

BENEFICIARY DESIGNATION FORM

for AMERICAN AIRLINES, INC.

INSTRUCTIONS

Please print clearly in CAPITAL LETTERS, using only blue or black ink. Do not use correction fluid. If you need to change information that you entered, you will need to complete a new form. If you have any questions, call the service center at (800) 354-3412, Monday through Friday, between 8:30 a.m. and midnight ET, to speak with a service center representative.

Complete all applicable sections. If the form is missing information, the form will be returned to you. The beneficiary designation should not include wording such as "either/or" or "and/or."

Beneficiary designations can also be made or changed online at any time by logging onto www.netbenefits.com/aa.

Mail to the following address:

Fidelity Investments, P.O. Box 770003, Cincinnati, OH 45277-0088

If you wish to return your forms using overnight mail, please address your package to:
Fidelity Investments, 100 Crosby Parkway, Mail Zone KC1F, Covington, KY 41015

BENEFICIARY TYPES

A beneficiary is a person, institution, charitable organization, irrevocable Trust, revocable Trust, or Trust named by you, the participant, to receive payment of benefits provided under the plan in the event of your death. You may designate more than one beneficiary who will share the benefit. You may designate one or more contingent beneficiaries. Contingent beneficiaries will only be entitled to receive payment if none of the primary beneficiaries survive you.

Naming an estate: Letters of appointment issued by the court naming the executor or administrator of the estate must be provided when a claim is filed. Please consult your attorney for advice on the effect of this designation. No additional legal documentation is required at this time.

Naming a trust: Provide the name, date and tax identification number of the trust (if available). If there has not been a tax identification number assigned to the trust, provide your Social Security number. The trust must be established prior to the date this form is submitted. **Do not send a copy of the trust agreement.** If available, also provide the name and address of one trustee.

Naming an organization: Please provide the name and address. Although not required at this time, include the tax identification number if it is available.

FREQUENTLY ASKED QUESTIONS

What is a Primary Beneficiary? A primary beneficiary is your first choice to receive life insurance proceeds.

What is a Contingent Beneficiary? A contingent beneficiary is your second choice to receive the life insurance proceeds if the primary beneficiary(ies) is (are) not living at the time of the employee's death. **Do not enter the same names you have entered as primary beneficiary(ies).**

Can I designate my will as a beneficiary? If you wish to have your plan benefit disbursed in accordance with the terms of your will, you should designate your estate as your beneficiary.

What if I assigned my life insurance coverage to another party? If you are not the owner of your life insurance coverage (you have an applicant owner or have assigned your life insurance coverage to another party), you are not allowed to make beneficiary designations for that plan.

EXAMPLE

The following image provides examples of how to assign a beneficiary designation for a spouse, trust, and estate.

C. PRIMARY BENEFICIARY INFORMATION

The sum of the percentages must equal 100%. If you would like to name more than three primary beneficiaries, please add a separate page to this form, which includes the applicable beneficiary information *with your* signature and date. DO NOT USE A PHOTOCOPY OF THIS FORM.

1 First Name or Name of Trust / Estate / Organization
 J A M E S
 Last Name / Trustee Full Name
 S M I T H
 Street No. Street Name
 1 2 3 M A I N S T R E E T
 City State/Province
 A N Y T O W N S T A T E
 Zip/ Postal Code Country
 5 4 3 2 1 6 7 8 9 U N I T E D S T A T E S
 Beneficiary's Date of Birth or Trust Date Beneficiary's SSN (optional) / Tax ID Check Here if no SSN
 0 1 - 0 8 - 1 9 5 4 9 8 7 - 6 5 - 4 3 2 1 (for foreign citizen)
 Beneficiary Type: (Check Only One Box) Percentage: . %
 Entity: (If Entity, circle type) Trust Estate Organization
 Individual: (If Individual, circle type) Spouse Domestic Partner Daughter Son Mother Father Sister Brother Niece Nephew Aunt Uncle Grandparent Cousin Other

