



American Income Life - Beneficiary Card

\$4,000 Member & Retiree Accidental Death & Dismemberment Benefit



AMERICAN INCOME LIFE
insurance company

NAME: LAST FIRST MIDDLE

YOUR DATE OF BIRTH

ADDRESS

YOUR HOME PHONE / CELL PHONE

CITY STATE ZIP CODE

BENEFICIARY

EMAIL

RELATIONSHIP

Yes, I want Child Safe Kits for my family. # of Kits requested: _____

Bargaining Unit: BU2 BU3 BU4 BU6 BU8 BU9 BU13 BU14 BU15 Excluded Retiree Associate

By returning this reply card, member agrees to be contacted by an AIL representative/agent.

+ ASG00F0119 +

**PLEASE RETURN THIS CARD
IN THE POSTAGE-PAID ENVELOPE PROVIDED**