



**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: \_\_\_\_\_