2 First Name or Name of Trust / Estate / Organization
 D O E F A M I L Y T R U S T
 Last Name / Trustee Full Name
 M I C H E L L E D O E
 Street No. Street Name
 5 6 F I F T H S T R E E T
 City State/Province
 A N Y W H E R E S T A T E
 Zip/ Postal Code Country
 1 2 3 4 6 9 8 7 6 U N I T E D S T A T E S
 Beneficiary's Date of Birth or Trust Date Beneficiary's SSN (optional) / Tax ID Check Here if no SSN
 0 7 - 0 4 - 1 9 9 2 1 1 2 - 2 4 - 4 5 5 5 (for foreign citizen)
 Beneficiary Type: (Check Only One Box) Percentage: . %
 Entity: (If Entity, circle type) Trust Estate Organization
 Individual: (If Individual, circle type) Spouse Domestic Partner Daughter Son Mother Father Sister Brother Niece Nephew Aunt Uncle Grandparent Cousin Other

3 First Name or Name of Trust / Estate / Organization
 E S T A T E O F J O H N S M I T H
 Last Name / Trustee Full Name
 Street No. Street Name
 City State/Province
 Zip/ Postal Code Country
 Beneficiary's Date of Birth or Trust Date Beneficiary's SSN (optional) / Tax ID Check Here if no SSN
 Beneficiary Type: (Check Only One Box) Percentage: . %
 Entity: (If Entity, circle type) Trust Estate Organization
 Individual: (If Individual, circle type) Spouse Domestic Partner Daughter Son Mother Father Sister Brother Niece Nephew Aunt Uncle Grandparent Cousin Other

Primary Beneficiary Total Percentage = 100.00 %

C. PRIMARY BENEFICIARY INFORMATION

The sum of the percentages must equal 100%. If you would like to name more than three primary beneficiaries, please add a separate page to this form, which includes the applicable beneficiary information *with your* signature and date. DO NOT USE A PHOTOCOPY OF THIS FORM.

1 First Name or Name of Trust / Estate / Organization

 Last Name / Trustee Full Name

 Street No. Street Name
 City State/Province
 Zip/ Postal Code Country
 Beneficiary's Date of Birth or Trust Date - - Beneficiary's SSN (optional) / Tax ID - - Check Here if no SSN (for foreign citizen)
 Beneficiary Type: (Check Only One Box) Percentage: . %
 Entity: (If Entity, circle type) Trust Estate Organization
 Individual: (If Individual, circle type) Spouse Domestic Partner Daughter Son Mother Father Sister Brother Niece Nephew Aunt Uncle Grandparent Cousin Other

2 First Name or Name of Trust / Estate / Organization

 Last Name / Trustee Full Name

 Street No. Street Name
 City State/Province
 Zip/ Postal Code Country
 Beneficiary's Date of Birth or Trust Date - - Beneficiary's SSN (optional) / Tax ID - - Check Here if no SSN (for foreign citizen)
 Beneficiary Type: (Check Only One Box) Percentage: . %
 Entity: (If Entity, circle type) Trust Estate Organization
 Individual: (If Individual, circle type) Spouse Domestic Partner Daughter Son Mother Father Sister Brother Niece Nephew Aunt Uncle Grandparent Cousin Other

3 First Name or Name of Trust / Estate / Organization

 Last Name / Trustee Full Name

 Street No. Street Name
 City State/Province
 Zip/ Postal Code Country
 Beneficiary's Date of Birth or Trust Date - - Beneficiary's SSN (optional) / Tax ID - - Check Here if no SSN (for foreign citizen)
 Beneficiary Type: (Check Only One Box) Percentage: . %
 Entity: (If Entity, circle type) Trust Estate Organization
 Individual: (If Individual, circle type) Spouse Domestic Partner Daughter Son Mother Father Sister Brother Niece Nephew Aunt Uncle Grandparent Cousin Other

NOTE: Don't forget to sign page 6.

Primary Beneficiary Total Percentage = 100.00 %

D. CONTINGENT BENEFICIARY INFORMATION

The sum of the percentages must equal 100%. If you would like to name more than three contingent beneficiaries, please add a separate page to this form, which includes the applicable beneficiary information *with your* signature and date. **DO NOT USE A PHOTOCOPY OF THIS FORM.**

1 First Name or Name of Trust / Estate / Organization

 Last Name / Trustee Full Name

 Street No. Street Name
 City State/Province
 Zip/ Postal Code Country
 Beneficiary's Date of Birth or Trust Date - - Beneficiary's SSN (optional) / Tax ID - - Check Here if no SSN (for foreign citizen)
 Beneficiary Type: (Check Only One Box) Percentage: . %
 Entity: (If Entity, circle type) Trust Estate Organization
 Individual: (If Individual, circle type) Spouse Domestic Partner Daughter Son Mother Father Sister Brother Niece Nephew Aunt Uncle Grandparent Cousin Other

