

AMERICAN SAVINGS LIFE INSURANCE COMPANY

935 E. Main Street, Mesa, Arizona 85203-8849 (480) 835-5000 | (800) 880-2112 www.AmericanSavingsLife.com

Change of Beneficiary Form

	POLICY INF	ORMATION					
Insured/Annuitant Name		Policy/Contract Number(s)					
Owner(s) Name(s)		Owner's Social Security Nu	mber(s)				
		owner o coolar coolarity i ta					
Owner(s) Phone #		Owner(s) Email Address					
	BENEFICIARY	NFORMATION					
American Savings Life Insurance Company	is hereby reques	sted to revoke all prior benefic	ciaries and optional modes of				
settlement (if any) and change the beneficia			oranio and optional modes of				
Primary Beneficiary							
Primary Beneficiary Name	1 minary D	chenetal y	☐ Check if a Trust or other				
rimary beneficiary Name			Entity				
			Littly				
Address			Relationship				
			· ·				
Social Security Number	Date of Birth	Share Percentage (lea	ave blank for equal distribution)				
			1				
Primary Beneficiary Name			☐ Check if a Trust or other				
			Entity				
Address			Relationship				
Addicas			relationship				
Social Security Number	Date of Birth	Share Percentage (lea	ave blank for equal distribution)				
•			,				
Primary Beneficiary Name			☐ Check if a Trust or other				
			Entity				
A 1 1			B.L.:				
Address			Relationship				
Social Security Number	Date of Birth	Share Percentage (lea	ave blank for equal distribution)				
Goolal Gooding Namber	Date of Birth	Chare i crocmage (ice	ave blank for equal distribution)				
Contingent Beneficiary							
Contingent Beneficiary Name			☐ Check if a Trust or other				
			Entity				
Address			Relationship				
Social Socurity Number	Data of Dieth	Chara Paraantaga (la	ave blook for equal distribution				
Social Security Number	Date of Birth	Share Percentage (lea	ave blank for equal distribution)				



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Contingent Beneficiary (continued)							
Contingent Beneficiary Name			☐ Check if a Trust or other Entity				
Address			Relationship				
Social Security Number	Date of Birth	Share Percentage (leav	ve blank for ec	qual distribution)			
Contingent Beneficiary Name			☐ Check if a	Trust or other			
Address			Relationship				
Social Security Number	Date of Birth	Share Percentage (leav	ve blank for ec	qual distribution)			
ACKNO	WLEDGEMENT 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 N			Date			
Signature of Joint Owner (if jointly owned)	Printed N	lame		Date			
Signature of Irrevocable Beneficiary (if applicable)	Printed N	Printed Name		Date			
Signature of Spouse (if married & Primary Beneficiary is not Spo	puse)	Printed Name		Date			
Signature of Witness (can be the insurance/annuity agent)	Printed N	lame		Date			