



American National Life Insurance Company of New York
Contract Checklist - Must be submitted with Contract

Failure to submit Checklist, required documentation, or appropriate Upline will delay appointment.

Applicant Name: _____ Region Number: _____
 Marketing Organization: NEST EGG BUILDERS Corp. Telephone: 845-592-4064

REQUIRED DOCUMENTS FOR CONTRACTING

**Please sign
and date all
applicable
Forms.**

- Applicable Producer Agreement - Return Signature Page Only
- For Solicitor - Solicitor Appointment, Form ANY-9035 (Rev. 07/23)
 - Signature Page Signed & Dated
 - Full Name Printed or Typed
- Application to Represent American National, Form ANY-3779 (Rev. 07/23)
- Proof of Errors & Omission Coverage - copy of declaration page (not required for Solicitor)
- Fair Credit Reporting Act Disclosure, Form ANY-11145-NM (Rev. 09/20) (required by The Fair Credit Reporting Act)
- Anti-Money Laundering** - If applicant has taken an AML basic training course through a vendor other than LIMRA, applicant should submit a copy of certification of completion. If applicant **has not** taken a basic training course, upon appointment, ANICO will register the applicant with LIMRA and applicant must access LIMRA's Web site (aml.limra.com) to complete the basic training course. (**Financial Institutions** - submission of completed Form FIM 001 will satisfy AML basic training course requirement.) See Anti-Money Laundering Compliance, Form ANY-1770 (Rev. 07/23)
- Product Specific Annuity Suitability Training** - Required training prior to submitting an application for any annuity business with ANICO. Go to lad.americannational.com, Annuities, Sales Support, select Annuity Suitability, **Reg 187 Training Certificate** is needed for appointment
- New Business** - If New Business is included, list the **New Business Application Date:** _____
 If New Business is submitted with contract, file must be mailed. **Do not Fax New Business**

THE FOLLOWING DOCUMENTS MUST BE GIVEN TO EVERY APPLICANT

- Producer's Code of Conduct, Form ANY-4516 (Rev. 07/23)
- Advertising Guidelines, Form ANY-4512 (Rev. 07/23)
- Notice of Privacy Policy, Form ANY-4977
- Company Guide to AML, Form ANY-4475_LAD (Rev. 07/23)
- Direct Deposit, Form ANY-4589 (Rev. 07/23) (n/a for Solicitor)
- AML Compliance, Form ANY-1770 (Rev. 07/23)

APPLICANT CONTRACT CODE AND UPLINE INFORMATION (Must be listed)

Applicant Info:

Name: _____ SSN/TaxID: _____

Life Contract Code: _____ Annuity Contract Code: _____

Applicant's Immediate Upline Information:

Name: NEST EGG BUILDERS Corp. Personal Code: _____

Fax or mail contract to Life and Annuity Distribution Contract Clerk, Life Producer Services Department:

Fax: 1-866-568-0449

Mail: American National Life Insurance Company of New York, LPS Department, P.O. Box 1795, Galveston, TX 77553-1762

Home Office Use Only: Business Segment: _____ Responsibility Code: _____



Application to Represent American National Life Insurance Company of New York

Full Name First Middle Last

Mr. Mrs. Ms. Social Security # Date of Birth Military Status

Residence Street Address City State 9-Digit ZIPCode

Residence P/O Box or Mail Address City State 9-Digit ZIPCode

Residence Telephone Cell Phone

Business Street Address City State 9-Digit ZIPCode

Business P/O Box or Mail Address City State 9-Digit ZIPCode

Business Telephone Business FAX E-mail Address

Send all mail to Residence Street Address Residence P.O. Box Business Street Address Business P.O. Box
 Other _____

• Is the contract to be in the name of a corporation or partnership? Yes No If Yes, submit corporate license.
 If Yes Name _____ City & State _____

Tax ID No. _____ Partnership Corporation

• List all non-resident states you wish to be appointed with through Life and Annuity Distribution. _____

• Have you sold insurance through another name or agency in the past five years? Yes No If Yes, provide details.

