

# Business Travel Accident Insurance

**AIG Life Insurance  
Company**

**Board of Governors of the  
Federal Reserve System**

**Beneficiary Designation**

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Insured Employee's

Name (Print): \_\_\_\_\_  
Last First Initial

Date Employed: \_\_\_\_\_  
Month, Day, Year

Death Benefits to Be Paid To: \_\_\_\_\_

Relationship: \_\_\_\_\_

Policyholder: Federal Reserve System

Name of Employer (if other than Policyholder): \_\_\_\_\_

Policy Number: GTP 8045786

\_\_\_\_\_  
Signature of Insured Employee Date

AIG Life Insurance Company does not accept any responsibility for the  
validity or legal effect of this form

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