

Life and Health Beneficiary Change Form

Please check the box next to your insurance company's name.

- ManhattanLife Insurance and Annuity Company Manhattan Life Family Life Western United Life
- American General Life Insurance
(Administered by ManhattanLife)

IMPORTANT: PRIOR TO COMPLETING THIS FORM PLEASE READ INSTRUCTIONS ON REVERSE SIDE OF THIS FORM

Policy Number	Insuring the Life of:
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The following designation cancels all prior beneficiary and settlement designations under the above-numbered policy. Proceeds will be paid as designated below. Only the legal owner of the policy may change a beneficiary designation.

If change is due to divorce, please submit a copy of the divorce decree. If the change is due to death, please submit a copy of the death certificate.

PRINCIPAL BENEFICIARY, or Principal Beneficiaries in equal shares, the survivor or survivors						
Name (first, middle initial, last)	Percent	Irrevocable	Date of Birth	Relationship to Insured**	Present Address	Social Security Number
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				

CONTINGENT BENEFICIARY, or Contingent Beneficiaries in equal shares, the survivor or survivors						
Name (first, middle initial, last)	Percent	Irrevocable	Date of Birth	Relationship to Insured**	Present Address	Social Security Number
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				

****If relationship is "trustee," select one of the following: (Provide Copy)**

- Trust is created by the Insured's Will and Testament and paragraph 1 on Page 2 under "Trustee Designations" applies.
- Trust has already been created by a written document dated and is now in effect (an inter vivos or living trust). Paragraph 2 on Page 2 under "Trustee Designations" applies.

COMMUNITY PROPERTY RELEASE	
Current community property laws prohibit any transactions from being processed to certain annuities and life insurance contracts without the signature of the contract owner's spouse. This section is applicable for Community Property states (AZ, CA, ID, LA, NV, NM, TX, WA and WI). Determination of Community Property status depends on the current or former resident state of the policy/certificate owner.	
Spouse's/Former Spouse's Signature _____	Date _____
Spouse's/Former Spouse's Name (print or type) _____	Date _____
Spouse's/Former Spouse's Name (print or type) _____	Date _____
Spouse's/Former Spouse's Name (print or type) _____	Date _____
<input type="checkbox"/> The owner certifies that this policy is not subject to Community Property laws due to the following reason: _____	
Owner's Signature _____	
Date _____	

AGREEMENTS AND SIGNATURES		
I hereby consent to the above designation.		
Policyowner Name (print) _____	Policyowner Signature _____	Date _____
Daytime Telephone Number Between 8am-4pm CST _____	Current Beneficiary Signature (If Irrevocable Beneficiary) _____	Date _____
Witness _____	Relationship _____	Date _____

ENDORSEMENT/ACKNOWLEDGEMENT BY COMPANY	
The above indicated company acknowledges receipt, on this date, of the foregoing instrument at its Administrative Office, and has filed the request or requests therein contained, subject, however, to the express condition that the policy is in full force on the date of such instrument.	
Date _____	By Authorized Company Representative _____
AFTER ACKNOWLEDGEMENT BY THE COMPANY, THIS FORM SHOULD BE FILED WITH THE POLICY.	



Important: Not all policies allow the designation of beneficiaries. Read your policy prior to submitting this form to determine whether your policy has a beneficiary designation clause.

The full name of each person named to appear as a beneficiary on this policy should be shown, as well as the relationship of the individual to the Insured. If more than one party is named as either a primary or secondary beneficiary, the manner in which proceeds are to be divided should be indicated:

1. Complete a separate request for change of beneficiary for each policy to be changed and return to the Company for processing.
2. When a married woman is named as a beneficiary, show her first, maiden and married names. For example, if Mary Evelyn Doe married John Smith, show her name as Mary Doe Smith.
3. If unnamed children are to be beneficiaries, specify one of the following: "my lawful children" or "children born of my marriage to (name of spouse)."
4. It is not necessary to name contingent beneficiaries; however, space has been provided for first and second beneficiaries, if desired. Note any payment to a second contingent beneficiary will be made in one sum (not left with the Company).
5. Do not submit the policy with this form unless requested.
6. If you live in a Community Property state and you are indicating this policy is not subject to Community Property laws, please indicate why in the space provided and provide a copy of supporting documentation (i.e. divorce decree, death certificate, etc..)
7. If you are adding a new beneficiary and you wish to make them an irrevocable beneficiary, check the "Yes" box in the space provided on the form. **IMPORTANT:** Please note, if you designate an irrevocable beneficiary, their witnessed signature will be required for any future beneficiary changes, including removal of the irrevocable beneficiary.
8. If the current beneficiary(ies) is/are irrevocable beneficiary(ies), then you must obtain the signature(s) of the irrevocable beneficiary(ies) in order to make changes to your beneficiary designations.

PROVISIONS

This change of beneficiary, upon filing in the Home Office of the Company, shall be effective as of the date stated in the policy provision upon home office approval. If the policy does not provide an effective date, the effective date will be the date the home office approves the change. Once the change is approved it will be valid whether or not the Insured is living when the request is approved.

The following provisions will apply to this change even though the policy may state otherwise:

- The word "Insured" shall mean "Annuitant" where applicable. The word "Contract" is deemed substituted for the word "Policy" where applicable.
- Payment of proceeds to any beneficiary is subject to the interest of any assignee, if such assignment is in force and on file at the Home Office of the Company.
- Any payment to a minor beneficiary shall be made to the legally appointed guardian of his or her estate, unless otherwise permitted by law.
- Any provision of the said policy which might be deemed to require that the said policy be delivered to the Company for endorsement of the Beneficiary change is hereby expressly waived; provided, however, that the Company may nevertheless require the presentation of said policy at the Home Office of the Company for endorsement.
- All payments to be made hereunder to any of the beneficiaries named herein are for the sole use and benefit of said beneficiaries unless otherwise provided herein. Except as the laws of any state having jurisdiction in the premises may otherwise provide, no beneficiary hereunder shall have any right to assign, transfer, hypothecate, encumber, or anticipate his interest in any benefits or payments under the provisions hereof and such benefits or payments shall not be subject to the claim of creditors of any said beneficiaries nor shall they be subject to any legal process against any of said beneficiaries.

TRUSTEE DESIGNATIONS

The Company shall not be obligated to inquire into the terms of any trust affecting the policy or the proceeds payable and shall not be chargeable with knowledge of the terms thereof. Payment to and receipt by the Insured's trustees, executors, administrators, or assigns shall fully discharge all liability of the Company to the extent of such payment.

1. Payment shall be made in one sum to the trustee or trustees named in the last will and testament of the Insured, or their successors, provided, however, that if no last will and testament naming a trustee has been admitted to probate within 90 days after the date of death of the Insured, or if the will submitted to probate within such 90 days names a trustee shall have qualified within one year after the date of death of the Insured, payment of proceeds of the policy shall be made in one sum to the second beneficiary, if living; otherwise to the estate of the Insured.
2. Payment shall be made in one sum to the designated trustee, or its successors in trust, under that trust, under that trust agreement, and supplements and amendments thereto, if the agreement shall be in force at the death of the Insured, and, if not, to the second beneficiary, if living; otherwise to the estate of the Insured.

Submit Completed Form to:

Policyholder Services, P.O. Box 925989, Houston, TX 77292