• The Violent Crime & Control Act of 1994 makes it a criminal offense for anyone who has been convicted of any criminal felony involving dishonesty or a breach of trust to willfully engage in the business of insurance.

Have you ever been indicted or convicted of any such felony? Yes No

Have you been arrested for any other crime? Yes No

If Yes, please give specifics as to charge, date, jurisdiction and outcome. _____

• Have you ever filed or been declared bankrupt? Yes No

• Are you presently indebted to any insurance company or agency? Yes No If Yes, provide details.

To Whom Nature of Debt Amount Payment Terms

- Have you ever had, or now have, any federal, IRS, state tax liens or garnishments? Yes No
- Are you currently covered by errors and omissions insurance? Yes No
Proof of E&O coverage required. Submit copy of declaration page (not required for solicitor).
- Have you ever filed an errors and omissions claim? Yes No
- Have you ever been disciplined by a state insurance department? Yes No
- Have you ever been cautioned or disciplined for violating a professional code of ethics in any organization? Yes No
- Have you ever been expelled or disciplined by a professional organization such as the NALU? Yes No

Anti-Money Laundering (AML) Certification (Required to issue business)

- Have you completed AML training within the last 12 months? Yes No
If Yes, check one box. LIMRA Other If Other, attach a copy of your certification of completion.
 - Was AML training completed through a Broker/Dealer? Yes No
If Yes, Broker/Dealer name _____ Broker/Dealer CRD _____
- See Form ANY-1770 REV 07/23 for American National Life Insurance Company of New York AML Compliance Requirements.

The person signing this form as "Applicant" hereby acknowledges that they are not obtaining a license/appointment with American National Life Insurance Company of New York for the sole purpose or intention principally to solicit or place insurance on the applicant's own life or that of relatives, employers or employees.

I have received, read, understand, and agree to comply with the contents of the Producer's Code of Conduct, the Advertising Guidelines, the Notice of Privacy Policy, and the Company Guide to Anti-Money Laundering Program adopted by American National Life Insurance Company of New York.

Furthermore, each of the undersigned declares for himself/herself, and all other interested parties, that all of the answers in the pages of this application and any supplements to it are full, complete, and true to the best of his/her knowledge and belief. In addition, the undersigned specifically attests that the Social Security Number or Tax Identification Number on the application is the correct number for the entity applying for appointment with American National Life Insurance Company of New York.

I, the Applicant, have read, on the date shown below, a copy of the above statements as required by law. I have also read, understand, and signed a copy of Authorization Form ANY-11145-NM. I understand that in signing this application and Form ANY-11145-NM, I hereby authorize the Company, at any time, to investigate my background, including my credit history.

Applicant has the right to make a written request to Company's Home Office within a reasonable period of time for additional, detailed information concerning the nature and scope of the investigation.

Date

Applicant Signature



**DISCLOSURE REGARDING CONSUMER REPORTS
AND INVESTIGATIVE CONSUMER REPORTS UNDER THE FCRA**

The Federal Fair Credit Reporting Act (the “Act”), as amended, provides that any consumer reporting agency may furnish a consumer report in accordance with certain permissible purposes, including the written instructions of the consumer to whom it relates and/or for employment or contracting purposes.

In accordance with those provisions, American National Life Insurance Company of New York and its subsidiaries and affiliates (together “the Company”), or their designated representatives, may obtain – in writing, orally, or in any other form – any motor vehicle records, public records, or information gathered or maintained by a consumer reporting agency bearing on your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for credit, employment, or any other permissible purpose authorized under Section 604 of the Act.

The Company may obtain information on your credit history, as permitted by law, at any time after you sign the authorization and throughout the term of your appointment. The Company may obtain information about other aspects of your background (such as criminal history and motor vehicle information), as permitted by law.

