

AMERICAN SAVINGS LIFE INSURANCE COMPANY

(480) 835-5000 • 1-800-880-2112
935 East Main Street, Suite 100
Mesa, AZ 85203-8849

POLICY BENEFICIARY CHANGE FORM

Endorse the following changes on my policy:
(Please print clearly)

Insured's Name

Insured's Birth Date

Policy Number

Change Primary Beneficiary From:

Prior Primary Beneficiary's Name

To:

New Primary Beneficiary's Name

New Beneficiary's Relationship to Insured:

New Contingent Beneficiary:

(to become Beneficiary in event of Primary Beneficiary's death):

Contingent Beneficiary's Relationship to Insured:

These changes are requested this day of , 20 , by:

OWNER'S SIGNATURE:

Signature: _____

Printed Name

Phone Number