

# Request for Change of Beneficiary/Name Change

The United States Life Insurance Company in the City of New York  
Member of American International Group, Inc.  
3600 Route 66 • PO Box 1583  
Neptune, NJ 07754-1583

## Request For Change of Beneficiary

Group Policy Number: \_\_\_\_\_

Insured's Name: \_\_\_\_\_ Certificate Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

In accordance to the terms of the above policy, request is made for Change of Beneficiary to:  
(Indicate Full Name and Relationship - Example: Jane Doe, Wife, Not Mrs. John Doe. See Following Page for Examples)

if surviving the Insured. Unless otherwise provided herein, if more than one beneficiary is named, payment shall be made in equal shares to the beneficiaries who survive the Insured; if no beneficiary survives the Insured, payment shall be made in accordance with the terms of the policy. The right to further change the beneficiary is reserved without the consent of the beneficiary.

Address of Beneficiary, if different from the Insured's: \_\_\_\_\_

Note: This form must be signed by the Insured or Owner and the Beneficiary if the right to change the Beneficiary has not been reserved.

## Request for Change in Name

The name of the Insured has been changed for the reason shown.

Marriage  By Court Order  Divorce and Resumption of Former Name  Name Incorrect on Certificate

FORMER NAME WAS: \_\_\_\_\_

PRESENT NAME IS: \_\_\_\_\_

Date of Qualifying Event \_\_\_\_\_

### IN EACH CASE: COMPLETE THE FOLLOWING SECTION

Insured's Signature: \_\_\_\_\_ Dated at \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Dated at \_\_\_\_\_ Date: \_\_\_\_\_  
(SOMEONE OTHER THAN BENEFICIARY)

### THIS FORM MUST BE EXECUTED IN DUPLICATE BY THE INSURED

Note: Both copies should be submitted to The United States Life Insurance Company for approval and recording after which one copy will be returned to be attached to the certificate.

### TO BE COMPLETED BY THE INSURANCE COMPANY

This is to certify that a copy of the Above Request is filed on record with THE UNITED STATES LIFE INSURANCE COMPANY IN THE CITY OF NEW YORK.

Dated at Neptune, New Jersey on \_\_\_\_\_

ATTORNEY-IN-FACT

**CHANGE OF BENEFICIARY EXAMPLES**

- **Estate** The executors or administrators of the insured.
- **One Beneficiary** Mary J. Doe wife of the insured.
- **Primary Beneficiary & One Secondary Beneficiary** Mary J. Doe, wife of the Insured, if living, otherwise to John Doe, son of the insured.
- **Primary Beneficiary & Two or Secondary Beneficiaries** Mary J. Doe wife of the Insured, if living, otherwise to John K. Doe, William B. Doe and Helen S. Smith, Children of the Insured, if living, in equal shares or all to the survivor/s.
- **Primary Beneficiary & Unnamed Children as Second Beneficiaries** Mary J. Doe, wife of the Insured, if living, otherwise to any living children born of the marriage of the insured and the said Mary J. Doe, in equal shares or all to the survivor/s.
- **Two or More Primary Beneficiaries** Mary J. Doe, wife of the Insured, John K. Doe and William B. Doe, children of the Insured, if living, in equal shares or all to the survivor/s.
- **Class Beneficiaries** Any living children born of the marriage of the Insured and Mary J. Doe, wife of the Insured, in equal shares or all to the survivor/s.
- **Two or More Equal Parts** In two equal parts, one such part to Mary J. Doe, wife of the Insured, if living, otherwise to Harriet L. Doe and Katherine Doe, sisters of the Insured in equal shares or all to the survivor; one such part to the said Harriet L. Doe and Katherine A. Doe, if living, in equal shares or all to the survivor, otherwise Mary J. Doe, wife of the Insured.
- **Common Disaster** Mary J. Doe, wife of the insured, if living (insert number) hours the death of the Insured.
- **Trustee** The .....(insert name)..... Trust Company, as a Trustee under Trust Agreement .....(insert date)..... and payment to said Trustee shall discharge the Company from any and all obligations for such payment.