

# American Life

## SUPPLEMENTAL BENEFICIARIES FOR ANNUITY CONTRACT

<b>OWNER</b>		
First	MI	Last

<b>ADDITIONAL BENEFICIARY DESIGNATION</b> <i>(Use as many "Supplemental Beneficiaries" forms as necessary)</i> Percentages must be in whole numbers. <b>Both Primary and Contingent Beneficiary percentages must each add up to 100%.</b>						
Primary First	MI	Last Name	Address, City, State, Zip	Relationship	SSN/TIN	%
				Date of Birth		
<input type="checkbox"/> Per Stirpes						
Primary First	MI	Last Name	Address, City, State, Zip	Relationship	SSN/TIN	%
				Date of Birth		
<input type="checkbox"/> Per Stirpes						
Primary First	MI	Last Name	Address, City, State, Zip	Relationship	SSN/TIN	%
				Date of Birth		
<input type="checkbox"/> Per Stirpes						
Contingent First	MI	Last Name	Address, City, State, Zip	Relationship	SSN/TIN	%
				Date of Birth		
<input type="checkbox"/> Per Stirpes						
Contingent First	MI	Last Name	Address, City, State, Zip	Relationship	SSN/TIN	%
				Date of Birth		
<input type="checkbox"/> Per Stirpes						
Contingent First	MI	Last Name	Address, City, State, Zip	Relationship	SSN/TIN	%
				Date of Birth		
<input type="checkbox"/> Per Stirpes						

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Joint Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this form by mail, email ([customerservice@american-life.com](mailto:customerservice@american-life.com)), or by faxing to (402) 489-8295.

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