Further, the Company may request that an investigative consumer report be made whereby information on your character, general reputation, personal characteristics or mode of living is obtained through personal interviews with business associates, employers, friends, neighbors, and others with whom you may be acquainted or who may have knowledge concerning any such items of information. You have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. Should you choose to exercise this right, please direct your written request to LicenseContracts@AmericanNational.com. You also have a right to a written summary of your rights under the Act.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>

DISCLOSURES REGARDING CONSUMER AND INVESTIGATIVE CONSUMER REPORTS UNDER STATE LAW

The consumer reporting agency (CRA) providing the report is:

Interstate Background Research, Inc.
PO Box 7
Elfers FL 34680
Phone: 800-994-1100
Fax: 727-944-5828
Email: compliance@ibrinc.com

If you live or are applying for appointment in any of the states listed below, please note the following:

Massachusetts applicants or employees only: You have the right to know if the Company requested an investigative consumer report about you, and you have the right to request a copy of such report by contacting the CRA identified above.

Minnesota applicants or employees only: You have the right, upon written request to the CRA, to receive a complete and accurate disclosure of the nature and scope of any consumer report. The CRA must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later.

New Hampshire applicants or employees subject to state driving record requests: Your authorization for the release of your driving record is limited to no more than two years from the date of the execution of this document. As it relates to your driving record, you have the right to revoke this authorization at any time.

New Jersey applicants or employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the CRA identified above directly.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the CRA identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the CRA designated to handle inquiries, which the Company shall provide within 5 days. Additionally, upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the CRA that furnished the report.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law by contacting the CRA identified above.

**ACKNOWLEDGMENT AND AUTHORIZATION
REGARDING CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORTS**

I hereby authorize American National Life Insurance Company of New York and its subsidiaries and affiliates (together "the Company"), or their designated representatives, to obtain consumer reports and/or investigative consumer reports at any time after I sign this authorization and throughout the term of my appointment, to the extent permitted by law, and to use the reports furnished in accordance with this authorization in any deliberations which the Company or its designated representatives may undertake to determine whether or not the Company will make any offer of a contract and other related decisions for the duration of my appointment with the Company.

I understand that Reports may include information about my prior employment or military record, education, credit worthiness and history, character, general reputation, personal characteristics, criminal record (including the state of Georgia) and mode of living. I understand that this information may be obtained through a variety of sources, including, but not limited to, public records, educational institutions, financial institutions, credit bureaus, and personal interviews with my current and former employers, friends, neighbors and associates.

In accordance with this authorization, I hereby authorize any consumer reporting agency, law enforcement agency, administrator, state or federal agency, institution, school, university (public or private), information service bureau, employer, or insurance company to furnish consumer reports, investigative consumer reports, and/or any and all background information requested by Interstate Background Research Inc, other designated representatives, and/or the Company in accordance with certain permissible purposes, including the written instructions of the consumer to whom it relates and/or for employment or contracting purposes.

By signing below, I also acknowledge receipt of the (1) Disclosure Regarding Consumer Reports and Investigative Consumer Reports Under the FCRA, (2) the Disclosure Regarding Consumer Reports and Investigative Consumer Reports Under State Law, and (3) the Summary of Your Rights Under the Fair Credit Reporting Act.

New York applicants or employees only: By signing below, you also acknowledge receipt of ARTICLE 23-A of the New York Correction Law

California applicants or employees only:

- Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Minnesota applicants or employees only:

- Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Oklahoma applicants or employees only:

- Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

First Name: _____

Middle Name: _____ I do not have a Middle Name

Last Name: _____

Date of Birth: _____

Signature: _____

Date Signed: _____

I understand that entering my name above constitutes my electronic signature and is intended by me to have legally binding effect. I acknowledge and agree that any misstatements or omissions in this application will be grounds for termination of the application process or revocation of appointment. I understand that in signing this form I hereby authorize the Company to investigate my background, including, but not limited to, my credit history, criminal records and any public records, including motor vehicle records, prior to and up to, termination of my contract/employment with American National Life Insurance Company of New York and its affiliates.

