Benefit Rider claim, etc.) may be exercised by the Owner or any other person without the written consent of the irrevocable Primary Beneficiary.

A designation of a change of first or primary beneficiary will revoke all previously named beneficiaries of every class, and a designation of a change of second or contingent beneficiary will revoke all previously named beneficiaries of that class. A change of beneficiary requested herein shall not be effective unless recorded by the Company. The effective date of a recorded change shall be the date this request is signed, if signed during the lifetime of the person upon whose death benefit may be payable, whether or not said person is living when the change is recorded. A change of beneficiary is subject to any payment made or other action taken by the Company before the change is recorded.

**ACKNOWLEDGEMENT OF THIS CHANGE IS NOT AN ADMISSION THAT THE POLICY/CONTRACT IS IN BENEFIT OR THAT THE PERSON(S) SIGNING THE CHANGE REQUEST IS/ARE THE OWNER(S). A RECORDED CHANGE, NOT SIGNED BY THE OWNER(S), MAY NOT CONSTITUTE A VALID CHANGE OF BENEFICIARY OR NAME.**

I/we hereby request that any provision in the above numbered policy/contract requiring the endorsement of a change of beneficiary to be waived with the express understanding that such waiver, if granted, will relate only to this request of change of beneficiary. I/we warrant that the above numbered policy/contract is not in the possession of another person and that no other person has any present claim against it.

Owner Address: \_\_\_\_\_ Date \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

X \_\_\_\_\_  
 Witness (Non-Related)

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

X \_\_\_\_\_  
 Witness (Non-Related)

X \_\_\_\_\_  
 Other Required Signature

**CHANGE OF CONTINGENT BENEFICIARY - Please Print**

<b>Name</b>	<b>Age</b>	<b>Relationship</b>	<b>%</b>	<b>Phone #</b>
<b>Full Address</b>	<b>SSN</b>		<b>Email Address</b>	
<b>Name</b>	<b>Age</b>	<b>Relationship</b>	<b>%</b>	<b>Phone #</b>
<b>Full Address</b>	<b>SSN</b>		<b>Email Address</b>	
<b>Name</b>	<b>Age</b>	<b>Relationship</b>	<b>%</b>	<b>Phone #</b>
<b>Full Address</b>	<b>SSN</b>		<b>Email Address</b>	
<b>Name</b>	<b>Age</b>	<b>Relationship</b>	<b>%</b>	<b>Phone #</b>
<b>Full Address</b>	<b>SSN</b>		<b>Email Address</b>	

**AGLA**<sup>®</sup>

American General Life and Accident Insurance Company

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