

**AIG Life Insurance Company**  
**Beneficiary Designation**

Employee's  
Name (Print)

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Initial

Date Employed

\_\_\_\_\_

Mo.

\_\_\_\_\_

Day

\_\_\_\_\_

Year

Death Benefits To Be Paid To:

Relationship:

Policy Issued To:

Policy Number:

\_\_\_\_\_

Signature of Employee

\_\_\_\_\_

Date