Debit-Check Agent/Agency Authorization Form

Vector One Operations, LLC dba Vector One (collectively with its affiliates, "Vector One") manages the secured web portal interactive computer service provided by Debit-Check.com, LLC a ("Debit-Check"). This Debit-Check Agent/Agency Authorization Form is by and among the undersigned ("you", "me", "I" or "my"), Vector One, and American National Life Insurance Company of New York and its affiliates and authorized third parties (collectively the "Company") and is used by Debit-Check subscribers who desire to be granted authorization from you for the submission and/or receipt of your personal information to the Debit-Check service as necessary to conduct a commission related debit balance screening. The Company is a Debit-Check subscriber. Accordingly, as part of the contracting and appointment process or determination of eligibility for advancement of commissions, the Company may conduct a commission related debit balance screening via Debit-Check in order to determine your eligibility and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any appointment, contract, tenure, or other relationship with the Company.

Access to Debit-Check Information: You can obtain your commission related debit balance information by contacting the Vector One Agent Hotline at (800) 860-6546.

AGENT/AGENCY'S STATEMENT – READ CAREFULLY

By signing Application to Represent American National Life Insurance Company of New York (Form ANY-3779):

The Company is hereby authorized to obtain and conduct a commission related debit balance screening through Vector One's Debit-Check secured web portal to determine if another Debit-Check subscriber has posted that I have an outstanding commission related debit balance. I understand that the Company may consider the results of the commission related debit balance screening in order to determine my eligibility to be contracted and appointed or determine my eligibility for advancement of commissions as an insurance producer and may continue to conduct periodic commission related debit balance screenings as determined in the Company's sole discretion following the engagement of any appointment, contract, tenure, or other relationship with the Company. I understand and acknowledge that the Company may obtain commission related debit balance information through Debit-Check as state law allows. I understand that my information, including my name and social security number ("My Information") may be used for the purpose of obtaining and conducting a commission related debit balance screening. I further understand and authorize that in the event of termination or expiration of my appointment, contract, tenure, or other relationship with the Company, whether voluntary or involuntary, if a commission related debit balance is owed to the Company, the Company may post My Information to the Debit-Check service which may be accessed by Debit-Check subscribers until such time the debit balance is satisfied or otherwise removed. I authorize and direct Vector One to receive and process My Information as necessary to intentionally disclose and furnish the results of my commission related debt verification screening, whether directly or indirectly, to the Company. I authorize and direct Vector One to receive and process My Information and intentionally disclose to any Debit-Check subscriber who submits an inquiry utilizing My Information the results of my commission related debit balance screening, which will contain My Information, to the extent a debit balance is owed.



Producer's Code of Conduct

As a representative of American National Life Insurance Company of New York I recognize my responsibility to:

- Conduct myself in the highest character with honesty, integrity, and fairness at all times.
- Provide information to clients in a professional manner which is honest, relevant, and designed to meet the client's needs.
- Understand and accurately represent the Company's products and services.
- Ensure my personal interests do not conflict with those of clients or the Company.
- Render prompt and quality service both before and after the sale to clients and their beneficiaries.
- Learn and follow all Company policies and procedures related to my role as a producer.
- Keep informed with respect to applicable laws and regulations and to observe them in the practice of my profession.
- Replace a life insurance, health insurance, or a financial product of a client, only when it is in the client's interest.
- Foster good will, courtesy, and consideration in the treatment of policyowners and the general public, while maintaining respect for the Company.
- Meet all continuing education requirements.

NOTICE OF PRIVACY POLICY

American National Life Insurance Company of New York

**One Moody Plaza
Galveston, Texas 77550**

American National Insurance Company is committed to providing insurance and annuity products and services designed to meet your needs. We are equally committed to respecting your privacy and protecting the information about you that we may receive. We have prepared this notice to advise you what information we collect, how we use it and how we protect it.

What Information We Collect

As an essential part of our business, we obtain certain personal information about you in order to provide a financial product or service to you. Some of the information we receive comes directly from you on applications or other forms, and may include information you provide during visits to our Web site. We may also receive information from physicians, testing laboratories and other health providers, and from consumer reporting agencies. The types of information we receive may include addresses, social security numbers, family information, current and past medical history and financial information, including information about transactions with other financial institutions.

