

## Transfer on Death (TOD) Beneficiary Designation Form

Please note that Transfer on Death Beneficiary Designations are not available to residents in all jurisdictions. Also note that TOD Accounts are subject to receipt and acceptance by American Savings Life Insurance Company ("ASLIC"). No TOD designation will be effected until required documentation is received and accepted.

### Account Information

<b>Primary Account Holder Name</b> _____	<b>ASLIC Account Number</b> _____
<b>Entity/Business/Trust Name</b> _____	
<b>Social Security or Taxpayer ID Number</b> _____	<b>Date of Birth</b> _____
<b>Joint Account Holder/Trustee Name (if any)</b> _____	
<b>Social Security or Taxpayer ID Number</b> _____	<b>Date of Birth</b> _____

### Beneficiary Designation

To American Savings Life Insurance Company ("You" or "Your" or "ASLIC"):

I (We) wish to create a transfer on death ("TOD") registration for the account listed above. I (We) hereby designate the person(s) identified below ("Beneficiary(ies)") to receive all monies, securities and other assets held in the account listed above upon my (our) death, or the death of the last surviving account owner in the case of a joint account. I (We) may change the designation of the beneficiary (ies) only by completing a new Transfer on Death Beneficiary Designation Form. The Beneficiary Designation may not be revoked or changed by will, codicil, trust document or other testamentary document. You may rely on the latest Beneficiary Designation in your possession and no change in Beneficiary shall be effective until actually received and accepted by you.

I (We) understand that because of the complex legal and tax issues involved, you cannot advise whether the TOD designation is appropriate for tax or estate planning. I (We) acknowledge that the ability to register a securities account in TOD form is created by state law and not all states have enacted such laws. I (We) understand that I (we) should consult my (our) own legal and tax advisors before electing or revoking the TOD account designation as I (we) deem appropriate.

This Beneficiary Designation is:     An Original TOD     A Beneficiary Designation Change to an Existing TOD

I (We) hereby designate the person(s) named below as beneficiary(ies) to receive the assets remaining in the account listed above upon my (our) death, or the death of the surviving account owner if the account is owned by more than one person:

<b>Beneficiaries (If a trust, please provide trust name, names of all trustees and date established.)</b>			
1.	Name: _____	%Share*: _____	Relationship: _____
2.	Address: _____	Telephone: _____	
3.	Date of Birth: _____	Social Security/Taxpayer ID Number: _____	
1.	Name: _____	%Share*: _____	Relationship: _____
2.	Address: _____	Telephone: _____	
3.	Date of Birth: _____	Social Security/Taxpayer ID Number: _____	
1.	Name: _____	%Share*: _____	Relationship: _____
2.	Address: _____	Telephone: _____	
3.	Date of Birth: _____	Social Security/Taxpayer ID Number: _____	

**\*Please note: Share totals must equal 100%. Do not use percentages or dollar amounts.**

I (We) understand that upon my death or at the death of the surviving account owner if the account is owned by more than one person, you may require my (our) Beneficiary(ies) to provide you with certain documents as you may deem necessary prior to moving my assets from my (our) TOD account into the Designated Beneficiary(ies') account(s).

I (We) herewith surrender all American Savings Life Insurance Company stock certificates in my (our) possession, totaling \_\_\_\_\_ shares, and agree that American Savings Life Insurance Company may register and hold the securities in my (our) TOD account in "book form" and that a separate certificate evidencing the shares will not be required.

In consideration for establishing this registration and accepting the Beneficiary Designation, I (we) (including my (our) estate(s) , heirs, spouse, successors in interest, and all Beneficiaries named herein) shall indemnify and hold harmless American Savings Life Insurance Company (and affiliates, directors, officers, control persons, agents and employees thereof) from and against all claims, actions, costs, and liabilities, including attorney's fees, by any person or entity arising out of or relating to this account registration and transfers hereunder.

Miscellaneous Provisions

- American Savings Life Insurance Company reserves the right to refuse to accept or renew this TOD Beneficiary Designation Form and may terminate it at any time in its sole discretion and for any reason.
- If any provision hereof is or at any time should become inconsistent with any present or future law, rule or regulation of any securities or commodities exchange or of any state or other sovereign government or an agency or regulatory body thereof, and if any of these entities have jurisdiction over the subject matter of this TOD Beneficiary Designation Form, said provision shall be deemed to be superseded or modified to conform to such law, rule or regulation, but in all other respects the TOD Beneficiary Designation Form shall continue and remain in full force and effect.
- The provisions of this TOD Beneficiary Designation Form, including the indemnities stated herein, shall be binding upon the Account Holder's estate, Beneficiaries, heirs, executors, administrators, successors and assigns, shall inure to the benefit of American Savings Life Insurance Company, its respective successors, assigns and affiliated companies, and shall survive the termination of this TOD Beneficiary Designation Form or the TOD Account.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY**

Account Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Account Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse (if required)\* \_\_\_\_\_ Date \_\_\_\_\_

\*Note: Spouse's signature is required if the spouse and/or Account Holder resides in Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin, and the spouse is not an account holder or named as the sole primary beneficiary. By signing, the spouse voluntarily and irrevocably consents to the beneficiary designation and American Savings Life Insurance Company paying all sums due upon death as designated above subject to the provisions of this Transfer on Death (TOD) Beneficiary Designation Form.

STATE OF _____ ) _____ ) ss. COUNTY OF _____ )	This instrument above was acknowledged before me this _____ day of _____, 20____, by: _____ and _____
IN WITNESS WHEREOF, I have hereunto set my hand and official seal.	
_____ My Commission will expire:	_____ Notary Public