



SUPPLEMENTAL BENEFICIARIES
FOR LIFE POLICY AND ANNUITY

OWNER		
First	MI	Last

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

Owner's Signature _____

Date _____

Joint Owner's Signature _____

Date _____

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

1020 BENESUPP 001 10/19