What Information We Disclose

We do not disclose nonpublic personal information about our current or former customers to any non-affiliated entity, except as permitted by law. Examples of the disclosures which we are permitted by law to make include: disclosures necessary to service or administer an insurance or annuity product that you requested or authorized; disclosures made with your consent or at your direction; disclosures made to your legal representative; disclosures made in response to a subpoena or an inquiry from an insurance or other regulatory authority; disclosures made to comply with federal, state or local laws and to protect against fraud.

Our Privacy Protection Procedures

We protect information about you from unauthorized access. Our employees and agents receive training regarding our privacy policies, and access to information about you is restricted to those individuals that need such information in order to provide products and services to you. Examples of activities requiring access to personal information include: underwriting; claims processing; reinsurance and policyholder service. Finally, we employ secure technologies in order to safeguard transmission of information about you through our web sites, and we have established and maintain procedures to comply with all state and federal laws and regulations regarding the security of personal information.



Statement Of Policy On Producer Developed Advertising American National Life Insurance Company of New York

General Advertising Guidelines

Agents, Brokers, Marketing Organizations, Broker-Dealers, Registered Representatives of Broker-Dealers and other Producers appointed with the Company through Life and Annuity Distribution are required to secure written Home Office approval prior to the use of all advertising or promotional materials not furnished by the company. These materials include any advertisement that is targeted to clients, potential clients, current agents and prospective agents.

The Company must review and approve any advertisement that:

- Refers to the Company
- Refers to the Company's industry ratings and/or financials
- Refers to any Company product
- Refers to policy or operational/administrative procedures of the Company
- Describes features of a Company product, or the features of any product, in such detail that it can be identified as a Company product
- Targets current or potential agents (recruiting ads) if the advertisement has any of the features listed above
- Is attached to or a part of any mailing or distribution of an approved Company ad
- Is used on any Web site

WHERE TO SUBMIT ADVERTISING

Agents, Brokers and other Producers should submit advertisements to their Marketing Organization for review, approval and forwarding to the appropriate Life and Annuity Distribution marketing representative. Registered Representatives of Broker-Dealers should submit advertisements to their Broker-Dealer. After such review, advertisements should be submitted to Life and Annuity Distribution for review.

APPROVAL PROCESS

An advertisement is **not** approved by the Company unless the Marketing Organization or the Broker-Dealer has received final, written approval from Life and Annuity Distribution. An advertisement that is returned to the Marketing Organization or Broker-Dealer for correction(s)/changes is **not** considered approved until all correction(s)/changes have been made as indicated by the Company. Once all correction(s)/changes have been made and the advertisement has been re-submitted to Life and Annuity Distribution final, written notification will be sent to the Marketing Organization or Broker-Dealer who should notify the Agent, Broker, Producer, or Registered Representative that the advertisement has been approved by the Company. A final copy of the advertisement in the form it is to be used must be provided to Life and Annuity Distribution.

ADVERTISING VIOLATIONS

Failure to comply with the procedures as defined above and detailed in Life and Annuity Distribution's published guidelines is a direct violation of the contract or selling agreement of such agent with the company and state laws and regulations. It is the Company's policy upon discovery of the first violation to impose a penalty ranging from a formal warning to termination, depending upon the nature of the infraction. The penalty for repeat violations could result in the termination of the appointment, contract or selling agreement of the Agent, Broker, Producer, Marketing Organization or Broker-Dealer.



American National Life Insurance Company of New York
Life and Annuity Distribution's Web Site: LAD.AmericanNational.com

ANTI-MONEY LAUNDERING COMPLIANCE (AML)

American National Life Insurance Company of New York has implemented an AML program to comply with federal anti-money laundering regulations for insurance companies. The regulations apply to all individual life insurance and annuities (includes individually sold group products), individual registered life insurance and annuities, and group registered variable annuities.

As a result, in order to obtain an appointment with the Company, all producers are **required** to provide proof that they have completed basic AML training within the last 12 months that is acceptable to the Company, and they **must** complete the Company-Specific training course. Producers will be required to receive periodic AML training in order to maintain their appointment.

