

# American General Life Insurance Company



Name: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_

## Change Form NBFSA Accidental Death & Dismemberment Insurance

**1. Please change amount of Supplemental Coverage to:**

Individual	Family	Individual	Family	Individual	Family	Individual	Family
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$10,000		\$40,000		\$80,000		\$150,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$20,000		\$50,000		\$90,000		\$200,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$30,000		\$60,000		\$100,000		\$250,000
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	Other: _____						\$300,000

**2. I want to Change: (Check Appropriate Box)**

<input type="checkbox"/> Cancel all Coverage	<input type="checkbox"/> Cancel Supplemental Coverage (Basic Coverage remains in effect)
<input type="checkbox"/> Cancel Family Coverage (Leaves Individual Coverage)	<input type="checkbox"/> Add Family Coverage

**3. Change my name or address:**

Name From: \_\_\_\_\_

To: \_\_\_\_\_

Address From: \_\_\_\_\_

To: \_\_\_\_\_

Account From: \_\_\_\_\_  Checking  Savings  
To: \_\_\_\_\_  Checking  Savings

ABA#

**4. Change Beneficiary to:**

Beneficiary Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

Beneficiary Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

**Insured's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For questions please contact your plan administrator at 1-877-815-4685