



13. Beneficiary Designation and Statement of Payee's Rights to Alter such Beneficiary Designation, if any:

### Description of Periodic Payments

Assignor:

Assignee: AMERICAN GENERAL ANNUITY SERVICE CORP.

By: \_\_\_\_\_  
Authorized Representative

By: \_\_\_\_\_  
Authorized Representative

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Claimant:

Approved as to Form and Content:

By: \_\_\_\_\_  
Claimant

By: \_\_\_\_\_  
Claimant's Attorney