Mandatory Training Requirements:

1. **Completion of LIMRA's basic AML training course.** LIMRA's training course is offered at no cost to producers appointed with the Company at www.aml.limra.com. If a producer has completed LIMRA training, confirmation will be provided to the Company by LIMRA a few days after appointment is processed.

Or

Provide valid certification that the producer has completed AML training through an alternate Company approved course. If AML training has been completed through an alternate Company approved course, producers must provide a valid certification of that training with their contracting paperwork. Such certification should include their name, name of the training course completed, and the date training was completed. A list of approved courses is also available at Life and Annuity Distribution's Web site. The Company will make the final determination as to whether a specific training course will satisfy basic AML training requirements.

2. **Completion of the Company-Specific training course** (Company Guide to Anti-Money Laundering Program). This requirement can be met by completion of **one** of the following options:
 - Submission of Form ANY-3779 (Application to Represent with Revision date of 07/23) at the time of contracting. New producers must be given a copy of Form ANY-4475 (Company Guide to AML Training Program Rev 07/23) at the time of contracting.
 - Submission to Company of the version of Form ANY-4475 Rev 07/23 that includes a Receipt and Acknowledgement section.
 - Through E-Agent, which is available at Life and Annuity Distribution's Web site (in order to access E-Agent, producers will need their Company Personal Code, which is assigned at the time of appointment).

Information regarding AML Training Requirements is available at Life and Annuity Distribution's Web site under the following tabs: Compliance, Anti-Money Laundering Information.

Questions regarding AML compliance requirements should be directed to your marketing organization or Life and Annuity Distribution's Field Support Center, 1-877-755-2667.

American National Life Insurance Company of New York **will not issue business** for applicable products until all AML requirements are satisfied. Applies to all individual life insurance and annuities (includes individually sold group products), individual registered life insurance and annuities, and group registered variable annuities.

As an insurance producer, the services you provide help our clients achieve financial success and security. Since you are on the front lines of a multi-billion dollar industry, you are in a unique position not only to serve our clients, but also to serve this nation by helping to prevent money laundering and the financing of terrorist activities.

To comply with federal anti-money laundering (AML) regulations for insurance companies, American National ("Company") has implemented a comprehensive AML program. You have an important role to play in that program. You may often be in a critical position to obtain information regarding the customer, the customer's source of funds for the products we sell, and the customer's reasons for purchasing an insurance product.

In selling individual annuities and permanent life insurance, the Company's AML program requires you to:

- Ensure that all information requested on the product application and associated documents is accurate and complete, including the USA PATRIOT Act Notification and Customer Identification Verification form.
- **Contact an AML Compliance Officer if a customer resists providing information.**
- Maintain appropriate records of this information as long as the contract remains in force and for five (5) years thereafter.
- Notify an AML Compliance Officer if you detect any money laundering red flags, so that the Company can determine whether a suspicious activity report (SAR) must be filed with the U. S. Department of the Treasury or any agency thereof.

Possible Red Flag Activity (*for a comprehensive list of possible red flag activity, refer to the AML Red Flags information on your marketing portal.*)

- The purchase of a product that appears to be inconsistent with a customer's needs
- The purchase or funding of a product that appears to exceed a customer's known income or liquid net worth
- Any attempted unusual method of payment, particularly by cash or cash equivalents, such as money orders or cashier checks
- Payment of a large amount broken into several smaller amounts
- Little or no concern by a customer for the performance of an insurance product, but much concern about the early termination features of the product
- The reluctance by a customer to provide identifying information, or the provision of information that seems fictitious
- Any other activity which you think is suspicious

Types of Payments Accepted

Advise customers that only the following types of payment may be accepted:

- Personal checks and pre-authorized check payments.
- Cash equivalents (money orders, cashier's checks, traveler's checks, bank drafts).
- Acceptance of cash (coin and currency) is not permitted.

A Registered Representative should follow the instructions of their Broker/Dealer.

