



Change of Beneficiary Form

POLICY INFORMATION			
Insured/Annuitant Name	Policy/Contract Number(s)		
Owner(s) Name(s)	Owner's Social Security Number(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:			
Primary Beneficiary			
Primary Beneficiary Name			<input type="checkbox"/> Check if a Trust or other Entity
Address		Relationship	
Social Security Number	Date of Birth	Share Percentage (leave blank for equal distribution)	
Primary Beneficiary Name			<input type="checkbox"/> Check if a Trust or other Entity
Address		Relationship	
Social Security Number	Date of Birth	Share Percentage (leave blank for equal distribution)	
Primary Beneficiary Name			<input type="checkbox"/> Check if a Trust or other Entity
Address		Relationship	
Social Security Number	Date of Birth	Share Percentage (leave blank for equal distribution)	
Contingent Beneficiary			
Contingent Beneficiary Name			<input type="checkbox"/> Check if a Trust or other Entity
Address		Relationship	
Social Security Number	Date of Birth	Share Percentage (leave blank for equal distribution)	



Contingent Beneficiary (continued)		
Contingent Beneficiary Name		<input type="checkbox"/> Check if a Trust or other Entity
Address		Relationship
Social Security Number	Date of Birth	Share Percentage (leave blank for equal distribution)
Contingent Beneficiary Name		<input type="checkbox"/> Check if a Trust or other Entity
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 Irrevocable Beneficiary <i>(if applicable)</i>	Printed Name	Date
Signature of Spouse <i>(if married & Primary Beneficiary is not Spouse)</i>	Printed Name	Date
Signature of Witness <i>(can be the insurance/annuity agent)</i>	Printed Name	Date