



Change of Beneficiary Form

POLICY INFORMATION		
Insured/Annuitant Name	Insured/Annuitant Social Security #	Policy/Contract #(s)
Owner(s) Name(s)	Owner(s) Social Security #(s)	
Owner(s) Phone #	Owner(s) Email Address	
BENEFICIARY INFORMATION		
American Savings Life Insurance Company is hereby requested to revoke all prior beneficiaries and optional modes of settlement (if any) and change the beneficiaries of this contract to the following:		
Beneficiary: <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent		
Beneficiary/Trust Name	Phone #	
Address	Relationship	
Social Security # / Trust ID #	Date of Birth/Trust	Share Percentage (leave blank for equal distribution)
Beneficiary: <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent		
Beneficiary Name	Phone #	
Address	Relationship	
Social Security #	Date of Birth	Share Percentage (leave blank for equal distribution)
Beneficiary: <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent		
Beneficiary Name	Phone #	
Address	Relationship	
Social Security Number	Date of Birth	Share Percentage (leave blank for equal distribution)
Beneficiary: <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent		
Beneficiary Name	Phone #	
Address	Relationship	
Social Security Number	Date of Birth	Share Percentage (leave blank for equal distribution)



AMERICAN SAVINGS LIFE INSURANCE COMPANY

935 E. Main Street, Mesa, Arizona 85203-8849

(480) 835-5000 | (800) 880-2112

www.AmericanSavingsLife.com

Beneficiary: <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent		
Beneficiary Name		Phone #
Address		Relationship
Social Security Number	Date of Birth	Share Percentage (leave blank for equal distribution)

Beneficiary: <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent		
Beneficiary Name		Phone #
Address		Relationship
Social Security Number	Date of Birth	Share Percentage (leave blank for equal distribution)

Beneficiary: <input type="checkbox"/> Primary or <input type="checkbox"/> Contingent		
Beneficiary Name		Phone #
Address		Relationship
Social Security Number	Date of Birth	Share Percentage (leave blank for equal distribution)

ACKNOWLEDGEMENT AND AUTHORIZATION

The following applies to each person signing this Request: I am waiving any contract provision that requires sending the contract to American Savings Life Insurance Company for the purpose of endorsing this change of beneficiary. This request for a change of beneficiary will officially become a part of this contract as of the date specified in the contract, without holding American Savings Life Insurance Company accountable for any action taken prior to acknowledging this change.

The undersigned certify that no person, firm, or corporation other than the undersigned has any interest in this policy.

I hereby acknowledge that I have read and understand this Request in its entirety, and represent and certify that, to the best of my knowledge, the above information is correct.

Signature of Owner	Printed Name	Date
Signature of Joint Owner <i>(If jointly owned)</i>	Printed Name	Date
Signature of Witness <i>(Disinterested party)</i>	Printed Name	Date