If a customer provides a form of payment that is not permitted, do not accept the payment and notify an AML Compliance Officer of any suspicious activity

AML Contact Information

Report Suspicious Activity To:

Stacey L. White

Chief Compliance Officer for AML/OFAC
Corporate Compliance

AML Compliance

Email: AMLCompliance@AmericanNational.com

Mail: Corporate Compliance Department
P.O. Box 1896, Galveston, Texas 77553

Toll Free: (800) 933-5975

Fax: (409) 621-3885

IMPORTANT: *An employee, agent, or broker must not, under any circumstances, disclose that he or she has reported suspicious activity or red flags to the Company. Any inquiries regarding the subject matter of any SAR must be directed to an AML Compliance Officer. It is the sole responsibility of the Company's Chief Compliance Officer for AML/OFAC to determine whether a SAR is filed with the U.S. Department of the Treasury. The Chief Compliance Officer for AML/OFAC and the Company are prohibited from disclosing to the agent and any other person that a SAR has been filed.*

The Company, its producers, and its employees share an important responsibility to comply with the Company's AML program and all applicable laws. A failure to do so will constitute grounds for discipline, up to and including possible termination. In addition, violation of AML laws may expose those responsible to substantial penalties under federal law.

For more information on the Company's AML program, please contact
AMLCompliance@AmericanNational.com or an AML Compliance Officer.



American National Life Insurance Company of New York Solicitor Appointment

In consideration of my appointment by American National Life Insurance Company of New York ("Company") to solicit applications for American National Life Insurance Company of New York, I hereby agree:

1. That my contract is with _____
(hereafter referred to as Recruiting Organization); and
2. That the Company has no obligation to me for commissions, expense allowances, or any other form of compensation whatsoever; and
3. That I shall comply with the rules and regulations of the Company and all applicable state laws and regulations; and
4. That I shall not alter, modify, waive, or change any of the terms, rates or conditions of any advertisement, receipt, policy, or contracts of the Company; and
5. That I shall promptly remit to Recruiting Organization or the Company any and all monies received by me on behalf of the Company; and
6. That I shall hold harmless and indemnify the Company for any liability that it may incur as a result of any actions taken by me; and
7. That the Company may, upon request of Recruiting Organization or upon its own initiative, cancel this appointment at any time; and
8. That I will forfeit all compensation, if any, to which I would otherwise be entitled after termination, in the event I shall attempt to influence any policyholder or agent to terminate their contract with the Company and I also agree that since neither the Company nor Recruiting Organization has an adequate remedy at law for such use of influence, either may institute proceedings to enjoin me from further such attempted use of influence.
9. I have received, read, understand and agree to comply with the contents of the Producer's Code of Conduct, the Advertising Guidelines, the Notice of Privacy Policy and the Company Guide to Anti-Money Laundering adopted by the Company. Furthermore, each of the undersigned declares for himself/herself, and all other interested parties, that all of the answers on this appointment and any supplements to it are full, complete and true to the best of his/her knowledge and belief. In addition, I specifically attest that the Social Security Number or Tax Identification Number on this appointment is the correct number for the entity applying for appointment with the Company.
10. I understand that in signing this form, I hereby authorize the Company to investigate my background including my credit history at any time. (See Form ANY-11145-NM)
11. The person signing this form as "Applicant" hereby acknowledges that they are not obtaining a license/appointment with the Company for the sole purpose or intention principally to solicit or place insurance on the applicant's own life or that of relatives, employers or employees.
12. I understand that the Violent Crime and Control Act of 1994 makes it a criminal offense for anyone who is engaged in the business of insurance to willfully permit anyone who has been convicted of any criminal felony involving dishonesty or a breach of trust to participate in the business of insurance.

Agreed to this _____ day of _____, _____.

_____ X _____
Applicant (Please Print) **Applicant (Signature)**

I hereby recommend the appointment of this applicant, subject to the terms of my contract with the Company.

NEST EGG Builders Corp. X _____
Recruiting Organization (Please Print) **Recruiting Organization (Signature)**

 Date Office Code Personal Code

For Home Office Use Only

Approved by American National Life Insurance Company of New York	Effective Date