



AIG Accident & Health
PERSONAL ACCIDENT BENEFICIARY FORM

Underwritten by: **National Union Fire Insurance Company of Pittsburgh, Pa., New York, New York**

Group policy name: _____ Group policy number: _____

Insured's name: _____ Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____

Unless otherwise indicated below, 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. Use additional sheet if more beneficiaries are needed.

BENEFICIARY—PRIMARY Name: _____ Percentage: _____

Relationship: _____ Social security number: _____

Date of birth: _____ Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____

BENEFICIARY—SECONDARY Name: _____ Percentage: _____

Relationship: _____ Social security number: _____

Date of birth: _____ Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____

BENEFICIARY—ADDITIONAL Name: _____ Percentage: _____

Relationship: _____ Social security number: _____

Date of birth: _____ Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____

BENEFICIARY—ADDITIONAL Name: _____ Percentage: _____

Relationship: _____ Social security number: _____

Date of birth: _____ Phone number: _____

Address: _____

City: _____ State: _____ Zip: _____

Insured's signature: _____ Date: _____