

B. ASSIGNEE(S) INFORMATION

DESIGNATION OF PRIMARY BENEFICIARY:

X _____
(Name) (Relationship to Insured) (Address)

(Social Security #) (Email) (Phone #)

X _____
(Name) (Relationship to Insured) (Address)

(Social Security #) (Email) (Phone #)

DESIGNATION OF CONTINGENT BENEFICIARY:

X _____
(Name) (Relationship to Insured) (Address)

(Social Security #) (Email) (Phone #)

X _____
(Name) (Relationship to Insured) (Address)

(Social Security #) (Email) (Phone #)



American General Life and Accident Insurance Company

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