2 First Name or Name of Trust / Estate / Organization

 Last Name / Trustee Full Name

 Street No. Street Name
 City State/Province
 Zip/ Postal Code Country
 Beneficiary's Date of Birth or Trust Date - - Beneficiary's SSN (optional) / Tax ID - - Check Here if no SSN (for foreign citizen)
 Beneficiary Type: (Check Only One Box) Percentage: . %
 Entity: (If Entity, circle type) Trust Estate Organization
 Individual: (If Individual, circle type) Spouse Domestic Partner Daughter Son Mother Father Sister Brother Niece Nephew Aunt Uncle Grandparent Cousin Other

3 First Name or Name of Trust / Estate / Organization

 Last Name / Trustee Full Name

 Street No. Street Name
 City State/Province
 Zip/ Postal Code Country
 Beneficiary's Date of Birth or Trust Date - - Beneficiary's SSN (optional) / Tax ID - - Check Here if no SSN (for foreign citizen)
 Beneficiary Type: (Check Only One Box) Percentage: . %
 Entity: (If Entity, circle type) Trust Estate Organization
 Individual: (If Individual, circle type) Spouse Domestic Partner Daughter Son Mother Father Sister Brother Niece Nephew Aunt Uncle Grandparent Cousin Other

NOTE: Don't forget to sign page 6.

Contingent Beneficiary Total Percentage = 100.00 %

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E. YOUR AUTHORIZATION AND DATE

I reserve the right to revoke or change any beneficiary designation. I hereby revoke all my previous designations made (if any) of primary and contingent beneficiaries for the plans that I have elected in this form, and designate the person(s) listed on this form as my primary beneficiary(ies), and if applicable, contingent beneficiary(ies) for the plans indicated. I understand that this designation will not be valid unless this form is in good order and on file with the plan at the time of my death. If I am married and designating a primary beneficiary(ies) other than my spouse, I understand this designation is invalid without the notarized consent of my spouse.

Your Signature:
(Required)

Today's Date: - -
M M D D Y Y Y Y

Check here if you are making this designation as an agent for the participant under a valid Power of Attorney.

I understand that I may designate more than one primary beneficiary who will share the benefit in accordance with the percentages designated in Section C. If one or more of the primary beneficiaries does not survive me, the benefit will be allocated proportionately among the remaining primary beneficiaries. I may also designate one or more contingent beneficiaries in Section D. A contingent beneficiary would receive payment only if all of the primary beneficiaries I named do not survive me. If one or more of the contingent beneficiaries does not survive me, then the benefit will be distributed according to the plan's rules.

By signing and dating this section, you officially designate the person(s) listed on the form as your primary beneficiary(ies), and if applicable, your contingent beneficiary(ies) for this plan. Your beneficiary designation(s) will not be valid unless this form is on file for the plan at the time of your death.

F. YOUR SPOUSE'S CONSENT

I hereby consent to the beneficiary designation(s) on this form and acknowledge that (1) I am the spouse of the plan participant listed above, and I am entitled to receive my spouse's vested benefit from the plan(s) if my spouse is vested and dies; (2) the effect of such designation is to cause my spouse's vested benefit, or a portion of it, to be paid to a primary beneficiary other than me; (3) my spouse cannot change the primary beneficiary(ies) named above to anyone other than myself, unless I consent to the new designation; (4) each beneficiary designation with respect to each plan selected in Section B is not valid unless I consent to it and (5) my consent is irrevocable unless my spouse changes or revokes the beneficiary designation. My consent is being given voluntarily and no undue influence or coercion has been exercised in connection with my decision to consent.

Spouse's Signature:

Today's Date: - -
M M D D Y Y Y Y

To be completed by a Notary Public:

On this ____ day of _____, 20____, before me the undersigned notary public, personally appeared (spouse's name) _____, proved to me through satisfactory evidence of identification, which were _____, to be the person whose name is signed on the preceding or attached document and acknowledged to me that (he) (she) signed for its stated purpose.

Notary stamp must be in the box above

X

My commission expires: _____