

**General Information**

Policy Number(s): \_\_\_\_\_ \*SSN: \_\_\_\_\_  
 \*Annuitant Name: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_

**Primary Beneficiary and Relationship**

\*Name: \_\_\_\_\_ \*Relationship: \_\_\_\_\_  
 \*Address: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
 Address 2: \_\_\_\_\_ \*SSN: \_\_\_\_\_  
 \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ \*Gender: \_\_\_\_\_ \*%: \_\_\_\_\_

**\*\*If more than 1 primary beneficiary please attach additional sheet** **\*\*Total of Percentages must equal 100%**

**Contingent Beneficiary and Relationship** *(If not indicated, will be estate)*

\*Name: \_\_\_\_\_ \*Relationship: \_\_\_\_\_  
 \*Address: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_  
 Address 2: \_\_\_\_\_ \*SSN: \_\_\_\_\_  
 \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip Code: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_  
 Email: \_\_\_\_\_ \*Gender: \_\_\_\_\_ \*%: \_\_\_\_\_

**\*\*If more than 1 contingent beneficiary please attach additional sheet** **\*\*Total of Percentages must equal 100%**

**Disclaimer**

If more than one primary beneficiary or contingent beneficiary is designated, and payment is to be made in equal shares, indicate the shares you would like to designate to each beneficiary in percentages (%) on the percentage area provided. If no allocation of payment is specified, the payment will be divided equally among the listed beneficiaries or all to the survivor. The Company shall not be liable for the application of proceeds paid to a named Trustee, nor be required to determine if a Trust is in effect. The Company may determine designated but unnamed beneficiaries by reliance on affidavits or satisfactory information and the Company is released from liability in reliance thereon. I request any policy provision which requires the policy be endorsed to change the beneficiary be waived. If the designation is in a form satisfactory to the Company, the change will be effective on the date signed by the Owner. If the annuitant dies before the change is recorded, the change will not affect payments already paid. Unless otherwise stated, the right to change the beneficiary is reserved. You should check with your legal advisor to make sure your beneficiary designation reflects your intent.

**When recorded this request will void any previous designations.**

\*Signature of Annuitant or Legal Representative \_\_\_\_\_ \*Date of Annuitant or Legal Representative Signature \_\_\_\_\_  
 \*Signature of Joint Annuitant (If Applicable) \_\_\_\_\_ \*Date of Joint Annuitant Signature \_\_\_\_\_

**Home Office Use Only**

Acknowledgement Date: \_\_\_\_\_  
 Authorized Signature: \_\_\_\_\_

## Beneficiary Form Instructions

### Instructions

This form should be completed in full, printed, signed by the annuitant or legal representative, and then submitted to American General Life (AGL) via email, facsimile or mail.

Email: request@structuresag.com

Facsimile: (806) 349-5802

Mail: American General Life Companies  
Attn: Structured Settlements Department  
P.O. Box 15367  
Amarillo, TX 79105-5367

**NOTE: Only signed forms will be considered and processed.**

**The form must be filled out in Black Ink only.**

Please contact us if you have any questions.